



CITY OF SANTA MONICA MINIMUM WAGE ORDINANCE DEFERRAL APPLICATION

This application for the Minimum Wage Ordinance (MWO) deferral is only for **NONPROFIT CORPORATIONS with 26 OR MORE EMPLOYEES** and must be submitted along with supporting documents to minimum.wage@smgov.net or the City of Santa Monica Finance Department's address below. **INACCURATE OR INCOMPLETE SUBMISSIONS WILL BE RETURNED.**

City of Santa Monica Municipal Code Section 4.62.020 allows employers that are Nonprofit Corporations with 26 or more employees to qualify for the deferral rate schedule specified in Section 4.62.015 after approval by the City of Santa Monica Finance Department. **(Please note: All businesses, including Nonprofit Corporations, with 25 or fewer employees automatically qualify for the deferral rate schedule and do not need to submit this form.)**

SECTION I. EMPLOYER INFORMATION	
1. Nonprofit Corporation Name: _____ Phone Number: _____	
2. Address: _____ Email Address: _____	
3. Does the Nonprofit Corporation have a valid 501(c)(3) status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Your organization is NOT ELIGIBLE FOR A DEFERRAL.)	
SECTION II. 501(c)(3) ENTITY VERIFICATION	
ATTACH a copy of your 501(c)(3) letter from the Internal Revenue Service (IRS) and proceed to SECTION III below.	
SECTION III. DEFERRAL ELIGIBILITY CRITERIA	
CHECK OFF ONE BOX THAT BEST DESCRIBES YOUR DEFERRAL ELIGIBILITY CRITERIA ON PART A & ATTACH SUPPORTING DOCUMENTS LISTED ON PART B.	
Part A. Eligibility Criteria	PART B. SUPPORTING DOCUMENTATION REQUIRED
1. <input type="checkbox"/> The Chief Executive Officer (or highest paid employee) of the Nonprofit Corporation makes less than five times the hourly wage of the lowest paid employee; or	A. STATE the hourly wage of the Chief Executive Officer (or HIGHEST paid employee) in the Nonprofit Corporation as of last completed pay period: \$ _____ B. STATE the hourly wage of LOWEST paid employee in the Nonprofit Corporation as of last completed pay period: \$ _____ C. MULTIPLY B by 5: \$ _____ D. Based on answers above, is A less than C? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, your firm is NOT currently eligible for a deferral under this eligibility criteria.)
2. <input type="checkbox"/> The Nonprofit Corporation is a Transitional Employer as defined in Section 4.62.035 of the Santa Monica Municipal Code; or	A. Do you provide Transitional Job opportunities to employees in Santa Monica, as defined in Municipal Code Section 4.62.010(e) and (j)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, your firm is NOT eligible for a deferral under this eligibility criteria.) B. Required Documentation: If you are an existing City of Santa Monica Grant Recipient, please attach your full grant application as supporting documentation. If not, please provide the following information to help support your application: 1) A profile of program participants (e.g. homeless individuals, individual with addictions, at-risk youth); 2) A description of your Transitional Job program, including Supportive Services (as defined in Section 4.62.010(h)), designed to help program participant transition towards unsubsidized competitive employment.
3. <input type="checkbox"/> Nonprofit Corporation is a licensed child care provider; or	<ul style="list-style-type: none"> • Provide a copy of Child Care Facility license from the Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS); or • Provide other proof that the facility is a license-exempted child care organization in the City of Santa Monica.
4. <input type="checkbox"/> Nonprofit Corporation is funded primarily (51% or greater) by City, County, State, or Federal grants or reimbursements.	A. STATE the amount of government grants and/or reimbursements from the previous tax year: \$ _____ B. STATE the total revenue derived from the previous tax year: \$ _____ C. i) DIVIDE A by B, ii) then MULTIPLY by 100: _____ % D. Based on answers above, is C equal to or greater than 51%? a. <input type="checkbox"/> Yes (Provide a copy of the most recent Return of Organization Exempt From Income Tax Form 990 or Short Form Return of Organization Exempt From Income Tax Form 990-EZ with all schedules, forms, supporting statements as required by and filed with the IRS.) b. <input type="checkbox"/> No (Your firm is NOT currently eligible for a deferral under this eligibility criteria.)
If you DID NOT check off ANY boxes in PART A , your firm is NOT ELIGIBLE for DEFERRAL.	
If you checked off ANY BOX in PART A , ATTACH supporting documentation required under PART B , SIGN , and SUBMIT	
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 one-year deferral from the MWO on the basis indicated above. By signing below, I further agree that should the entity listed above cease to qualify for deferral because of a change in salary structure, nonprofit status, the hiring of employees, or any other reason that may affect the deferral eligibility, the entity will notify the City of Santa Monica Finance Department of such change and comply with the applicable minimum wage rate at the time of change.	
Print Name of Person Completing This Form _____	Signature of Person Completing This Form _____
Title _____	Date _____
Phone # _____	
CITY OF SANTA MONICA FINANCE DEPARTMENT USE ONLY:	
Approved / Not Approved – Reason: _____	
By Analyst: _____ Date: _____	