LWO – 501(C)(3) NON-PROFIT EXEMPTION APPLICATION

This application for exemption must be submitted along with your bid or proposal to the AWARDING DEPARTMENT. INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City contractors are subject to the LWO unless this exemption application is approved.

TO BE FILLED OUT BY THE CONTRACTOR:

1. Company Name: ___________________________ Phone #: ___________________________
2. Company Address: ___________________________
3. Are you a Subcontractor? ☐ Yes ☐ No If YES, state the name of your Prime Contractor: ___________________________
4. Type of Service Provided: ___________________________

EXEMPTION INFORMATION:

CHECK OFF ONE BOX BELOW THAT BEST DESCRIBES THE TYPE OF EXEMPTION YOU ARE APPLYING FOR AND ATTACH THE SUPPORTING DOCUMENTATION LISTED ON THE RIGHT:

<table>
<thead>
<tr>
<th>EXEMPTION</th>
<th>SUPPORTING DOCUMENTATION REQUIRED</th>
</tr>
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<tbody>
<tr>
<td>501(c)(3) Non-Profit Organizations:</td>
<td>1. ATTACH a copy of your 501(c)(3) letter from the IRS.</td>
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<tr>
<td>■ A corporation organized under 501(c)(3) of the IRS Code qualifies for an exemption from the LWO if the highest paid employee makes less than eight times the hourly wage of the lowest paid employee.</td>
<td>2. ANSWER the following questions:</td>
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| ■ The exemption is valid for all employees except Child Care Workers. | A. STATE the hourly wage of HIGHEST paid employee in the organization: $ ___________________________
| ■ Therefore, even if a 501(c)(3) organization meets the salary test, Child Care Workers performing work on the City agreement must still be provided with the LWO required wage and time off benefits. | B. STATE the hourly wage of LOWEST paid employee in the organization: $ ___________________________
| ■ Under the LWO’s Rules and Regulations, a Child Care Worker is an employee “whose work on an agreement involves the care or supervision of children 12 years of age and under.” | C. MULTIPLY B by 8: $ ___________________________
| ■ This is read broadly so that the term would include, for example, tutors working with children 12 or under. | |

I declare under penalty of perjury under the laws of the State of California that: (1) I am authorized to bind the entity listed above; (2) the information provided on this form is true and correct to the best of my knowledge; and (3) the entity qualifies for exemption from the LWO on the basis indicated above. By signing below, I further agree that should the entity listed above cease to qualify for an exemption because of a change in salary structure, non-profit status, the hiring of employees, or any other reason, the entity will notify the Awarding Department and the Office of Contract Compliance of such change and comply with the LWO’s wage and time off requirements.

Print Name of Person Completing this Form ___________________________
Signature of Person Completing this Form ___________________________

Title ___________________________ Phone # ___________________________ Date ___________________________

ANY APPROVAL OF THIS APPLICATION EXEMPTS ONLY THE LISTED CONTRACTOR FROM THE LWO DURING THE PERFORMANCE OF THIS CONTRACT. A SUBCONTRACTOR PERFORMING WORK ON THIS CONTRACT IS NOT EXEMPT UNLESS THE OFFICE OF CONTRACT COMPLIANCE HAS APPROVED A SEPARATE EXEMPTION FOR THE INDIVIDUAL SUBCONTRACTOR.

AWARDING DEPARTMENT USE ONLY:

Dept: ___________________________ Contact: ___________________________ Phone #: ___________________________ Contract #: ___________________________

OCC USE ONLY:

Approved / Not Approved – Reason: ___________________________
By Analyst: ___________________________ Date: ___________________________

Form OCC/LW-28, Rev. 7/17
OFFICE OF CONTRACT COMPLIANCE, EEOE SECTION: (213) 847-2625
LWO Non-Coverage Determination Application

OCC DETERMINATION REQUIRED

This application for non-coverage must be submitted by the Contractor. INCOMPLETE SUBMISSION WILL BE RETURNED.

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City Contractors are subject to the LWO unless this non-coverage determination application is approved.

SECTION I: CONTRACTOR INFORMATION

1. Company Name: ____________________________

2. Address: ______________________________________

3. Contact Person: ____________________________ Phone #: ________________________

4. Are you a Subcontractor? □ Yes □ No
   IF YES, state the name of the Prime Contractor: ____________________________

SECTION II: CONTRACT INFORMATION

1. Contract Amount: __________________________ Start Date: ________________ End Date: ________________

2. Purpose of the Contract: __________________________

3. Type of Service Provided: __________________________

4. Location of Service: __________________________

5. Awarding Dept: __________________________ Contact Person: __________________________ Phone #: ________________________

SECTION III: NON-COVERAGE DETERMINATION REQUEST INFORMATION

Per Section 10.37.13 of the LWO, contractors may request a determination of non-coverage on any basis by this article, including, but not limited to: non-coverage, for failure to satisfy definition of "City financial assistance recipient", "public lease/license", or "service contract".

1. Request for non-coverage determination due to failure to satisfy the following definition:
   □ City Financial Assistant Recipient □ Public Lease-License □ Service Contract □ Other

2. Provide a detailed memorandum explaining the basis of the request, which may include, but is not limited to: the terms of a city financial assistance agreement, purpose of the contract, location, and work performed. The OCC may request further information to issue a determination.

By signing, the contractor certifies under penalty of perjury under the laws of the State of California that the information submitted in support of this application is true and correct to the best of the contractor's knowledge.

Print Name of Person Completing this Form __________________________

Signature of Person Completing this Form __________________________

Title __________________________ Phone #: __________________________ Date: __________________________

ANY DETERMINATION/APPROVAL IS APPLICABLE ONLY TO THE LISTED CONTRACTOR FROM THE LWO DURING THE PERFORMANCE OF THIS CONTRACT. A SUBCONTRACTOR PERFORMING WORK ON THIS CONTRACT IS NOT EXEMPT UNLESS THE OFFICE OF CONTRACT COMPLIANCE HAS APPROVED A SEPARATE APPLICATION FOR THE INDIVIDUAL SUBCONTRACTOR.

OCC USE ONLY

Approved/ Not Approved - Reason: __________________________

By OCC Analyst: __________________________ Date: __________________________

Form OCC/LW-29, 7/17
Office of Contract Compliance, EECE Section: (213) 847-2625