**LABOR STANDARDS OFFICER DESIGNEE**

(*Type or print clearly)*

|  |
| --- |
| NAME OF UGLG (i.e. CDBG GRANTEE): |
|  |
| DOA-DEHCR GRANT AGREEMENT #: |
|  |

|  |  |
| --- | --- |
| LABOR STANDARDS OFFICER: |  |
| STREET ADDRESS: |  |
| CITY: |  |
| STATE/ZIP CODE:  |  |
| PHONE NUMBER: |  |
| FAX NUMBER: |  |
| E-MAIL ADDRESS:  |  |

*Retain the completed original document in the CDBG project file, and send a copy of this form to the assigned DEHCR Project Representative in the Division of Energy, Housing and Community Resources via email (preferred) or postage-paid mail.*

 Mailing Address: DEHCR Project Representative

 Wisconsin Department of Administration

 Division of Energy, Housing and Community Resources

 Bureau of Community Development, 6th Floor

 P.O. Box 7970

 Madison, WI 53707-7970