

**OPERATING ENGINEERS LOCAL #137
LABOR MANAGEMENT COOPERATIVE TRUST**

APPLICATION FOR LMCT FRINGE BENEFIT GRANT

TO APPLY: YOU MUST COMPLETE EVERY ITEM ON THIS FORM.

PROJECT NAME: _____

LOCATION: _____

PROJECT OWNER: _____

GENERAL CONTRACTOR/CONSTRUCTION MANAGER: _____

VALUE OF ENGINEER WORK: IF AVAILABLE, USE THE ARCHITECT OR ENGINEER'S ESTIMATE.

OTHERWISE, GIVE YOUR OWN ESTIMATE: \$ _____

LABOR HOURS _____

TO WHOM YOU ARE BIDDING: ___ OWNER ___ GENERAL ___ CONSTRUCTION MANAGER ___ OTHER

DATE BID IS DUE: DATE JOB WILL BEGIN: _____ AND END: _____

TYPE OF PROJECT: _____

OPEN SHOP COMPETITION: (PLEASE LIST)

BRIEFLY DESCRIBE THIS PROJECT:

GRANT BEING REQUESTED TO COMPETE WITH NON-AREA STANDARD BIDDERS ON THIS PROJECT \$ _____

I certify that I have investigated the fringe benefit programs and the cost of those programs being provided by competitors submitting bids on the same work encompassed by this proposal. At least one non-area standards competitor has been invited to bid and that non-area standards competitor has fringe benefit programs and costs lower than those provided by and paid for by my company. The relief requested from this fund is for the sole purpose of eliminating the disadvantage my firm has as a result of the differential in cost of fringe benefits provided for Operating Engineers employed by my firm and those provided for Operating Engineers employed by non-area standards bidders submitting bids on the same work covered by this proposal. The relief requested is not for the purpose of gaining any competitive advantage over any bidder.

PLEASE NOTE: Only contractors signatory to the Operating Engineers 137 Collective Bargaining Agreement and current in payments of contributions to the Local #137 Funds are eligible for LMCT grant decisions. Decisions concerning this application are entirely within the discretion of the LMCT trustees.

GENERAL RELEASE: As part of this application, the undersigned agrees to release Local #137, the CIC, the BCA, the Trustees of the LMCT, Welfare Fund, and Annuity Fund, and their respective officers, agents, successors and assigns from any claim the undersigned may have now or in the future as of a result of this application.

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE # _____

EMAIL _____

SIGNED BY: _____

FAX: _____

TITLE: _____

DATE: _____

Email a copy of your completed application to: rita@iuoelocal137.com