

**DBRA MONITORING
GRANTEE PROFILE INFORMATION CHECKLIST**

Information Request Date _____ Grantee Name _____

Address _____
(Mailing & Physical Address)

City _____ State _____ Zip _____

Project Name _____ County _____

Contact Name _____ Contact Phone # _____

Fax # _____ Email _____

Project Information:

Construction Type _____ Work Type _____

Project Beginning Date _____ Project Ending Date _____

Does Job Classification List Exist? ____ Yes ____ No Apprentice? ____ Yes ____ No

Has Wage Determination Rates Per Job Classification Been Identified? ____ Yes ____ No

Have All Contractors Received DBRA Training? ____ Yes ____ No

Has Grantee Completed Interviews With Contractors' Employees? ____ Yes ____ No

Contractor Information:

Work Site Street Address(s) _____

Work Site County _____

Number of Contractors ____ Number of Subcontractors ____

Contractor/Sub-contractor Company Name _____

Are the Employees in a Trade Union? ____ Yes ____ No

Worksite Contractor Contact Person _____

Worksite Contractor Contact Person's Cell Number _____

Is The Contractor An Owner Operator? ____ Yes ____ No

If Yes, Does The Contractor Have Employees Subject To The Davis-Bacon Act? ____ Yes ____ No

Submit to:

**courtney.bennett@crowehorwath.com; and
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