

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

HUD FORM 4230A

OMB Approval Number 2501-0011
(Exp. 11/30/2006)

1. FROM <i>(name and address of requesting agency)</i> 	2. PROJECT NAME AND NUMBER
4. BRIEF DESCRIPTION OF PROJECT 	3. LOCATION OF PROJECT (City, County and State)
6. WAGE DECISION NO. (include modification number, if any) <input type="checkbox"/> COPY ATTACHED	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
8. WORK CLASSIFICATION(S) 	7. WAGE DECISION EFFECTIVE DATE
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 <i>(Typed name and signature)</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>	<p>FOR HUD USE ONLY LR2000:</p> <p>Log in:</p> <p>Log out:</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Phone Number</i></p>		