

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

**HUD FORM 4230A**

OMB Approval Number 2501-0011  
(Exp. xx/xx/xxxx)

<b>1. FROM</b> (name and address of requesting agency)	<b>2. PROJECT NAME AND NUMBER</b>	
	<b>3. LOCATION OF PROJECT</b> (City, County and State)	
<b>4. BRIEF DESCRIPTION OF PROJECT</b>	<b>5. CHARACTER OF CONSTRUCTION</b> <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Heavy <input type="checkbox"/> Other (specify) <input type="checkbox"/> Highway	
<b>6. WAGE DECISION NO.</b> (include modification number, if any)  <input type="checkbox"/> COPY ATTACHED	<b>DATE of WAGE DECISION</b>	<b>7. WAGE DECISION EFFECTIVE DATE or LOCK-IN?</b>

8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	BASIC WAGE	FRINGE BENEFIT(S) (if any)

<b>9. PRIME CONTRACTOR</b> (name, address)	<b>9c.</b> <input type="checkbox"/> Agree  <input type="checkbox"/> Disagree	<b>10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE</b> (name, address)
<b>9a. SIGNATURE</b>	<b>DATE</b>	

**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.**

_____ <b>Agency Representative</b> (Typed name and signature)	_____ Date	<b>FOR HUD USE ONLY LR2000:</b>  <b>Log in:</b>  <b>Log out:</b>
_____ Phone Number		