

**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

- ☐ Building ☐ Residential  
☐ Heavy ☐ Other (specify)  
☐ Highway

6. WAGE DECISION NO. (include modification number, if any)

DATE of WAGE DECISION:

7. WAGE DECISION EFFECTIVE  
DATE (LOCK-IN):

☐ COPY ATTACHED

8. WORK CLASSIFICATION(S)

HOURLY WAGE RATES

BASIC WAGE

FRINGE BENEFIT(S) (if any)

9. PRIME CONTRACTOR (name, address)

9a.

- ☐ Agree  
☐ 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

\_\_\_\_\_  
Phone Number

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