

Instructions for Verification of Wage Decision & Contractor Eligibility

Note: This form, as executed by OCD, must be received before the award of a contract.

1-3. Name, Contract #, Parish	Name of grant recipient, LCDBG contract #, Parish
4. Bid Opening Date	The date construction bids were opened
5. Description of work covered by the bid package	Describe the work in order to provide information needed for determining the proper Davis-Bacon wage decision(s). Example: Construction of an elevated tank and installation of 3,200 feet of main water line. (If necessary attach a separate page and reference the attachment on line 5)
6-8. Decision Number(s), Mod numbers(s) & Issue date	The identification of the effective wage decision(s) that was in effect at the bid opening date or if the contract award was delayed more than 90 days the wage decision that was in effect on the date of the contract award.
9-14. Prime Contractor Identification	The legal name of the contracting firm. Address, & Phone
15-18 Identification and titles of Principals of the firm	Since the names are checked against a federal database of debarred names, list the complete name if possible. In the case of corporations, "Principals" are owners or office holders as recorded legally. In sole proprietorships or partnerships, "Principals" are the owner(s). Titles or Position: Examples—President, Vice Pres, Secretary.
19. Grantee's LCO	The typed name or the legible signature of the grantee's Labor Compliance Officer.
20. Upon verification send this form to fax number	The fax number of the grantee's Labor Compliance Officer or other person to which the executed form should be faxed.
21. Date of this request	The date on which the verification of eligibility is requested. The remainder of the form will be completed by OCD.
22. Wage decision verified Signature and date	The initials of the employee at OCD who verifies the proper decision choice. The form will not be signed on line 22 until the proper wage decision choice(s) has been verified.
23. Prime contractor's eligibility verified Signature, date	The initials of the employee at OCD who verifies the prime contractor's eligibility. The form will not be signed on line 23 until the contractor's eligibility has been verified.
24. Verification by fax is hereby sent to	Name of person, normally the grantee's Labor Compliance Officer, designated to receive the fax at the fax number specified on row 20.