



Construction Contract Award Notification Requirement

Form CC-314
OMB Control Number: 1250-0001
Expires: XX/XX/XXXX

Welcome to the U.S. Department of Labor’s Office of Federal Contract Compliance Programs’ (OFCCP) Notification of Construction Contract Award Portal, also known as NCAP. Contracting officers, applicants and contractors are required to give written notice to OFCCP within 10 working days of award of a Federal or federally assisted construction contract or subcontract in excess of \$10,000. These requirements can be viewed at 41 CFR 60-4.2. NCAP is OFCCP’s preferred method for notifying the agency when a construction contract meeting the requirements has been awarded. If you are having difficulties using the portal or require an accommodation for submitting notifications via mail, email, or fax, please call OFCCP’s toll-free Help Line at 1-800-397-6251. If you are deaf or hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

Prime Contract Number* * indicates a required field

Award Notification Submitted on Behalf of (select one):*

- Federal Agency
- Applicant
- Contractor

Award Contract Type (select one):*

- Prime Contract
- Subcontract

If Award Contract Type is “Prime,” provide the NAICS Code for the awarded contract:*

Is this notice being submitted on behalf of a nonconstruction contractor subject to the notice requirements, as provided in 41 CFR 60-4.2(b)-(c)?*

- Yes

SAMPLE FOR 30-DAY INFORMATION COLLECTION REQUEST

No

Name of Awarding Federal Agency, Applicant or Contractor*

If the awarding entity is a contractor, provide the Unique Entity ID (UEI) or Data Universal Numbering System (DUNS) Number for the awarding entity. If the awarding entity does not have a UEI or DUNS Number, insert "unavailable."*

If the awarding entity is a contractor, provide the Employer Identification Number (EIN) for the awarding entity.*

Contracting Officer, Applicant Representative or Contractor Representative Submitting Notification

First Name*

Last Name*

Phone Number*

Phone Extension

Email*

Notification of Construction Contract Award in Excess of \$10,000

Contractor Awarded Contract or Subcontract

Name*

Address Line 1*

Address Line 2

City*

State*

Zip*

+4

Phone Number*

Phone Extension

Email Address*

Employer Identification Number (EIN) of Contractor Awarded Contract or Subcontract*

Dollar Amount of the Contract*

Estimated Start Date of the Contract*

Estimated Completion Date of the Contract*

Geographical area in which the contract is to be performed

State*

County*

SAMPLE FOR 30-DAY INFORMATION COLLECTION REQUEST

City (if any)

Public Burden Statement: According to the Paperwork Reduction Act (PRA) of 1995, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 0.63 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the collection of information. If you have comments regarding the estimated reporting burden, or suggestions for reducing the burden, please send them to the OFCCP, Division of Policy and Program Development, 200 Constitution Avenue, N.W., Room C-3325, Washington, D.C. 20210, and reference OMB Control Number 1250-0001.