



CONTRIBUTION FORM



The NACA-BCTD LABOR MANAGEMENT COOPERATION TRUST FUND

(For NCA holders, as provided in the National Construction Agreement (NCA))

EMPLOYER INFORMATION

Date _____ Person Completing This Form: _____
(Name, Title)

NCA Holder Employer: _____
(Name)

Project Address: _____
(Street) (PO Box) (City, State, Zip)

(Phone) (Fax) (E-Mail)

PROJECT INFORMATION

Project Name: _____ NCA#: _____

City, State: _____

CONTRIBUTION INFORMATION

Total estimated craft hours (both direct and subcontract) for Project:
500,000 or less, the contribution amount is \$12,500.00;
500,001 to 1,000,000, the contribution amount is \$25,000.00;
1,000,001 to 2,000,000, the contribution amount is \$40,000.00;
2,000,001 to 4,000,000, the contribution amount is \$75,000.00;
4,000,001 or more, the contribution amount is \$125,000.00.

Total Estimated Hours (both direct and subcontract) = _____

Total Contribution to be paid as follows (choose one):

- Full payment due 60 days from commencement of work, with a "true up" based on actual hours due 60 days after the project is commissioned or on the 3rd anniversary after commencement of work, whichever date comes first.
- OR
- Initial payment equal to 1/2 of the contribution amount, due 60 days from commencement of work. Then remainder will be due in equal payments, due annually on the anniversary date of the initial payment until project completion or the 3rd anniversary of the commencement of work, whichever comes first. Each annual payment must include a "true up" based on actual hours.

Amount enclosed with this form: _____

Make check payable to:
NACA-BCTD Labor Management Cooperation Trust Fund
EIN 52-6989157

Mail a copy of this form along with your check to:
NACA-BCTD Labor Management Cooperation Trust Fund
815 16th Street, NW, Suite 600
Washington, DC 20006