



BENEFICIARY ACKNOWLEDGEMENT

At the same time the City of Boston awards a Beneficiary Assistance through a bid, a request for proposal, or an unadvertised contract of one hundred thousand (\$100,000) dollars or more, the Beneficiary must complete this form and submit to the City, agreeing to the following conditions.

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, Living Wage, Prevailing Wage Ordinance (the "Ordinance").

IMPORTANT: Please print in ink or type all required information. Assistance in completing this form may be obtained by calling or visiting the Living Wage Administrator in the Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet, telephone: (617) 918-5236, or your contracting department.

PART 1: BENEFICIARY OF ASSISTANCE INFORMATION:

Name of Beneficiary:	
Contact Person:	
Company Address:	
Telephone Number:	
Email:	

PART 2: ASSISTANCE INFORMATION

Name of Program/Project	
Awarding City of Boston Dept.	
Amount	
Start Date of Contract	
End Date of Contract	
Duration of Award (Years)	

PART 3: ADDITIONAL INFORMATION

Please answer the following questions regarding your company or organization:

Your company or organization	<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit
Total Number of "FTE" employees company wide (full-time + combined part time (Example: 24 full-time staff + 2 part-time staff working 20 hrs per week = 25 FTEs):	
Total number of individual employees who will be assigned to work on above award	
Do you plan to hire additional employees to perform work on contract?	
If yes, how many additional FTEs do you plan to hire?	

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

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.

Please check the appropriate box(es) below indicating your exemption request. **NOTE: Unless you receive written confirmation from the Office of Labor Compliance and Worker Protections approving your exemption request, you remain covered by the Boston Jobs, Living Wage, and Prevailing Wage Ordinance.**

I hereby request a general waiver from the First Source Hiring Agreement provisions of the Boston Jobs, Living Wage, and Prevailing Wage Ordinance. Attach any pertinent documents to this application to prove that you are exempt. Please check the appropriate box(es) below:

- 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 Boston Jobs and Living Wage Ordinance (*attach additional sheets if necessary*).

PART 5: GENERAL WAIVER REASON(S)

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 provisions of the Boston Jobs, Living Wage, and Prevailing Wage Ordinance 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 Boston Jobs, Living Wage, and Prevailing Wage Ordinance 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 Beneficiary. The signature of an attorney representing the Beneficiary is not sufficient:

I _____, 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	
Printed Name	
Title	

THIS FORM APPROVED AS TO FORM BY CORPORATION COUNSEL 2 JUNE 2000