



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 **3 BUSINESS DAYS 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