

REQUEST FOR WAGE DETERMINATION

Date of Request: _____

1. Grantee Name: _____ Grant No.: _____
2. Project: _____ Phase: _____
3. Location of Project: _____
4. City: _____ County: _____ State: KS
5. Description of Work (be specific): _____

6. Estimated Dollar Amount of Contract: _____
7. Estimated Bid Advertising Date: _____
8. Labor Standards Officer: **(THIS PERSON WILL RECEIVE THE WAGE DETERMINATION)**

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

**Forward this request 15 days prior to bid advertising to:
Kansas Department of Commerce**