

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

HUD FORM 4230A

OMB Approval Number 2501-0011
(Exp. 8/31/2022)

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)

DATE of WAGE DECISION:

7. WAGE DECISION EFFECTIVE
DATE (LOCK-IN):

☐ COPY ATTACHED

8. WORK CLASSIFICATION(S)

HOURLY WAGE RATES

BASIC WAGE

FRINGE BENEFIT(S) (if any)

9. PRIME CONTRACTOR (name, address)

9a.

- ☐ Agree
- ☐ Disagree

10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE
(name, address)

9b. SIGNATURE

DATE

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. DOL decision requested.

Agency Representative
(Typed name and signature)

Date

Phone Number

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LR2000:**

Log in:

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