

**U.A. PLUMBERS & PIPEFITTERS LOCAL 26**  
**MARKET RECOVERY PROGRAM**  
 8501 ZENITH COURT NE  
 LACEY, WA 98516  
 (360) 486-9300 FAX (360) 486-9317  
**GRANT REQUEST FORM**  
 (PLEASE COMPLETE IN FULL)

Today's Date:

**CONTRACTOR INFORMATION**

CONTRACTOR NAME		ADDRESS	
CONTACT NAME	PHONE #	FAX #	E-MAIL ADDRESS

**BID INFORMATION**

AMOUNT OF GRANT REQUESTED	PER HOUR	ESTIMATED HOURS	
BID DATE	BID TIME	NEGOTIATED	
		No <input type="checkbox"/>	Yes <input type="checkbox"/>

**PROJECT INFORMATION**

NAME OF PROJECT	
PROJECT ADDRESS	CITY, STATE ZIP

**PROJECT TYPE**

Industrial <input type="checkbox"/>	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	School <input type="checkbox"/>	Hospital <input type="checkbox"/>	Light Commercial <input type="checkbox"/>
ANTICIPATED START DATE:			ANTICIPATED COMPLETION DATE:		

**GENERAL CONTRACTOR INFORMATION**

CONTRACTOR NAME:	ADDRESS:
CONTACT PERSON:	PHONE:

**BIDDERS INFORMATION**

UNION BIDDERS	NON-UNION BIDDERS

Contractor Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Any request that is not completely filled out will be rejected without any notification