



REQUEST FOR ADDITIONAL CLASSIFICATION AND RATE

State HOME funded Projects

FAX/EMAIL

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HOME PROGRAM
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FROM:

FIRM:

ADDRESS:

CITY, STATE, ZIP:

PHONE: EMAIL:

IS THIS PROJECT RECEIVING CDBG FUNDS? Yes No

IS THIS PROJECT RECEIVING TCAP FUNDS? Yes No

PROJECT INFORMATION:

WAGE DECISION INFORMATION:

RECIPIENT:

WAGE DECISION #:
 COPY ATTACHED

HOME PROJECT #:

WAGE DECISION
EFFECTIVE DATE:

COUNTY of WORK SITE:

CITY of WORK SITE:

WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	BASIC WAGE	FRINGE BENEFITS (if any)

REQUEST MUST BE SIGNED BY CONTRACTOR/EMPLOYER:

NAME:

SIGNATURE:

DATE:

Fax or e-mail signed request to contact above