Forward this request 10 days prior to bid to:
Kansas Department of Commerce
CDBG Program

CONFIRMATION/CHANGE OF DAVIS-BACON RATES

Date: _____

To: _____

From: _____

Grantee: _____

County: _____

Grant Number: _____

Project Type: _____

Original Wage Decision #: _____

Wage Decision Publication Date: _____

Original Date Wage Rates Sent: _____

Bid Opening Date: _____

□ □

For Department of Commerce use only.

The Kansas Small Cities Community Development Block Grant Program is in receipt of your request for confirmation/change of the Davis-Bacon wage rate determination for your project. This memo and applicable wage rates will be sent via e-mail. The status of your initial request for wage rates is:

☐ **No new wages rates issued.**

☐ **A new wage decision has been issued and accompanies this form.**

General Decision #: _____ **Modification #:** _____ **Modification Date:** _____

Signature: _____

Rev. 2/2016