

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
REPORT OF ADDITIONAL CLASSIFICATION AND RATE**

HUD FORM 4230A

OMB Approval Number 2501-0011
(Exp. 01/31/2010)

1. FROM (name and address of requesting agency)	2. PROJECT NAME AND NUMBER 3. LOCATION OF PROJECT (City, County and State)						
4. BRIEF DESCRIPTION OF PROJECT	5. CHARACTER OF CONSTRUCTION <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Heavy <input type="checkbox"/> Other (specify) <input type="checkbox"/> Highway						
6. WAGE DECISION NO. (include modification number, if any) <input type="checkbox"/> COPY ATTACHED	7. WAGE DECISION EFFECTIVE DATE						
8. WORK CLASSIFICATION(S)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">HOURLY WAGE RATES</th> </tr> <tr> <th style="width:50%; text-align: center;">BASIC WAGE</th> <th style="width:50%; text-align: center;">FRINGE BENEFIT(S) (if any)</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> </tr> </tbody> </table>	HOURLY WAGE RATES		BASIC WAGE	FRINGE BENEFIT(S) (if any)		
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BASIC WAGE	FRINGE BENEFIT(S) (if any)						
9. PRIME CONTRACTOR (name, address)	10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE (name, address)						

Check All That Apply:

- The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision.
- The proposed classification is utilized in the area by the construction industry.
- The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision.
- The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s).
- Supporting documentation attached, including applicable wage decision.

Check One:

- Approved, meets all criteria. DOL confirmation requested.**
- One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.**

<p style="text-align: center;">_____</p> <p style="text-align: center;">Agency Representative (Typed name and signature)</p> <p style="text-align: center;">_____ Date</p> <p style="text-align: center;">_____ Phone Number</p>	<p>FOR HUD USE ONLY LR2000:</p> <p>Log in:</p> <p>Log out:</p>
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Instructions for the Report of Additional Classification and Rate HUD 4230-A (Exhibit 7-9)

(To obtain a “form-fill” version of HUD 4230A go to www.hud.gov and type the following into the search box: “Report of Additional Classification and Rate.” The search results will make the needed form accessible. The top half of HUD 4230A may be completed by the contractor or the grantee based on information from the contractor. The bottom portion of HUD 4230A, beginning where it states “Check All That Apply,” is to be completed by the OCD/DRU.)

General Procedure: The prime contractor notifies the local government of a request for an additional classification(s) and specifies the rate(s). The local government completes items 1-10 on the “Report of Additional Classification and Rate” and forwards the document(s) to OCD/DRU. Contractors may pay, at a minimum, the requested rate(s) until a response from DOL is received. A DOL response may take two months. If DOL does not agree with the requested rate, restitution will be due retroactively from the first day of work performed at the requested classification.

1. From:	Enter the address of the Office of Community Development as follows: Office of Community Development Disaster Recovery Unit Post Office Box 94095 Baton Rouge, Louisiana 70804-9095
2. Project Name & Number	Name of the local government and the DR-CDBG CEA 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 DR-CDBG CEA. 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/DRU will complete these sections.