

TARGET JOB NO.

CONTRACTOR NO.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL AND
ORNAMENTAL IRONWORKERS**

LOCAL UNION NO. 6

**JOB TARGETING PROGRAM
CONTRACTOR REQUEST FORM**

The items for this request shall be for the listed named project only.

TARGET FUNDS ARE SPECIFICALLY MENT FOR LOCAL 6 MEMBERS. **ONE** KEY EMPLOYEE FOR THE CONTRACTOR WILL BE PERMITTED TO BE INCLUDED IN A TARGET REQUEST.

_____ *Project*

_____ *Site address*

_____ *General Contractor*

_____ *City* *State*

_____ *Bid date*

_____ *Mechanical Contractor*

_____ *Estimated Start Date*

_____ *Estimated Completion Date*

LIST OF KNOWN BIDDING CONTRACTORS:

	Union	Non-union	Unknown
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Approved Signature of Union Rep: _____

Signature of Contractor: _____

Anticipated number of Local Union 6 members. Journeyman, Apprentices, Pre-Apprentices to be employed on the project: _____

Total anticipated man hours: _____

Journeyman man hours: _____

Apprentice man hours: _____

Pre-Apprentice man hours: _____

This project is: _____ Federal prevailing wage,
_____ State prevailing wage, OR
_____ Neither

Scope of work in Question: _____

Specific contract modification(s) request: _____

Firm Name

Address – Street or P.O. Box

Request by: (Signature)

City State Zip

Title

Date of request

To be completed by the Local Union:

Approved Contract Modification(s): _____

THIS FORM MUST BE RECEIVED FIVE (5) DAYS PRIOR TO BID DATE

INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL AND ORNAMENTAL
IRONWORKERS
LOCAL UNION NO. 6

JOB TARGETING PROGRAM

CONTRACTORS REIMBURSEMENT FORM

**ONE KEY EMPLOYEE PER JOB IS PERMITTED. ALL OTHER TARGET FUNDS IS
SPECIFICALLY INTENDED FOR LOCAL 6 MEMBERS**

GENERAL CONTRACTOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____

PROJECT NAME _____

CONTACT # _____

SITE ADDRESS _____ CITY _____ STATE _____ ZIP _____

BID DATE _____ START DATE _____

COST OF PROJECT _____

TOTAL NUMBER OF JOURNEYMAN _____ APPRENTICES _____ PRE-APPRENTICES _____

TOTAL HOURS WORKED _____ DAYS _____

COMPLETION DATE _____

GRANT AMOUNT _____

REIMBURSEMENT REQUESTED BY _____

TITLE _____

DATE _____

BUSINESS AGENT

APPROVAL _____

DATE _____

INTERNATIONAL ASSOCIATION
 Of BRIDGE, STRUCTURAL AND ORNAMENTAL
 IRON WORKERS . . . *Affiliated with A.F.L. – C.I.O.*

LOCAL UNION NO. 6
 196 ORCHARD PARK ROAD, WEST SENECA, NY 14224-2681
 Phone: 716-828-1200 Fax: 716-828-1203

JOB TARGETING HOURS REPORT

(1) NAME OF EMPLOYEE (IN ALPHABETIC ORDER)	*	(2) SOCIAL SECURITY NUMBER	(3) TOTAL HOURS	
TOTALS				

PROJECT NAME _____

SITE ADDRESS _____ CITY _____ STATE ____ ZIP _____

START DATE _____ END DATE _____ TOTAL HOURS _____

BID AMOUNT PER HOUR _____ TOTAL AMOUNT OF GRANT \$ _____

REIMBURSEMENT REQUEST BY _____ DATE _____

REPORT FOR _____ 20____ PAYROLL WEEKS ENDING _____

Name of Firm _____ Fed ID No. _____

Address of Firm _____ State _____ Zip _____

Submitted by _____ Title _____ Date _____

