

**Instructions for the Report of Additional Classification and Rate**

(Obtain a “form fill” version of HUD 4230-A at [www.hud.gov](http://www.hud.gov))

1. From:	Enter the address of the Office of Community Development as follows: Office of Community Development Post Office Box 94095 Baton Rouge, Louisiana 70804-9095
2. Project Name & Number	Name of the local government and the LCDBG contract number.
3. Location of Project	City, Parish, and State
4. Brief Description of Project	The main objective(s) of the project as funded under the LCDBG contract. Example: Sewer treatment and lines
5. Character of Construction	Choose the type of construction according to Davis-Bacon.
6. Wage Decision Number	The wage decision from the US Dept of Labor (DOL) that is designated as the effective decision for this part of the project. Normally, the wage decision will not need to be attached and the “Copy Attached” box will not be checked.  Example:     State—Louisiana DOL Wage Decision Year—2008 Wage Decision Number—6 Modification number—0  would be entered on line 6 using the following method: <u>LA 08-0006 Mod 0</u>
7. Wage Decision Effective Date	The issue date of the effective wage decision.
8. Work Classification(s)	First column: The name(s) of the proposed classification(s) and, if necessary, a brief description(s) of work performed. Second Column: corresponding proposed basic hourly rate(s). Third Column: the proposed fringe benefit amount(s), if any.  Example for first column: Metal Building Erector—Installs building framework, siding and metal roofing.
9. Prime Contractor	Name and address of the prime contractor.
10. Subcontractor/employer if applicable	If the employer making the request for an additional classification is not the prime contractor, enter the name and address of the subcontractor.
Attachments	Attach any necessary documentation to HUD form 4230-A. Attachments may include any item mentioned under “Check All That Apply”.
Check All That Apply	Do not complete below this point. OCD will complete these sections.

**Disposition:** Send this form and attachments to the local government’s Labor Compliance Officer—who will forward them to OCD. OCD will forward them to DOL. Allow 60 days response time. While waiting on DOL’s response the employer may pay according to proposed rates. DOL responses are retroactive.