

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**