

# THE BOSTON JOBS, LIVING WAGE, AND PREVAILING WAGE ORDINANCE

## BENEFICIARY AGREEMENT

At the same time the City of Boston awards Assistance through a loan, grant, tax incentive, bond financing, subsidy, or other form of assistance of one hundred thousand (\$100,000) dollars or more over a period of 12 months, this form must be completed and submitted to the City, agreeing to the First Source Hiring Agreement provisions of the Boston Jobs, Living Wage, and Prevailing Wage Ordinance (the “Ordinance”). **Beneficiaries are not required to comply with the living wage provisions of the Ordinance.**

### IMPORTANT

Please print in ink or type all required information. No assistance agreement will be executed until this agreement is completed, signed, and submitted to the awarding department.

Assistance in completing this form may be obtained by calling or visiting the Living Wage Administrator, the Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet, telephone: (617) 918-5236, or your awarding department.

### PART 1. BENEFICIARY OF ASSISTANCE INFORMATION

|                     |  |
|---------------------|--|
| Name of Beneficiary |  |
| Contact Name        |  |
| Company Address     |  |
| Contact Phone       |  |
| Contact Email       |  |

### PART 2. ASSISTANCE INFORMATION

|                                    |  |
|------------------------------------|--|
| Name of Program/Project            |  |
| Awarding City of Boston Department |  |
| Amount                             |  |
| Start Date of Agreement            |  |
| End Date of Agreement              |  |

## PART 3. ADDITIONAL INFORMATION

Please answer the following questions regarding your company or organization:

|                                                                                                                                                                                        |                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Your company or organization                                                                                                                                                           | <input type="checkbox"/> For Profit<br><input type="checkbox"/> Not for Profit |
| Total Number of "FTE" employees <b>company-wide</b><br>(Full-time and combined part time)<br>Example:<br>24 full-time staff<br>+ 2 part-time staff working 20hrs per week<br>= 25 FTEs |                                                                                |
| Total Number of individual employees who will be assigned to work on the above award                                                                                                   |                                                                                |
| Do you plan to hire additional employees to perform work on the above award?                                                                                                           |                                                                                |
| If yes, how many additional FTEs do you plan to hire?                                                                                                                                  |                                                                                |
| Have you received more than one hundred thousand (\$100,000) dollars from the City of Boston in assistance (including the current award) over the last 12 months?                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                    |

## PART 4. BENEFICIARY TYPE DETERMINATION

For beneficiaries of one hundred thousand (\$100,000) or more, please select an option below and then review and complete the corresponding parts of the form:

- ☐ 25 or more **Company-Wide** FTEs (For-Profit) OR 100 or more FTEs (Not-for-Profit)

*Company wide "FTE" employees equals full-time and combined part-time employees. Upon execution of the award, complete the First Source Hiring Agreement (Form Wage-10). The First Source Hiring Agreement is available [boston.gov/living-wage](https://boston.gov/living-wage).*

Review and Complete the following (if applicable): ☐ Part 5

- ☐ Less than 25 **Company-Wide** FTEs (For-Profit) OR Less than 100 FTEs (Not-for-Profit)

*Company wide "FTE" employees equals full-time and combined part-time employees. You will not need to complete the First Source Hiring Agreement (Form Wage-10) or any other forms.*

## PART 5. REQUESTING AN EXEMPTION OR WAIVER FROM ORDINANCE

### Requesting an Exemption

Any Beneficiary who qualifies may request one of the four categories of exemptions from the provisions of the Ordinance by completing the section below. Attach any pertinent documents to this application to prove that you are exempt from the Ordinance.

#### **NOTE**

Unless you receive written confirmation from the Office of Labor Compliance and Worker Protect approving your exemption request, you remain covered by the Boston Jobs, Living Wage, and Prevailing Wage Ordinance.

### Exemption Categories

Please check the appropriate box(es) below indicating your exemption request. Attach any pertinent documents to this application to prove that you are exempt.

- ☐ Construction contract awarded by the City of Boston and is subject to the state prevailing wage law;
- ☐ Assistance awarded to a youth program, 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;
- ☐ Assistance awarded to a work-study or cooperative educational program, provided that the contract is for stipends to students in the program; or
- ☐ Assistance awarded to a vendor who provide services to the City and is awarded to a vendor who provides trainees with 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 Ordinance. *Attach additional sheets if necessary.*

### Requesting a General Waiver

I hereby request a general waiver from the First Source Hiring Agreement provisions of the Ordinance. The application of the First Source Hiring Agreement to my assistance violates the following state or federal statutory, regulatory or constitutional provision(s):

*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 Ordinance unlawful (attach additional sheets if necessary). Please attach a copy of the conflicting statutory, regulatory or constitutional provision(s).*