

MARKET RECOVERY PROGRAM

SCHEDULE 'A'

APPLICATION REQUEST AND JOB INFORMATION FORM

NAME OF APPLICANT: _____ **DATE:** _____ 20__
(MIA Member)

CONTACT: _____ **PHONE:** _____

NAME OF PROJECT: _____

(Also known as) _____

LOCATION OF PROJECT: _____

	<u>UNION</u>	<u>NON-UNION / C.L.A.C.</u>
BIDDERS: 1	_____	3 _____
(If known)		
2	_____	4 _____

IS THE PROJECT BY INVITED BID ONLY: YES: _____ NO: _____

ESTIMATE OF TOTAL MAN HOURS: _____ HOURS
(For Insulation Component Only)

TYPE OF WORK: _____ (Ducting or Piping or ?)

OWNER/ORGANIZATION FUNDING THE PROJECT: _____
(If known)

TYPE OF BID: COST PLUS: _____ LUMP SUM: _____

CLOSING FOR BIDS: DATE: _____ TIME: _____

IS THIS A RETENDER? YES: _____ NO: _____

ESTIMATED START DATE: _____

VOLUNTARY BID DEPOSITORY: YES: _____ NO: _____

FORMAL BID DEPOSITORY: YES: _____ NO: _____

BID DEPOSITORY LOCATION: _____

INSTRUCTIONS:

1. Fax first to Local 95, 905-944-1065 Attention: Ken Walsh - *and then*
2. Fax to the MIA, 905-279-6422 - please "white out" the amount stated for the hours in the "Estimate Of Total Man Hours"