

**U.A. 32 WORK RECOVERY PROGRAM - GRANT REQUEST FORM-32WRP#1**

JOB #

Requested By: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 (Please Print)  
 \_\_\_\_\_

**Amount of Grant Requested**

\$ \_\_\_\_\_ per hour  
 x \_\_\_\_\_ bid hours  
 \_\_\_\_\_ = Total Maximum Grant

JOB #

DO THESE HOURS REPRESENT ALL UA WORK ON THIS PROJECT?      Y  N

If no, explain: \_\_\_\_\_

JOB INFORMATION

Project Name: \_\_\_\_\_  
 Address/Location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Project Description: (be detailed)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EST. UA HOURS ON JOB**  
 (Include Apprentices & Supervision) \_\_\_\_\_

Est. Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Est. Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Bid Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Bid Time: \_\_\_\_\_ AM / PM

PREVAILING WAGE     PRIVATE     NEGOTIATED     BID

**Project Owner**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**General Contractor**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

UNION MECHANICALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NON-UNION MECHANICALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A W I D

**U.A. Local 32**  
 595 Monster Rd SW #213  
 Renton, WA 98055-2946  
 Phone (425) 277-6680  
 Fax (425) 254-0633

I hereby certify that the information we have supplied on this job is correct and agree that any willful misrepresentation is grounds for forfeiture of this grant.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_