FLORIDA DEPARTMENT / ECONOMIC OPPORTUNITY

Wage Decision Request

Recipient:		Contract Number:	
Projected Advertising Date:		Projected Bid Opening Date:	
Wage Decision(s) Request	ed:		
☐ Heavy/Water/Sewer	☐ Highway	☐ Building	Residential (Multi-Family Only)
(Refer to DOL All Agency Mavailable on the Small Cities Control		l 131 to determine wl	hich decision(s) to request. The memos are
List the construction activitie	es and estimated costs	for each wage decision	on being requested.
	Activity		Estimated Cost
			-
if separate contracts will be a	warded for each activi	ty. Determination is	activity type exceeds 20% of the total bid or based on the actual bid cost, so request % of total construction cost in contracts
List the name and mailing admailed.	dress of the local gove	ernment employee to	whom the wage decision(s) should be
Request submitted by:			Date:
	e. Your grant manage	r will mail wage decis	ot submit requests more than 45 days before ion updates to the contact person listed opened.

This form can be scanned and e-mailed, faxed, or mailed to the grant manager assigned to the project.