

## Prevailing Wage Project Assessment

(To be completed **prior to the advertisement of work** on the project. Print in ink or type your responses.)

Requestor (contracting authority or agency)			
Name		Title	
Address		Email address	
City	State	Zip code	Telephone
Project owner			Project owner telephone

### Project information

Project name	Project number	Source(s) of state funds
Address	County	Estimated project cost
City	State	Zip code
		Estimated advertisement date

Type of project

☐ Road ☐ Bridge ☐ Building ☐ Trail ☐ Airport ☐ Conservation/restoration ☐ Other public work\_\_\_\_\_

Is project for economic development under section [116J.871](#)? ☐ Yes ☐ No

(If yes, fill out Economic Development Addendum.)

**DLI can provide guidance once the scope of work for the project is known. Please provide the following documents related to the project, if they exist, along with this assessment form:**

- Project specifications
- Grant or loan application
- Contracts or agreements providing for the project
- Requests for proposals

Please explain the reason for your request for a project assessment:

To the best of my knowledge, the information that I have provided is true and accurate.

Requester's signature

Date

### **Return to:**

**Minnesota Department of Labor and Industry Labor Standards**

**443 Lafayette Road N St. Paul, MN 55155**

**[dli.prevwage@state.mn.us](mailto:dli.prevwage@state.mn.us)**

This request will result in a recommendation based on information provided by the contracting authority and should not be construed as legal opinion. Responsibility for compliance with prevailing wage requirements rests with the contracting authority. Contracting authorities are responsible for oversight of their contractors and grant recipients regarding compliance with prevailing wage requirements, including use of required contract provisions and receiving and reviewing certified payrolls.

**This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice.**

## Economic Development Addendum

(Print in ink or type your responses.)

Requestor (contracting authority or agency)			
Name		Title	
Address		Email address	
City	State	Zip code	Telephone
Project owner			Project owner telephone

### Project type

☐ Public work ☐ Private

Is this a new housing project? ☐ Yes ☐ No

Type of financial assistance: ☐ Grant ☐ Loan ☐ Tax reduction credit ☐ Tax abatement ☐ Low-income housing credit

Amount of financial assistance: \_\_\_\_\_

Is recipient a political subdivision? ☐ Yes ☐ No

If so, what is the name of the political subdivision? \_\_\_\_\_

Requester's signature	Date
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