Print Form

Labor Standards Section

Form 8

Contract Award

(Please fill out one form for each contract awarded.)

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

Project/Contractor Information

Bid Date:	
Applicable Wage Determination:	
Contract Award Date:	
Name of Contractor:	
Contractor Address:	
Contract Type of Work/Division:	
Contract Amount:	$
Estimated Start of Construction Date:	
Estimated Completion of Construction Date:	