**IMPORTANT:** 

## CONTRACTING DEPARTMENT LIVING WAGE HARDSHIP WAIVER APPLICATION

**GENERAL RULE:** The City shall award a service contract to the lowest responsive and responsible bidder paying the living wage, provided that the bid does not exceed the funds available. If all bids from responsive and responsible bidders paying the living wage exceed the funds available for the contract, the contracting department shall reject the bids. If all bids have been rejected or if no responses are received to an invitation for bids (IFB) or request for proposals (RFP), the contracting department may request the Director of the Living Wage Division to grant a hardship waiver. Hardship waiv- ers **will only be granted prior** to the issuing or reissuing a RFP or IFB.

NOTE: Beneficiaries of assistance are NOT eligible to apply for a hardship waiver.

**REFERRAL OF MATTER BY CONTRACTING AGENCY**: A hardship waiver may be granted prior to issuing or reissuing an RFP or IFB. The Director, upon the request of the contracting department, may grant a hardship waiver. The contracting department may apply for a hardship waiver where payment of the living wage by a Covered Vendor will (i) substantially curtail the service provided by the Covered Vendor; or (ii) have an adverse financial impact on the City.

Please print in ink or type all required information. Assistance in completing this form

may Divis	be obtained by calling or visiting the Living Wage Administrator, the Living Wage sion of the Office of Workforce Development, telephone: (617) 918-5236.
PART 1: CONTRACTING	DEPARTMENT INFORMATION
Contracting Department:	
Contact Person:	

PART 2: BASIC INFORMATION (Use additional sheets of paper where necessary)

A. Please describe the purpose and functions of the contract and the types of jobs it will pay for:

B. Please provide a detailed explanation of why payment of the living wage will substantially curtail the services provided by a Covered Vendor:
C. Please provide a detailed explanation of why payment of the living wage will have an adverse financial impact on the City. As part of your statement, please provide a detailed financial analysis of your position:
D. The current living wage rate is \$16.38 per hour. Please provide an estimated hourly salary for each job, which will pay less than the living wage. Also please explain the expected impact on Covered Employees if the living wage is waived:
PART 3 : SIGNATURE
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, (type or print)am an authorized employee of the contracting department. I swear/affirm that the information which I am providing is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.
SIGNATURE: DATE:
POSITION WITH CONTRACTING DEPARTMENT:

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