



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5236

## BENEFICIARY AFFIDAVIT

Any for-profit Beneficiary who employs at least 25 full-time equivalents (FTE) or any not-for-profit Beneficiary who employs at least 100 FTEs who has been awarded Assistance of \$100,000 or more from the City of Boston must comply with the **First Source Hiring Agreement** provisions of the Boston Jobs And Living Wage Ordinance.

*If you are submitting a Request for Proposal, Request for Qualification, or Invitation for Bid, or negotiating a loan, grant, or other financial Assistance that meets the above criteria, you must submit this Affidavit along with your proposal. If you believe that you are exempt from the First Source Hiring Agreement provisions of the Boston Jobs And Living Wage Ordinance, complete Section 4: Exemption: First Source Hiring Agreement provisions, or if you are requesting a General Waiver, please complete Section 5: General Waiver Reason(s).*

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling The Living Wage Administrator, The Living Wage Division of the Office of Workforce Development, telephone: (617) 918-5236, facsimile: (617) 918-5299.

### Part 1: BENEFICIARY OF ASSISTANCE INFORMATION:

Name of Beneficiary: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Part 2: ASSISTANCE INFORMATION:

Name of the program or project under which the Assistance is being awarded:  
\_\_\_\_\_

Awarding Department: \_\_\_\_\_

Bid or Proposal Amount: \$ \_\_\_\_\_

Date Assistance Documents Executed: \_\_\_\_\_ Award End Date: \_\_\_\_\_

Duration of Award:  1 year  2 years  3 years  Other: \_\_\_\_\_ (years)

**PART 3: ADDITIONAL INFORMATION**

Please answer the following questions regarding your company or organization:

1. Your company or organization is: *check one*:

- For Profit
- Not For Profit

2. Total number of employees whom you employ: \_\_\_\_\_

3. Total number of employees who will be assigned to work on the above-stated Award: \_\_\_\_\_

4. Do you anticipate hiring any additional employees?

- Yes
- No

*If yes*, how many additional F.T.E.s do you plan to hire? \_\_\_\_\_

**PART 4: EXEMPTION FROM FIRST SOURCE HIRING AGREEMENT PROVISIONS OF THE BOSTON JOBS AND LIVING WAGE ORDINANCE**

Any Beneficiary who qualifies may request an Exemption from the First Source Hiring Agreement provisions of the Boston Jobs And Living Wage Ordinance by completing the following:

I hereby request an exemption from the First Source Hiring Agreement provisions of the Boston Jobs And Living Wage Ordinance for the following reason(s): Attach any pertinent documents to this Application to prove that you are exempt. Please check the appropriate box(es) below:

- The construction contract awarded by the City of Boston is subject to the state prevailing wage law; and
- Assistance awarded to youth programs, provided that the award is for stipends to youth in the program. "Youth Program" means any city, state, or federally funded program which employs youth, as defined by city, state, or federal guidelines, during the summer, or as part of a school to work program, or in other related seasonal or part-time program; and
- Assistance awarded to work-study or cooperative educational programs, provided that the Assistance is for stipends to students in the programs; and
- Assistance awarded to vendors who provide services to the City and are awarded to vendors who provide trainees a stipend or wage as part of a job training program and provides the trainees with additional services, which may include but are not limited to room and board, case management, and job readiness services, and provided further that the trainees do not replace current City funded positions.

Please give a full statement describing in detail the reasons you are exempt from the First Source Hiring Agreement provisions the Boston Jobs And Living Wage Ordinance (attach additional sheets if necessary):

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**PART 5. GENERAL WAIVER REASON(S)**

I hereby request a General Waiver from the First Source Hiring Agreement provisions of the Boston Jobs And Living Wage Ordinance. The application of the First Source Hiring Agreement provisions to my Assistance violates the following state or federal statutory, regulatory or constitutional provision or provisions.

State the specific state or federal statutory, regulatory or constitutional provision or provisions, which makes compliance with the First Source Hiring Agreement provisions unlawful:

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**GENERAL WAIVER ATTACHMENTS:**

Please attach a copy of the conflicting statutory, regulatory or constitutional provisions that makes compliance with this ordinance unlawful.

Please give a full statement describing in detail the reasons the specific state or federal statutory, regulatory or constitutional provision or provisions makes compliance with the First Source Hiring Agreement provisions unlawful (attach additional sheets if necessary):

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**PART 6: BENEFICIARY OF ASSISTANCE AFFIDAVIT:**

I, (print or type) \_\_\_\_\_, the Beneficiary, certify and swear/affirm that the information provided on this **Beneficiary Affidavit** is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_