



# I.U.O.E. Local 98 Joint Labor - Management Cooperative Trust

40 Hudson Drive - P.O. Box 1290 - Southwick, MA 01077 Phone: (413) 998-3230 Fax: (413) 998-3249

## COOPERATIVE TRUST GRANT APPLICATION

IN ORDER TO RECEIVE COOP TRUST GRANT MONEY A CONTRACTOR MUST SUBMIT A COOP TRUST FORM WITH ESTIMATES ***PRIOR TO THE BID DATE.***

PLEASE NOTIFY US IN WRITING IF YOU ARE LOW BIDDER ON THIS JOB.

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

### List Competitors

Union Contractors

Non-union Contractors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) Bidding to General \_\_\_\_\_ Direct to Owner \_\_\_\_\_ Other \_\_\_\_\_

2) List total hours of work for operators \_\_\_\_\_

3) Estimate number of operators needed \_\_\_\_\_

4) Estimate duration of project \_\_\_\_\_

5) Approximate cost of project \_\_\_\_\_

6) Approximate cost of your bid \_\_\_\_\_

7) Bid date \_\_\_\_\_

8) Approximate starting date \_\_\_\_\_

### Economic Considerations

(To be completed by Fund Office)

Approved by JL/MCT

Health & Welfare \_\_\_\_\_

Pension \_\_\_\_\_

Annuity \_\_\_\_\_

TOTAL \_\_\_\_\_

To a maximum of \_\_\_\_\_ hours

### **TOTAL AWARD WILL NOT EXCEED HOURS AND FUNDS REQUESTED**

In applying for the Joint Labor Management Cooperative Trust, the undersigned agrees that the decision of this application is within full and complete discretion of the Executive Committee. The undersigned agrees to waive and release the Executive Committee and the Trustees of the Fund from any claim the undersigned may have now or in the future as a result of this application.

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Name (Print)

APPROVED BY:

\_\_\_\_\_  
Chairman / Co-Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary / Treasurer

\_\_\_\_\_  
Date