

**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) <input type="checkbox"/> COPY ATTACHED		DATE of WAGE DECISION:	7. WAGE DECISION EFFECTIVE DATE (LOCK-IN):				
8. WORK CLASSIFICATION(S)		HOURLY WAGE RATES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">BASIC WAGE</th> <th style="width:50%;">FRINGE BENEFIT(S) (if any)</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>		BASIC WAGE	FRINGE BENEFIT(S) (if any)		
BASIC WAGE	FRINGE BENEFIT(S) (if any)						
9. PRIME CONTRACTOR (name, address)		9a. <input type="checkbox"/> Agree <input type="checkbox"/> 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	FOR HUD USE ONLY LR2000: Log in: Log out:
_____ Phone Number		