MISSISSIPPI DEVELOPMENT AUTHORITY
Community Incentives Division - Compliance Bureau
P.O. Box 849 Jackson, Mississippi 39205
Phone: 601.359.3449 Fax: 601.359.3108

REQUEST FOR WAGE DETERMINATION AND RESPONSE TO REQUEST

(Davis-Bacon Act as amended and related statutes)

Response to Request

**For CID Compliance Use Only*

TYPE OF WORK:

- ☐ Building
- ☐ Residential
- ☐ Heavy
- ☐ Highway
- ☐ Other: _____

1. REQUESTING OFFICER:

Name: _____

Title: _____

Email: _____

Signature: _____

2. PROJECT INFORMATION:

Project Grant Number: # _____

Project Name: _____

3. GRANTEE:

4. CONTACT PHONE NUMBER:

5. DATE OF REQUEST:

6. ESTIMATE BID ADVERTISEMENT DATE:

7. ESTIMATE BID OPENING DATE:

8. ESTIMATE VALUE OF BID CONTRACT:
(*not grant amount from CID*)
$ _____

9. SUBJECT TO COMPETITIVE BIDDING:
☐ YES
☐ NO

10. HOUSING UNITS IN THIS PROJECT:
☐ SF ☐ MF
_____ Units _____ Stories

11. LOCATION OF PROJECT: (*Street address or neighborhood and city/town*)

12. COUNTY: _____

13. MAIL WAGE DETERMINATION TO: (*Please print or type*):

Name: _____

Address: _____

_____

_____
WAGE DECISION NUMBER

_____
WAGE DECISION DATE

_____
SUPERSEDES NUMBER

_____
Erin Hovanec
Manager, Compliance Bureau

_____
Date

15. NOTE

DAVIS-BACON ACT

The Housing and Community Development Act of 1974, as amended, Section 110, states any construction work financed **in whole or in part** with CDBG funds, where the contract for construction is greater than $2,000, and for residential properties containing more than 8 units, the provisions of the Davis-Bacon Act, shall apply. Public improvements not initially assisted with CDBG funds may be subject to prevailing wage requirements retroactive to the inception of the project when CDBG funds are applied.

14. DESCRIPTION OF PROJECT: (Include **ALL** contemplated actions that logically are either geographically or functionally a composite part of the project, regardless of the source of funding. If the project includes other funding sources, do **NOT** only describe the portion funded by CDBG.) – (***Please print or type***)

Send to: ***Mississippi Development Authority, Community Incentives Division-Compliance Bureau, Post Office Box 849, Jackson, Mississippi 39205-0849***

REQUEST FOR WAGE DETERMINATION AND MDA-CID RESPONSE TO REQUEST

Instructions

(When completing this form, please type or print clearly.)

Box 1: **Requesting Officer.** The person requesting the wage determination should list his/her name, title, and email address and provide signature.

Box 2: **Project Information**. List the project grant number for the project, (***e.g., 1138-21-123-PF-01***) and the project name, (***e.g., Washington County, MS Courthouse ADA Improvements***).

Box 3: **Grantee**. List the name of the Grantee, (***e.g., Washington County Board of Supervisors***).

Box 4: **Contact Phone Number.** List the phone number Compliance Bureau Staff should call if there are questions about the request.

Box 5: **Date of Request.** List the date the request was submitted to CID Compliance Bureau.

Box 6: **Estimate Bid Advertisement Date.** List your best estimate for the date you will advertise for bids.

Box 7: **Estimate Bid Opening Date.** List your best estimate for the date you will open the bids.

Box 8: **Estimate Value of Bid Contract**. List your best estimate for the value of the bid contract – NOT the total amount of the grant from CID.

Box 9: **Subject to Competitive Bidding**. Is the contract subject to competitive bidding? Check **YES** or **NO**.

Box 10: **Total Number of Housing Units**. Are there any housing units in this project? If **YES**, check: Single-Family (**SF**), Multi-Family (**MF**), or both. List the number of housing units in the project. List the number of stories for multi-family buildings.

Box 11: **Location of Project**. List the street address or name of the neighborhood and city or town where the project is located.

Box 12: **County.** List the county where the project is located.

Box 13: **Mail Wage Determination To**. List the address and name of the person who should receive the wage determination packet.

Box 14: **Description of Project**. Provide a complete description of the overall project (***NOT only the CDBG-funded portion***). This information will be used to determine the appropriate wage decision.

Box 15: **NOTE**. Please read the note regarding Davis-Bacon Act applicability.

Email the completed form to Frednia Perkins at fperkins@mississippi.org

Or

Mail to:
Mississippi Development Authority
Community Incentives Division
Attn: Ms. Frednia Perkins
P.O. Box 849, Jackson, MS 39205

CID Compliance Bureau will complete the **Response to Request** boxes on the left and send this form *(along with seven additional items in a wage determination packet)* to the person listed in **Box 13**. The wage determination packet will include:

- Response to Request for Wage Decision, which lists the appropriate wage decision(s).
- Print-out of appropriate wage decision(s) from wdol.gov.
- Print-out of Federal Labor Standards Provisions from HUD.
- Two posters for job site: **"Equal Employment Opportunity is the Law"** and "**Notice to All Employees Working on Federal or Federally Financed Construction Projects"**.
- A letter to the Grantee explaining their responsibilities regarding the wage decision and posters.