Davis Bacon Labor Relations Request for Federal Wage Determination



This form is being submitted for the following project:	l as an official re	equest to receive a Federal Wage Det	ermination
Sub-Grantee Name:		Project Name	
		(if applicable include projec	t #)
Advertising Date	Bid Opening I	Date Amount Budgeted	
Brief Project Scope:			
Request Certification			
This request for a wage determination is made with the recognition that it is only valid for 90 days. The wage will be locked upon the execution of a contract between the sub-grantee and their chosen contractor. If a contract is not executed within 90 days of the wage determination that originates from this request it will be invalid and another Request for Wage Determination will be required before a contract can be signed.			
Print Name of Representativ	/e	Signature	Date
Submit Certification To:			
Salt Lake City Corporation Housing & Neighborhood Do Attention: Jake Williams 451 S. State Street, Room 40 PO Box 145488 Salt Lake City, UT 84114-548	06	Electronically to: Jake Williams jacob.williams@slcgov.com 801-535-7268	

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