



# STATE OF MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM REQUEST FOR WAGE DETERMINATION

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## 1. Project Information

Community:		Date:	
Grant Type:		Grant Year:	
Contact Person:		Telephone:	
Fax:		E-mail:	
Address:		Prior Determination #:	
		Contract Dollar Value \$:	
State and Zip:		Proposed Advertising Date:	
County:		Proposed Bid Opening Date:	

Type of Work:  Building  Residential  Highway  Heavy

## 2. Project Description

## 3. Design Professional Information:

Name:		Phone:	
Address:		Fax:	
		E-mail:	
State:	Zip:		

**SUBMIT TO:**  
Terry Ann Holden, Labor Standards Compliance Officer  
Office of Community Development  
111 Sewall Street, 3<sup>rd</sup> Floor, 59 State House Station  
Augusta, Maine 04333  
Phone: (207) 624-9814 Fax Copies: (207) 287-8070  
E-mail: [TerryAnn.Holden@maine.gov](mailto:TerryAnn.Holden@maine.gov)