CONTRIBUTION FORM

The NACA-BCTD LABOR MANAGEMENT
COOPERATION TRUST FUND
(For Subcontractors, as provided for in the National Construction Agreement (NCA))

EMPLOYER INFORMATION

Date ____________________ Person Completing This Form: __________________________ (Name, Title)

Employer: ____________________________________ (Name)

__________ (Phone) ______________ (E-Mail)

PROJECT INFORMATION

Project Name: _____________________ NGA#: __________________

City, State: ______________________ NCA Holder: __________________

CONTRIBUTION INFORMATION

Subcontractor’s total estimated craft hours on project:
 10,000 hours or less, the one-time contribution amount is $500.00;
10,001 hours to 25,000 hours, the one-time contribution amount is $1,000.00;
25,001 hours or more, the one-time contribution amount is $2,000.00.

Subcontractor’s total estimated craft hours: _______________________

Amount enclosed with this form: ____________________________

Contributions shall be due no later than sixty (60) days from the commencement of work.

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