



PASADENA MINIMUM WAGE ORDINANCE (MWO) DEFERRAL APPLICATION FOR NON-PROFIT, TRANSITIONAL OR CHILD CARE EMPLOYERS

DEFERRAL THAT REQUIRES CITY APPROVAL

This application for the MWO deferral is only for NON-PROFIT CORPORATIONS with TWENTY-SIX (26) OR MORE EMPLOYEES and must be submitted along with supporting documents to jpollard@cityofpasadena.net or the mailing address below.

INACCURATE OR INCOMPLETE SUBMISSIONS WILL BE RETURNED

Pasadena Municipal Code (PMC) Section 5.02, the Citywide Minimum Wage Ordinance (MWO) allows Employers that are Non-Profits with 26 or more Employees to qualify for the deferral rate schedule specified in PMC Section 5.02.010(C) after City approval.

The MWO deferral for a Non-Profit Corporation does not exempt an Employer from complying with any and all federal, state, or local laws and regulations, including any applicable higher federal or state minimum wage requirement.

It is the Employer's responsibility to ensure that the Employer is in compliance with any such laws and regulations

SECTION I. EMPLOYER INFORMATION

1. Company Name:	2. Company Address:
3. Telephone Number:	4. E-mail address:
5. Is your business a Non-Profit Corporation with a valid 501(c)(3) status? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," your business is NOT ELIGIBLE FOR DEFERRAL)	

SECTION II. 501 (c)(3) ENTITY VERIFICATION

6. Employer Identification Number _____ - _____

7. **ATTACH** a copy of your 501(c)(3) letter from the 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 AND ATTACH SUPPORTING DOCUMENTS LISTED ON PART B

PART A. ELIGIBILITY CRITERIA	PART B. SUPPORTING DOCUMENTATION REQUIRED
<input type="checkbox"/> 1. The Chief Executive Officer (or highest paid employee) makes less than five times the hourly wage of the lowest paid employee, or	A. STATE the hourly wage of CEO (or the HIGHEST paid employee) in the organization as of last completed pay period. \$ _____ B. STATE the hourly wage of LOWEST paid employee in the organization 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. Proceed to Question E. <input type="checkbox"/> No. E. Has A been less than C for twelve (12) continuous months ? <input type="checkbox"/> Yes. (Provide copies of the most recent three (3) months of payroll records.) <input type="checkbox"/> No. (If "No," your business is NOT currently eligible for a deferral under the eligibility criteria.)
<input type="checkbox"/> 2. Entity is a Transitional Employer.	Provide proof of your status as a Transitional Employer.
<input type="checkbox"/> 3. Entity is a child care provider; or	A child care provider for the purposes of the MWO deferral must be either: <input type="checkbox"/> A licensed child care facility. Provide a copy of Child Care Facility license from the Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS), or <input type="checkbox"/> A license-exempted child care organization under California law. The state provides information license-exempt child care facilities at http://cclid.ca.gov/res/pdf/LicenseExemptChildCare.pdf . Provide your service type (i.e., Boy & Girl Scouts, Boys and Girls Club, YMCA, etc.):
<input type="checkbox"/> 4. Entity 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 fifty-one percent (51%) ? <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 scheduled, forms, supporting statements as required by and filed with the IRS.) <input type="checkbox"/> No. (Your business is NOT currently eligible for a deferral under the eligibility criteria.)

If you **DID NOT** check off ANY boxes in **PART A** your business **IS NOT ELIGIBLE** for DEFERRAL

If you checked off **ANY BOX** in **PART A**, **ATTACH** supporting documentation, **SIGN**, and **SUBMIT** DEFERRAL FORM

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, non-profit status, the hiring of Employees, or any other reason that may affect the deferral eligibility, the entity will notify the City of Pasadena of such change and comply with the applicable MWO rate schedule specified in PMC 5.02.

Print Name of Person Completing This Form _____ Title _____ Signature _____ Date _____