



**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 (FTEs) 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 Part 4: Exemption From First Source Hiring Agreement Provisions, or if you are requesting a general waiver, please complete Part 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 in the Living Wage Division of the Office of Workforce Development, telephone: (617) 918-5236.

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**PART 1: BENEFICIARY OF ASSISTANCE INFORMATION:**

**Name Of Beneficiary:** \_\_\_\_\_

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

**Company Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PART 2: ASSISTANCE INFORMATION:**

**Name Of The Program Or Project Under Which The Assistance Is Being Awarded:**

\_\_\_\_\_

**City Of Boston 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:

Your company or organization is: (check one):  For Profit  Not For Profit

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

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

Do you anticipate hiring any additional employees?  Yes  No

If yes, how many additional FTEs do you plan to hire? \_\_\_\_\_

**PART 4: EXEMPTION FROM THE BOSTON JOBS AND LIVING WAGE ORDINANCE**

Any Beneficiary who qualifies may request one of the four categories of exemptions from the provisions of the Boston Jobs and Living Wage Ordinance by completing the section below. Attach any pertinent documents to this application to prove that you are exempt from the Boston Jobs and Living Wage Ordinance. Please check the appropriate box(es) below indicating your exemption request. NOTE: Unless you receive written confirmation from The Living Wage Division approving your exemption request, you remain covered by the Boston Jobs and Living Wage Ordinance.

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; or
- 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; or
- Assistance awarded to work-study or cooperative educational programs, provided that the assistance is for stipends to students in the programs; or
- 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 which of the four exemptions applies to your assistance and the reasons your assistance is exempt from the Boston Jobs and Living Wage Ordinance (*attach additional sheets if necessary*)

**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 to my assistance violates the following state or federal statutory, regulatory or constitutional provision(s).

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

**GENERAL WAIVER ATTACHMENTS:**

Please attach a copy of the conflicting statutory, regulatory or constitutional provision(s) 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(s) makes compliance with the First Source Hiring Agreement unlawful (*attach additional sheets if necessary*):

**PART 6 : BENEFICIARY OF ASSISTANCE AFFIDAVIT**

The following statement must be completed and signed by an authorized owner, officer or manager of the Covered Vendor. The signature of an attorney representing the Covered Vendor is not sufficient:

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:** \_\_\_\_\_