Print Form

Request for Wage Decision

Date:	
To:	Labor Standards' Specialist
	Grant Services
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
From:	
Grantee:	
Grant Number:	

Project Information

Project Title:				
Project Location (Please Include County):				
Project Description:				
Type of Construction: (Check Only One)	**Building**		**Heavy/Highway**	
	Residential		**Other**	
Estimated Contract Amount:				
Estimated Bid Opening:				
Estimated Contract Award Date:				
Estimated Construction Start Date:				
Previous Wage Determination Issued:	**Yes**		**No**	
If Yes, Prior Decision Number:			**Modifications**	