

B-7: REPORT OF ADDITIONAL CLASSIFICATION AND RATE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REPORT OF ADDITIONAL CLASSIFICATION AND RATE		HUD FORM 4230A <small>OMB Approval Number 2501-0011 (Exp. 8/31/2022)</small>
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):
<input type="checkbox"/> COPY ATTACHED		
8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	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: <input type="checkbox"/> The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision. <input type="checkbox"/> The proposed classification is utilized in the area by the construction industry. <input type="checkbox"/> The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision. <input type="checkbox"/> The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s). <input type="checkbox"/> Supporting documentation attached, including applicable wage decision.		
Check One: <input type="checkbox"/> Approved, meets all criteria. DOL confirmation requested. <input type="checkbox"/> One or more classifications fail to meet all criteria. DOL decision requested.		
<div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> Agency Representative <i>(Typed name and signature)</i>	<div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <i>Date</i>	FOR HUD USE ONLY LR2000: Log in: Log out:
<div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <i>Phone Number</i>		

HUD-4230A (8-19) PREVIOUS EDITION IS OBSOLETE

Instructions for the Report of Additional Classification and Rate HUD 4230-A (Exhibit B-7)

(Obtain a fillable form version of HUD 4230-A and official instructions at www.hud.gov)

General Procedure: The prime contractor notifies the local government of a request for an additional classification(s) and specifies the rate(s). The local government completes items 1-10 on the “Report of Additional Classification and Rate” and forwards the document(s) to OCD. Contractors may pay, at a minimum, the requested rate(s) until a response from DOL is received. A DOL response may take two months. If DOL does not agree with the requested rate, restitution will be due retroactively from the first day of work performed at the requested classification.

1. From:	Enter the address of the Office of Community Development as follows: Office of Community Development Post Office Box 94095 Baton Rouge, Louisiana 70804-9095
2. Project Name & Number	Name of the local government and the LCDBG contract number.
3. Location of Project	City, Parish, and State
4. Brief Description of Project	The main objective(s) of the project as funded under the LCDBG contract. Example: Sewer treatment and lines.
5. Character of Construction	Choose the type of construction according to Davis-Bacon.
6. Wage Decision Number	The wage decision from the US Dept of Labor (DOL) that is designated as the effective decision for this part of the project. Normally, the wage decision will not need to be attached and the “Copy Attached” box will not be checked. Example: State—Louisiana DOL Wage Decision Year — 2020 Wage Decision Number — 6 Modification number — 1 would be entered on line 6 using the following method: LA 20-0006 Mod 1
7. Wage Decision Effective Date	The issue date of the effective wage decision.
8. Work Classification(s)	First column: The name(s) of the proposed classification(s) and, if necessary, a brief description(s) of work performed. Second Column: corresponding proposed basic hourly rate(s). Third Column: the proposed fringe benefit amount(s), if any. Example for first column: Metal Building Erector—Installs building framework, siding and metal roofing.
9. Prime Contractor	Name and address of the prime contractor.
9a. Agree/Disagree/Signature	The prime contractor must sign and attest whether they agree or disagree with the desired rate being requested.
9b.	
10. Subcontractor/employer if applicable	If the employer making the request for an additional classification is a subcontractor, enter the name and address of the subcontractor.
Check All That Apply	Do not complete below this point. OCD will complete these sections.