

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.

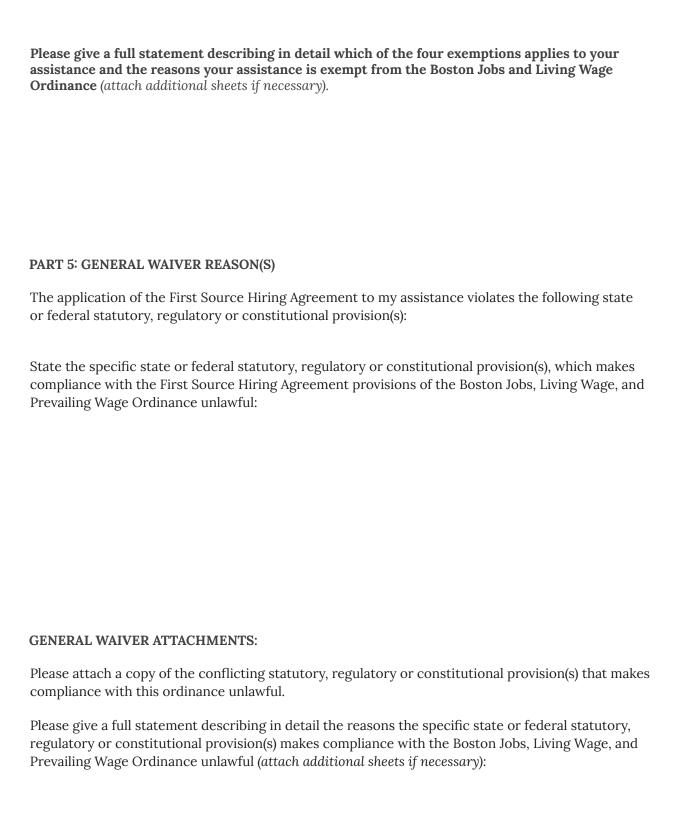
Any for-profit Beneficiary who employs at least 25 full-time equivalents (FTEs) or any not-for-profit Beneficiary who employs at least 100 FTEs who has been awarded Assistance of \$100,000 or more from the City of Boston must comply with the First Source Hiring Agreement provisions of the Boston Jobs,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

· ·	revailing Wage Ordinance (the "Ordinance").
IMPORTANT: Please print in may be obtained by calling or Compliance and Worker Prot or your contracting department	n ink or type all required information. Assistance in completing this form visiting the Living Wage Administrator in the Office of Labor sections of the Worker Empowerment Cabinet, telephone: (617) 918-5236, ent.
PART 1: BENEFICIARY OF AS	SSISTANCE INFORMATION:
Name of Beneficiary:	
Contact Person:	
Company Address:	
Telephone Number:	
Email:	
PART 2: ASSISTANCE INFOR	RMATION
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	☐ For Profit☐ 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 PRIORDINANCE	EVAILING WAGE
Any Beneficiary who qualifies may request one of the four categories of exerprovisions of the Ordinance by completing the section below. Attach any pethis application to prove that you are exempt from the Ordinance.	
Please check the appropriate box(es) below indicating your exemption requreceive written confirmation from the Office of Labor Compliance and W approving your exemption request, you remain covered by the Boston John Prevailing Wage Ordinance.	orker Protections
I hereby request a general waiver from the First Source Hiring Agreement p Boston Jobs, Living Wage, and Prevailing Wage Ordinance. Attach any perti this application to prove that you are exempt. Please check the appropriate	nent documents to
 Construction contract awarded by the City of Boston and is subject wage law; 	to the state prevailing
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 procontract is for stipends to students in the program; or	ogram, provided that the
Assistance awarded to a vendor who provide services to the City ar who provides trainees with a stipend or wage as part of a job training the trainees with additional services, which may include but are no board, case management, and job readiness services, and provided do not replace current City-funded positions.	ng program and provides t limited to room and



PART 6: BENEFICIARY OF ASSISTANCE AFFIDAVIT

	ment must be completed and signed by an authorized owner, officer or manager The signature of an attorney representing the Beneficiary is not sufficient:
*	, the Beneficiary certify and swear/affirm that the ed on this Beneficiary Affidavit is true and within my own personal knowledge nder the pains and penalties of perjury.
Signature	
Date	
Printed Name	
Title	

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