



Painters' District Council #14

Market Recovery Request

ALL INFORMATION MUST BE FILLED OUT TO BE CONSIDERED

Date Submitted: _____

Employer: _____

Email: _____ phone: _____

Project Name: _____

Project Address: _____

Type of Work: ___ New Construction ___ Repaint ___ Remodel ___ Maintenance

Industry Sector: ___ Residential ___ Commercial ___ Industrial ___ Institutional

Building Manager/General Contractor: _____

Building Manager/GC cell: _____ email: _____

Where you can find Bid Announcement: _____

Date and time bids are due: _____

Start Date: _____ Estimate of Job Duration: _____

Estimate Number of Journeyman and Hours: _____

Signatory Bidders:

Non-Signatory Bidders:

Estimated total amount of Financial Assistance
Sought under the Market Recovery Program: _____

Reason for Request: _____

Project cost: _____

No part of the Painters' District Council #14 Market Recovery Program shall be used to extend any fringe benefit grant funds to any non-Painters' District Council #14 Signatory contractor, member or any other trade. I swear and affirm that the information provided above is true and correct:

Signature: _____