

**PUBLIC/PRIVATE PARTNERSHIP  
PREVAILING WAGE REQUEST FORM**

DATE: \_\_\_\_\_

County: \_\_\_\_\_

TO: Stephen Clegg, Bureau Chief  
Bureau of Wage & Hour Administration  
Fax: (614) 728-8639

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECT: Request for Project Prevailing Wage Determination

**PROJECT INFORMATION**

COMPANY NAME: \_\_\_\_\_

BORROWER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

City State

COMPANY MAILING ADDRESS: \_\_\_\_\_

City State

COMPANY CONTACT: \_\_\_\_\_ COMPANY PHONE: \_\_\_\_\_

CONTACT MAILING ADDRESS: \_\_\_\_\_

City State

PUBLIC AUTHORITY: \_\_\_\_\_

New Construction \_\_\_\_\_

Old Construction (Rehab/Addition) \_\_\_\_\_

Equipment Purchase \_\_\_\_\_

Business Acquisition \_\_\_\_\_

FUNDING AMOUNT: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_

ESTIMATED TOTAL OVERALL PROJECT COST: \_\_\_\_\_

HOW ARE THE PUBLIC FUNDS TO BE USED ON THE PROJECT: \_\_\_\_\_

SCOPE OF THE PROJECT: (briefly describe or attach): \_\_\_\_\_

AGENCY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

**ODOC PREVAILING WAGE DETERMINATION**

DOES APPLY

DOES NOT APPLY

COMMENTS: \_\_\_\_\_

ODOC REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_