

dial 7-1-1 to access telecommunications relay services.

Construction Contract Award Notification Requirement

Form CC-314 OMB Control Number: 1250-0001 Expires: XX/XX/XXXX

Welcome to the U.S. Department of Labor's Office of Federal Contract Compliance Programs' (OFCCP) Notification of Construction Contract Award Portal, also known as NCAP. Contracting officers, applicants and contractors are required to give written notice to OFCCP within 10 working days of award of a Federal or federally assisted construction contract or subcontract in excess of \$10,000. These requirements can be viewed at 41 CFR 60-4.2. NCAP is OFCCP's preferred method for notifying the agency when a construction contract meeting the requirements has been awarded. If you are having difficulties using the portal or require an accommodation for submitting notifications via mail, email, or fax, please call OFCCP's toll-free Help Line at 1-800-397-6251. If you are deaf or hard of hearing, or have a speech disability, please

Prim	e Contract Number*		indicates a required her
Awaı	rd Notification Submitted	on Behalf of (select one):*	
0	Federal Agency		
0	Applicant		
0	Contractor		
Awaı	rd Contract Type (select or	ne):*	
0	Prime Contract		
0	Subcontract		
If Aw	vard Contract Type is "Prim	ne," provide the NAICS Code for the awarded	d contract:*
	s notice being submitted o irements, as provided in 4	on behalf of a nonconstruction contractor su 1 CFR 60-4.2(b)-(c)?*	bject to the notice
0	Yes		
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O No
Name of Awarding Federal Agency, Applicant or Contractor*
If the awarding entity is a contractor, provide the Unique Entity ID (UEI) or Data Universal Numbering System (DUNS) Number for the awarding entity. If the awarding entity does not have a UEI or DUNS Number, insert "unavailable."*
If the awarding entity is a contractor, provide the Employer Identification Number (EIN) for the awarding entity.*
Contracting Officer, Applicant Representative or Contractor Representative Submitting Notification
First Name*
Last Name*
Phone Number*
Phone Extension
Email*

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Notification of Construction Contract Award in Excess of \$10,000

Contractor Awarded Contract or Subcontract

Name*					
Address Line 1*					
Address Line 2					
City*					
State*					
Zip* +4					
Phone Number*					
Phone Extension					
Email Address*					
Employer Identification Number (EIN) of Contractor Awarded Contract or Subcontract*					
Dollar Amount of the Contract*					
Estimated Start Date of the Contract*					
Estimated Completion Date of the Contract*					
Geographical area in which the contract is to be performed					
State*					
County*					
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City (if any)	

<u>Public Burden Statement</u>: According to the Paperwork Reduction Act (PRA) of 1995, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 0.63 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the collection of information. If you have comments regarding the estimated reporting burden, or suggestions for reducing the burden, please send them to the OFCCP, Division of Policy and Program Development, 200 Constitution Avenue, N.W., Room C-3325, Washington, D.C. 20210, and reference OMB Control Number 1250-0001.