



Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

STATUTORY AND REGULATORY AUTHORITY

The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a human care agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

GENERAL INSTRUCTIONS

- 1. Please read and complete each section of the Human Care Agreement Contractor Qualifications Record form. All information must be completed in the spaces provided, or marked "N/A."
2. An original signature must be provided in those sections where a signature is required. Copies or a stamped signature is not acceptable.
3. Included in the package that will be provided to you will be a copy of the "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts", dated November 2004. Please read this document carefully before you complete the Contractor's Qualifications Record. The "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts," dated March 2007, will be incorporated by reference into each Human Care Agreement that is entered into between a contractor that will provide human care services and the District of Columbia.
4. Also included in the package that will be provided to you will be forms required by the Department of Small and Local Business Development. You must complete those forms and return them with your package to make it complete and for you to be considered for a Human Care Agreement. The forms are for:
a. Compliance with Section 5 of Mayor's Order 85-85, "Equal Opportunity Obligations in Contracts" and
b. Compliance with Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Amendment Act of 1998, as amended (D.C. Laws 12-268 and 13-169).
5. You may use Section VIII, the "Remarks Section", on page 6, to provide additional information or to expand on information that is provided in response to the request for information.
6. Please include and attach all information, documentation, and data as instructed and required.
7. In those instances where check boxes are provided, please check only the box or boxes which apply.

CHECKLIST

Table with 2 columns and 6 rows of checklist items. Items include: Did you include your Taxpayer Identification Number?, Did you attach a copy of your most recent Financial Statement?, Did you attach the information required in Section III, Disclosure Information, on page 2?, Did you attach a copy of all licenses and certifications, including any specialty certifications?, Did you list all personnel critical to the performance of your Organization in Section VI?, Are you providing a facility? Then, did you attach a copy of the Certificate of Occupancy for each facility?, Did you attach a Certificate of Incorporation, if applicable?, Did you attach a Certificate of Good Standing, if applicable?, Did you attach a copy of your LSDBE certification, if applicable?, Did you attach or include your salary history, if applicable?

FREQUENTLY ASKED QUESTIONS

Table with 2 columns: Question (Q) and Answer (A). Questions include: Can I fax my application for processing?, Is this form available electronically?, Who or what is an Individual?, Who or what is an Organization? Answers provide details on signature requirements, form availability, and definitions of individual and organization.



Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

1. DATE OF FILING / / 2. FILING TYPE: [ ] NEW [ ] UPDATE [ ] CORRECTION [ ] REMOVAL FOR OCP USE ONLY: DATE RECEIVED BY OCP:

SECTION I - GENERAL INFORMATION

1. NAME OF INDIVIDUAL/ ORGANIZATION a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code: e. Office Phone: f. Office Facsimile No: g. E-Mail: 2. TYPE OF ORGANIZATION [ ] INDIVIDUAL [ ] CORPORATION [ ] SOLE PROPRIETORSHIP [ ] JOINT VENTURE [ ] GENERAL PARTNERSHIP [ ] LIMITED PARTNERSHIP 3. STATE OF INCORPORATION [ ] DISTRICT OF COLUMBIA [ ] STATE OF MARYLAND [ ] OTHER: Date Of: 3. IS ORGANIZATION? [ ] FOR PROFIT [ ] NON-PROFIT 7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS? [ ] Small [ ] Local [ ] Disadvantaged [ ] Resident-Owned [ ] Enterprise Zone [ ] Longtime Resident

SECTION II - FINANCIAL RESPONSIBILITY INFORMATION

(Please Provide and Attach a Copy of Your Most Recent Financial Statement.)

1. Name and Address of Accountant: 2. Name and Address of Financial Institution: 3. Name and Title of Contact Person: 4. Name and Title of Contact Person: 5. Telephone No.: 6. Fax No.: 7. Telephone No.: 8. Fax No.: 9. Date Of Attached Financial Statement (Must be Within Last 12 Months): 10. Do You/Organization Owe Any Outstanding District /Federal Taxes: District Taxes: [ ] NO [ ] YES - Federal Taxes: [ ] NO [ ] YES

11. MEDICAID - MEDICARE INFORMATION: a. Are You / Organization a Certified Medicaid Provider? [ ] YES [ ] NO Medicaid Number: Date: b. Are You / Organization a Certified Medicare Provider? [ ] YES [ ] NO Medicare Number: Date:

SECTION III - DISCLOSURE INFORMATION

(If yes to any questions below, please explain fully in REMARKS SECTION, or attach a separate statement.)

1. Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program? [ ] YES [ ] NO 2. Is your license, or any in the organization currently suspended or restricted in any way? [ ] YES [ ] NO 3. Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years.: [ ] YES [ ] NO 4. Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?: [ ] YES [ ] NO 5. Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?: [ ] YES [ ] NO 6. Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?: [ ] YES [ ] NO

**SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE**

**1. List All Contracts With the District Government Within the Past Five (5) Years:**

	<i>Agency</i>	<i>Description of Service</i>	<i>Amount</i>	<i>Dates</i>	<i>Contract Number</i>
A				to	
B				to	
C				to	
D				to	
E				to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:**

	<i>Agency</i>	<i>Description of Service</i>	<i>Amount</i>	<i>Dates</i>	<i>Contract Number</i>
A				to	
B				to	
C				to	
D				to	
E				to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:**

	<i>Name of Employer</i>	<i>Address</i>	<i>Duties</i>	<i>Name of Supervisor</i>	<i>Dates of Employment</i>	<i>Telephone</i>
A					to	
B					to	
C					to	
D					to	
E					to	
F					to	

*(Please Use and Attach a Separate Sheet for Salary History and Additional Items.)*

**4. List At Least Five (5) References Familiar With Service Delivery:**

	<i>Name</i>	<i>Title/Position</i>	<i>Affiliation</i>	<i>Telephone</i>	<i>Fax</i>	<i>E-Mail</i>
A						
B						
C						
D						
E						

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**4. ARE YOU A UNITED STATES CITIZEN?**

YES                       NO

**5. ARE YOU A PERMANENT RESIDENT?**

*(Please Attach Documentation To Support)*

YES                       NO

**6. IF YOU ARE NOT A CITIZEN, CAN YOU PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? *(Please Attach Documentation To Support.)***

YES                       NO

**SECTION V – EDUCATION, CREDENTIALS AND LICENSURE**

**1. Please List All Colleges (Undergraduate and Graduate) and Professional Institutions Attended:**

	Chief Study Subject Area	Name of College, University or Professional School	Address and Zip Code	Dates Attended	Date And Type Degree Awarded
A				To	
B				To	
C				To	
D				To	
E				To	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**2. Please List All Professional Certifications and Licenses (Copies Must Be Attached):**

	License/Certification	Agency/Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	
E					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**3. Please List All Speciality, Certifications and Licenses (Copies Must Be Attached):**

	Specialty License/Certification	Agency /Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**4. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED?  YES  NO**

*(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)*

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**5. Please list any hospital affiliations or privileges below:**

	Name of Individuals(s)	Name of Hospital	Address	Type Privilege/Affiliation	Telephone	Fax No.
A						
B						
C						
D						

*(Please Use and Attach a Separate Sheet for Additional Items.)*

**6. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY HOSPITAL PRIVILEGES REVOKED, FOR ANY REASON?  YES  NO**

*(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)*

**SECTION VI – SERVICE DATA AND INFORMATION**

1. GENERAL SERVICE CATEGORIES: Please Check Each Of The General Service Categories For Which You Or The Organization Are Applying.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education (EDS)         | <input type="checkbox"/> Human Services (HUM) | <input type="checkbox"/> Social Services (SOC)        |
| <input type="checkbox"/> Special Education (SED) | <input type="checkbox"/> Mental Health (MEN)  | <input type="checkbox"/> Youth/Juvenile Justice (JUV) |
| <input type="checkbox"/> Health (HTH)            | <input type="checkbox"/> Psychology (PSY)     | <input type="checkbox"/> _____                        |

2. POPULATIONS: Please Check All That Apply For Populations.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Children & Youth (CYG)             | <input type="checkbox"/> Adults (ADT)                     | <input type="checkbox"/> Developmentally Disabled (DVD) | <input type="checkbox"/> Homeless (HLS)         |
| <input type="checkbox"/> Children & Youth-Detained (CYD)    | <input type="checkbox"/> Adult Forensic-Psychiatric (AFP) | <input type="checkbox"/> Geriatric (GER)                | <input type="checkbox"/> Multicultural (MLT)    |
| <input type="checkbox"/> Children & Youth-Committed (CYC)   | <input type="checkbox"/> Adult Forensic-Correctional (FC) | <input type="checkbox"/> Pregnant Women (PGW)           | <input type="checkbox"/> HIV/AIDS (HIV)         |
| <input type="checkbox"/> Children & Youth-Supervision (CYS) | <input type="checkbox"/> Physically Disabled (DIS)        | <input type="checkbox"/> Hearing Impaired (HIM)         | <input type="checkbox"/> Dually Diagnosed (DUD) |
| <input type="checkbox"/> Special Education (SED)            | <input type="checkbox"/> Mentally Retarded (MRD)          | <input type="checkbox"/> Blind/Visually Impaired (BLD)  | <input type="checkbox"/> _____                  |

3. SETTING CODES: Please Check The Settings Where You Or The Organization Can Or Will Provide Service.

(If You Or The Organization Has A Facility, Then A Certificate of Occupancy Must Be Included and Attached.)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Addiction Treatment Facility (ADF) | <input type="checkbox"/> Foster Care Home (FCH)          | <input type="checkbox"/> Homeless Shelter (HOS)        | <input type="checkbox"/> Nursing Care Facility (NCF)         |
| <input type="checkbox"/> Ambulatory Care/Surg Center (AMB)  | <input type="checkbox"/> Detention Facility–Youth (DFY)  | <input type="checkbox"/> In the Field (FLD)            | <input type="checkbox"/> Outpatient Clinic (OTC)             |
| <input type="checkbox"/> Child Development Center (CDC)     | <input type="checkbox"/> Detention Facility –Adult (DFA) | <input type="checkbox"/> Inpatient-Psychiatric (INP)   | <input type="checkbox"/> Private Home (PRH)                  |
| <input type="checkbox"/> Comm Day Program (CDP)             | <input type="checkbox"/> Dialysis Center (DIA)           | <input type="checkbox"/> Inpatient-Medical (INM)       | <input type="checkbox"/> Provider's Office or Facility (POF) |
| <input type="checkbox"/> Comm Health Center (CHC)           | <input type="checkbox"/> Group Home –Youth (YGH)         | <input type="checkbox"/> Intermed Care Center-MR (IMR) | <input type="checkbox"/> School (SCH)                        |
| <input type="checkbox"/> Comm Residential Facility (CRF)    | <input type="checkbox"/> Group Home-MR (MGH)             | <input type="checkbox"/> Laboratory (LAB)              | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Crisis Center (CRC)                |  |  |  |

4. SPECIFIC SERVICE CATEGORIES: Please Check the Specific Service Categories That Apply To You or The Organization in which you are qualified, including licenses, or certified, to provide services:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Dental Services (DEN)               | <input type="checkbox"/> Personal Care Services (PCS)        |
| <input type="checkbox"/> Allergy (ALG)                               | <input type="checkbox"/> Dialysis Services (DIA)             | <input type="checkbox"/> Physical Therapy (PTH)              |
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Early Childhood Intervention (ECI)  | <input type="checkbox"/> Podiatry (POD)                      |
| <input type="checkbox"/> Assessment/Diagnosis (ASS)                  | <input type="checkbox"/> EPSDT Screening (EPS)               | <input type="checkbox"/> Pre-Natal Services (PNA)            |
| <input type="checkbox"/> Audiology (AUD)                             | <input type="checkbox"/> Family Services (FAM)               | <input type="checkbox"/> Psychological Services (PSC)        |
| <input type="checkbox"/> Assessment Diagnosis (ASD)                  | <input type="checkbox"/> Homemaker Services (HOM)            | <input type="checkbox"/> Pyschiatric (PSY)                   |
| <input type="checkbox"/> Birthing Services (BIR)                     | <input type="checkbox"/> Dental Hygienist (DHY)              | <input type="checkbox"/> Recreation Therapy (RTH)            |
| <input type="checkbox"/> Case Management-Family Services (CMF)       | <input type="checkbox"/> Laboratory Screening Services (LAB) | <input type="checkbox"/> Respiratory Care Services (RES)     |
| <input type="checkbox"/> Case Management-Medical (CMM)               | <input type="checkbox"/> Mental Health (MEN)                 | <input type="checkbox"/> Respite Care (RSC)                  |
| <input type="checkbox"/> Case Management-Social (CMS)                | <input type="checkbox"/> Midwifery (MID)                     | <input type="checkbox"/> Supported Employment Services (SES) |
| <input type="checkbox"/> Child Care Services (DAY)                   | <input type="checkbox"/> Music Therapy (MTH)                 | <input type="checkbox"/> Social Worker Services (SWS)        |
| <input type="checkbox"/> Chore Services (CHR)                        | <input type="checkbox"/> Neurology (NEU)                     | <input type="checkbox"/> Speech Therapy (STH)                |
| <input type="checkbox"/> Consulting (CON)                            | <input type="checkbox"/> Nutrition and Dietary (NUT)         | <input type="checkbox"/> Transportation Services (TRS)       |
| <input type="checkbox"/> Counseling Services (CSL)                   | <input type="checkbox"/> Occupational Therapy (OTH)          | <input type="checkbox"/> Visiting Nurse (home) (VIS)         |
| <input type="checkbox"/> Crisis Intervention Services (CRI)          | <input type="checkbox"/> Optometry (OPT)                     | <input type="checkbox"/> Vocational Rehabilitation (VOC)     |
| <input type="checkbox"/> Day Treatment Services (Habilitation) (DTR) | <input type="checkbox"/> Podiatric (PED)                     | <input type="checkbox"/> _____                               |

5. LICENSURE AND CERTIFICATION CATEGORIES: Please Check All of the Licensure and Certification categories that Apply to You or the Organization in which you are qualified, And Are Licensed Or Certified To Provide Services:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acupuncture Therapist (ACC)              | <input type="checkbox"/> Massage Therapy (MAS)          | <input type="checkbox"/> Physician (DOC)               |
| <input type="checkbox"/> Advanced Practice Registered Nurse (ARN) | <input type="checkbox"/> Naturopathy (NAT)              | <input type="checkbox"/> Physician Assistant (PAS)     |
| <input type="checkbox"/> Architect (ARC)                          | <input type="checkbox"/> Nurse-Anesthetist (RNA)        | <input type="checkbox"/> Podiatrist (POD)              |
| <input type="checkbox"/> Audiologist (AUD)                        | <input type="checkbox"/> Nurse-Midwife (RNM)            | <input type="checkbox"/> Practical Nursing (LPN)       |
| <input type="checkbox"/> Certificate of Occupancy (COO)           | <input type="checkbox"/> Nurse Practitioner (RNP)       | <input type="checkbox"/> Professional Counseling (PRO) |
| <input type="checkbox"/> Child Development (CHD)                  | <input type="checkbox"/> Nutritionist & Dietician (NUT) | <input type="checkbox"/> Psychologist (PSC)            |
| <input type="checkbox"/> Dental Hygienist (DHY)                   | <input type="checkbox"/> Obstetrician (OBS)             | <input type="checkbox"/> Pyschiatrist (PSY)            |
| <input type="checkbox"/> Dentist (DEN)                            | <input type="checkbox"/> Occupational Therapist (OTH)   | <input type="checkbox"/> Registered Nurse (RNN)        |
| <input type="checkbox"/> Chiropractor (CHP)                       | <input type="checkbox"/> Optometrist (OPT)              | <input type="checkbox"/> Respiratory Care (RES)        |
| <input type="checkbox"/> Foster Care Provider (FOS)               | <input type="checkbox"/> Opthomology (OPG)              | <input type="checkbox"/> Social Worker-Clinical (SWC)  |
| <input type="checkbox"/> Funeral Directors (FUN)                  | <input type="checkbox"/> Pharmacist (PHM)               | <input type="checkbox"/> Social Worker (SWS)           |
| <input type="checkbox"/> Gynecology (GYN)                         | <input type="checkbox"/> Physical Therapist (PTH)       | <input type="checkbox"/> _____                         |

6. LANGUAGE SKILLS: Please Check All that Apply for Your Or The Organization's Language Skills:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English (ENG)                      | <input type="checkbox"/> French (FRN)         | <input type="checkbox"/> Chinese–Cantonese (CCA)   |
| <input type="checkbox"/> Spanish (SPN)                      | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA)    |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN)     | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL)                      | <input type="checkbox"/> Korean (KOR)         | <input type="checkbox"/> _____                     |

**SECTION VII – PERSONNEL CRITICAL TO ORGANIZATION PERFORMANCE**

1. Please list All of the Personnel In your Organization Who Are Critical To organization Performance. Please List Officers, Clinical Directors, Medical Directors, Service Supervisors, and Sub-Contractors Essential to the Performance of Services in this Qualifications Record and Attach Resumes Coded to this Section. Attach Any Copies of Licenses, Certifications, or Credentials Where Applicable.:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						

**SECTION VIII – REMARKS SECTION**

1. Please use this section to respond to or to continue to response to any previous question, or request for information. In addition, please feel free to use this section to provide additional information vital to determining your or the organizations qualifications to enter into a Human Care Service Agreement with the District of Columbia

**SECTION IX – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE**

1. DRUG-FREE WORKPLACE CERTIFICATION: *Please provide Certification That You Or The Organization Does Or Will Operate In A Drug-Free Manner.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

*(May be signed on behalf of individual or organization.)*

2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS: *Please provide Certification That You Or The Organization Agree To Be Bound By the Standard Contract Provisions of the District of Columbia.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts ("Standard Contract Provisions"), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

3. INFORMATION CONSENT: *Please Provide Certification That You Or The Organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF TAX AND REVENUE



**TAX CERTIFICATION AFFIDAVIT**

**THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.**

**Date:** \_\_\_\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Principal Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Unemployment Insurance Account No.: \_\_\_\_\_

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

	Current	Not Current	Not Applicable
District: Sales and Use	( )	( )	( )
Employer Withholding	( )	( )	( )
Ball Park Fee	( )	( )	( )
Corporation Franchise	( )	( )	( )
Unincorporated Franchise	( )	( )	( )
Personal Property	( )	( )	( )
Real Property	( )	( )	( )
Individual Income	( )	( )	( )

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

This affidavit must be notarized and becomes void if not submitted within 90 days of the date notarized.

\_\_\_\_\_  
Signature of Authorizing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ Month and Year

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**JUVENILE/NEGLECT ABSCONDER**  
 District of Columbia – Department of Youth Rehabilitation Services

<b>TO: Superior Court of the District of Columbia</b> Family Division Juvenile Neglect Branch 500 Indiana Ave., NW Room 4310 Washington, DC 20001 <b>Phone:</b> 202-879-1319 <b>Fax:</b> 202-879-0099 <b>Backup Fax:</b> 202-737-0807		Date: _____  Time: _____	CCN #:  _____	
<b>Respondent's Name: (Last, First, Middle Initial)</b>	<b>Docket Number:</b>	<b>Xref/Social File Number:</b>	<b>Race:</b>	<b>Height:</b>
			<b>DOB:</b>	<b>Weight:</b>
<b>Respondent's Home Address and Telephone Number:</b>				
<b>Parent's/Guardians' Name, Address and Telephone Number:</b>				
<b>Name, Address and Telephone Number of Facility from which Respondent Absconded:</b>				
<b>Date and Time of Absconding:</b>				
<b>Is the respondent a suicide risk?    _____ Yes    _____ No    If yes, please explain:</b>				
<b>Does the respondent have any health problems?    _____ Yes    _____ No</b> <b>Is the respondent taking any medication?    _____ Yes    _____ No</b>  <b>If the answer to any of these questions is yes, Please explain:</b>				
<b>Special Instructions: (Places Frequented; Regular Companions; Boyfriend/Girlfriend; Visible Scars; etc.)</b>				
<b>Name, Address and Telephone Number of Respondent's Attorney:</b>				
<b>Custody Order Requested by:</b> <b>Printed Name:</b> _____ <b>Signature:</b> _____ <b>Phone Number:</b> _____ <b>Date:</b> _____				
<b>Supervisor of Requestor:</b> <b>Printed Name:</b> _____ <b>Signature:</b> _____ <b>Phone Number:</b> _____ <b>Date:</b> _____				
Fax to DYRS Committed Services at 202-724-1476 and DYRS Detained Services at 202-576-8452				

Fax to DYRS Absconder Unit at 202-508-1731  
Fax to Office of Attorney General (OAG) at 202-741-5950

*Revised 07/18/08*

EXHIBIT A

**REQUEST FOR THE WITHDRAWAL OF A CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER**

District of Columbia – Department of Youth Rehabilitation Services

<b>TO: Superior Court of the District of Columbia</b> Family Division Juvenile Neglect Branch 500 Indiana Ave., NW Room 4310 Washington, DC 20001 <b>Phone:</b> 202-879-1319 <b>Fax:</b> 202-879-0099 <b>Backup Fax:</b> 202-737-0807		Date: _____  Time: _____	CCN #:  _____
<b>Respondent's Name: (Last, First, Middle Initial)</b>	<b>Docket Number:</b>	<b>Xref/Social File Number:</b>	<b>DOB:</b>
<b>Date Request for Custody Order Issued:</b>			
<b>Name of the Facility Requesting the Withdrawal of the Custody Order:</b>			
<b>Address of the Facility:</b>			
<b>Telephone Number of the Facility:</b>			
<b>Circumstances Surrounding Reason for the Withdrawal:</b>			
<b>Name and Telephone Number of Social Worker/Probation Officer:</b>			
<b>Name and Telephone Number of Attorney:</b>			
<b>Custody Order Requested by:</b>			
<b><u>Printed Name:</u></b>	<b><u>Signature:</u></b>	<b><u>Phone Number:</u></b>	<b><u>Date:</u></b>
<b>Supervisor of Requestor:</b>			
<b><u>Printed Name:</u></b>	<b><u>Signature:</u></b>	<b><u>Phone Number:</u></b>	<b><u>Date:</u></b>
Fax to DYRS Committed Services at 202-724-1476 and DYRS Detained Services at 202-576-8452 Fax to DYRS Absconder Unit at 202-508-1731 Fax to Office of Attorney General (OAG) at 202-741-5950			

Please present the child for a hearing before me on \_\_\_\_\_ at \_\_\_\_\_ A.M. / P.M.

**Quash Custody Order; no hearing necessary**\_\_\_\_\_

**Judge's Signature**

*Revised 07/18/08*

EXHIBIT C



# Unusual Incidents & After Hours Emergencies Protocol

Department of Youth Rehabilitation Services  
(DYRS)

December 18, 2006

## **DYRS Unusual Incidents & After Hours Emergencies Protocol**

### A. Unusual Incidents: Monday-Friday 8:15AM- 4:45PM

Any Community Based Residential Facility Program. when involved or confronted with an unusual incident (UI). MUST:

\* Notify DYRS immediately by calling 202.724.6665 or 202.576.5178.

The DYRS staff person who receives the call MUST:

#### Call Receipt

1. Log Date and Time of Call
2. Record all *relevant information*: name of caller, nature of Unusual Incident (UI); exact site where incident occurred; and on-site action taken in response to UI (i.e. were police, ambulance, etc. summoned)
3. Connect caller to appropriate manager or office
4. Provide caller with specific contact information and direction on handling the UI
5. Instruct caller to fax a copy of the UI Report to 202-724-1476

#### Call Termination

1. Complete *log* documentation (includes actions or recommendations given the caller)
2. Forward the UI report and log data to the Quality Assurance Unit (QAU) within one (1) hour of the initial call (or prior to shift ending)

Quality Assurance Unit Must:

1. Review and disseminate UI report to appropriate designee in the Office of the Chief of Committed or Detained services; Monitor(s), and/or Facility, within one (1) business day.

### 6. After Hours Emergencies (Unusual Incidents)

After hour incidents are those which occur Monday through Thursday, 4:45PM to 8:15AM, Friday. 4:45 PM to Monday, 8:15AM and all day on holidays. An Emergency is any Unusual Incident that occurs after hours.

Any Community Based Residential Facility Program, when involved or confronted with an after hour emergency major UI MUST:

- Notify DYRS immediately by calling 202.576.5178

The DYRS staff person who receives the call MUST:

- Notify the Duty Officer (monthly designated DYRS Executive or Manager) if an emergency occurs that requires police presence, paramedics, an ambulance, and or the Fire department at a DYRS facility. For all other emergency UI calls the DYRS staff person receiving the call MUST:

1. Make a determination as to whether the emergency UI requires immediate notification to, or action, response by, the duty officer. Factors to be considered are:
  - a. Is the situation a real emergency or an unusual incident that has already been resolved?
  - b. Does the situation warrant an action only a person in a decision-making capacity can make happen?
  - c. Are there outstanding physical or mental issues?
  - d. Can the paperwork and any other follow-up tasks take place within regular" working hours?
2. Complete log documentation (includes actions or recommendations given the caller
3. Forward the UI report and log data to the Quality Assurance Unit (QAU) within one (1) hour of the initial call (or prior to shift ending)

Quality Assurance Unit Must:

- I. Review and disseminate UI report to appropriate designee in the Office of the Chief of Committed or Detained services; Monitor(s), and/or Facility, within one (1) business *day*

### Important Numbers

To report UI between the hours of M-F, 8:15AM-4:45PM

WHO	Contact#
Community-Based Residential Facility/Program	202-724-6665 450 H Street Location
DYRS Staff	

To report After Hours Emergencies M-Th, 4:45 P to 8:15a  
Fri, 4:45PM – Mon 8:45AM and all holidays

WHO	Contact#
Community-Based Residential Facility/Program	202-576-5178 (hotline at YSC Control Center located at 1000 Mt. Olivet Rd, NE)

DEPARTMENT OF YOUTH REHABILITATION SERVICES  
 COMMITTED AND DETAINED SERVICES ADMININSTRATIONS  
**COMMUNICATION/NOTIFICATION SHEET**

Name of Facility & Person Making Notice \_\_\_\_\_ Date/Time \_\_\_\_\_

Name of Youth (if applicable) \_\_\_\_\_ Worker \_\_\_\_\_

Type of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Name of Official/Agency	Telephone Number	Person Notified	Time	Remarks
Police, Other Emergency Authorities	911/ 311			
DYRS, Committed and Detained Services				
Monday – Friday 8:15am – 4:45pm	(202) 724-6665			
Monday – Friday 4:45pm – 8:15am, Weekends & Holidays	(202) 576-5178			
Abscondance Unit	(202) 508-1731			
OAG	(202) 741-5950			
Juvenile Neglect Clerk	(202) 879-0099/ (202) 737-0807			
RMUD Unit	(202) 724-1476			

An Unusual Incident Report must be completed prior to ending of the tour of duty and immediately faxed (with the Notification Sheet attached) to the DYRS Revenue Maximization Unit (RMUD) at (202) 724-1476.

All abscondance notifications, Requests for Custody Orders and Requests for Withdrawal of Custody Orders must be faxed to both the Abscondance Unit and the Juvenile Neglect Clerk.

DYRS will notify the Mayor’s Command Center and the Office of Inspection and Compliance

when warranted. The Mayor's Command Center will inform the DYRS Director on weekends and after 4:45pm Monday – Friday.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 Department of Youth Rehabilitation Services  
**UNUSUAL INCIDENT (UI) REPORT**

**Reporting Information**

Name of Facility:	Location of Incident:
Reporter:	Title:
Date of Incident:	Time of Incident:
Status:	Category:
Youth Segregated :	Medical Attention Needed:

**Type of Incident** (mark all that apply)

<u><b>CRITICAL INCIDENTS</b></u>			
Accident: Posing or Causing Significant Injury		Major Physical Plant Emergency Conditions	
Extraordinary Event (Posing Serious Harm to Youth or Staff)		Riot	
Death		Serious Assault (Significant Injury, multiple assailants, use of weapon)	
Significant Destruction of Property		Significant Operation Breakdown	
Fire or Arson		Suicide or Suicide Attempt (Not Gesture)	
Major Contraband (Weapons, Money >\$5, Drugs, Alcohol)			
<u><b>UNUSUAL INCIDENTS</b></u>			
Abscondance		Insubordination	
Accident		Property Destruction	
Arrest		Return from Abscondance	
Assault – Staff on Youth		School Issue	
Assault – Youth on Youth		Theft	
Contraband – Non Critical		Threats	
Curfew Violation		Time Out	
Environmental- Non Critical		Truancy	
Illness			

**Youth Data**

Name	X-Ref Number	Sex	Race	Date of Birth	Date of Placement

**Description of Incident and Action taken** (In the space below describe the: who, what, when, where and how of the incident and steps taken to address the incident, including notification to other persons and/or agencies.) Use additional sheets/attachments if necessary.





Fax to DYRS Absconder Unit at 202-508-1731  
Fax to Office of Attorney General (OAG) at 202-741-5950

*Revised 07/18/08*

EXHIBIT A

**REQUEST FOR THE WITHDRAWAL OF A CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER**

District of Columbia – Department of Youth Rehabilitation Services

<b>TO: Superior Court of the District of Columbia</b> Family Division Juvenile Neglect Branch 500 Indiana Ave., NW Room 4310 Washington, DC 20001 <b>Phone:</b> 202-879-1319 <b>Fax:</b> 202-879-0099 <b>Backup Fax:</b> 202-737-0807		Date: _____  Time: _____	CCN #:  _____
<b>Respondent's Name: (Last, First, Middle Initial)</b>	<b>Docket Number:</b>	<b>Xref/Social File Number:</b>	<b>DOB:</b>
<b>Date Request for Custody Order Issued:</b>			
<b>Name of the Facility Requesting the Withdrawal of the Custody Order:</b>			
<b>Address of the Facility:</b>			
<b>Telephone Number of the Facility:</b>			
<b>Circumstances Surrounding Reason for the Withdrawal:</b>			
<b>Name and Telephone Number of Social Worker/Probation Officer:</b>			
<b>Name and Telephone Number of Attorney:</b>			
<b>Custody Order Requested by:</b>			
<b><u>Printed Name:</u></b>	<b><u>Signature:</u></b>	<b><u>Phone Number:</u></b>	<b><u>Date:</u></b>
<b>Supervisor of Requestor:</b>	<b><u>Signature:</u></b>	<b><u>Phone Number:</u></b>	<b><u>Date:</u></b>
Fax to DYRS Committed Services at 202-724-1476 and DYRS Detained Services at 202-576-8452 Fax to DYRS Absconder Unit at 202-508-1731 Fax to Office of Attorney General (OAG) at 202-741-5950			

Please present the child for a hearing before me on \_\_\_\_\_ at \_\_\_\_\_ A.M. / P.M.

**Quash Custody Order; no hearing necessary**\_\_\_\_\_

**Judge's Signature**

*Revised 07/18/08*

EXHIBIT C





01070 - Document Preparation Clerk  
13.64  
01090 - Duplicating Machine Operator  
13.64  
01111 - General Clerk I  
13.92  
01112 - General Clerk II  
15.32  
01113 - General Clerk III  
18.74  
01120 - Housing Referral Assistant  
23.83  
01141 - Messenger Courier  
11.25  
01191 - Order Clerk I  
14.74  
01192 - Order Clerk II  
16.29  
01261 - Personnel Assistant (Employment) I  
16.90  
01262 - Personnel Assistant (Employment) II  
18.90  
01263 - Personnel Assistant (Employment) III  
21.66  
01270 - Production Control Clerk  
21.29  
01280 - Receptionist  
13.18  
01290 - Rental Clerk  
16.16  
01300 - Scheduler, Maintenance  
16.16  
01311 - Secretary I  
17.26  
01312 - Secretary II  
19.41  
01313 - Secretary III  
23.83  
01320 - Service Order Dispatcher  
16.10  
01410 - Supply Technician  
25.95  
01420 - Survey Worker  
19.46  
01531 - Travel Clerk I  
12.59  
01532 - Travel Clerk II  
13.54  
01533 - Travel Clerk III  
14.54  
01611 - Word Processor I  
13.76  
01612 - Word Processor II  
16.16

01613 - Word Processor III  
19.46  
05000 - Automotive Service Occupations  
05005 - Automobile Body Repairer, Fiberglass  
25.26  
05010 - Automotive Electrician  
21.37  
05040 - Automotive Glass Installer  
20.14  
05070 - Automotive Worker  
20.14  
05110 - Mobile Equipment Servicer  
17.31  
05130 - Motor Equipment Metal Mechanic  
22.53  
05160 - Motor Equipment Metal Worker  
20.14  
05190 - Motor Vehicle Mechanic  
22.53  
05220 - Motor Vehicle Mechanic Helper  
16.81  
05250 - Motor Vehicle Upholstery Worker  
19.66  
05280 - Motor Vehicle Wrecker  
20.14  
05310 - Painter, Automotive  
21.37  
05340 - Radiator Repair Specialist  
20.14  
05370 - Tire Repairer  
14.43  
05400 - Transmission Repair Specialist  
22.53  
07000 - Food Preparation And Service Occupations  
07010 - Baker  
13.18  
07041 - Cook I  
11.97  
07042 - Cook II  
13.28  
07070 - Dishwasher  
9.82  
07130 - Food Service Worker  
10.66  
07210 - Meat Cutter  
16.07  
07260 - Waiter/Waitress  
8.82  
09000 - Furniture Maintenance And Repair Occupations  
09010 - Electrostatic Spray Painter  
18.05  
09040 - Furniture Handler  
12.78

09080 - Furniture Refinisher  
18.39  
09090 - Furniture Refinisher Helper  
14.11  
09110 - Furniture Repairer, Minor  
16.31  
09130 - Upholsterer  
18.05  
11000 - General Services And Support Occupations  
11030 - Cleaner, Vehicles  
9.85  
11060 - Elevator Operator  
9.85  
11090 - Gardener  
15.70  
11122 - Housekeeping Aide  
10.89  
11150 - Janitor  
10.89  
11210 - Laborer, Grounds Maintenance  
12.07  
11240 - Maid or Houseman  
10.84  
11260 - Pruner  
11.37  
11270 - Tractor Operator  
14.19  
11330 - Trail Maintenance Worker  
12.07  
11360 - Window Cleaner  
11.31  
12000 - Health Occupations  
12010 - Ambulance Driver  
17.69  
12011 - Breath Alcohol Technician  
18.55  
12012 - Certified Occupational Therapist Assistant  
21.01  
12015 - Certified Physical Therapist Assistant  
21.01  
12020 - Dental Assistant  
16.90  
12025 - Dental Hygienist  
40.68  
12030 - EKG Technician  
24.77  
12035 - Electroneurodiagnostic Technologist  
24.77  
12040 - Emergency Medical Technician  
18.55  
12071 - Licensed Practical Nurse I  
18.60  
12072 - Licensed Practical Nurse II  
20.82

12073 - Licensed Practical Nurse III  
22.85  
12100 - Medical Assistant  
14.23  
12130 - Medical Laboratory Technician  
18.04  
12160 - Medical Record Clerk  
16.06  
12190 - Medical Record Technician  
17.96  
12195 - Medical Transcriptionist  
17.93  
12210 - Nuclear Medicine Technologist  
31.82  
12221 - Nursing Assistant I  
9.75  
12222 - Nursing Assistant II  
10.96  
12223 - Nursing Assistant III  
13.02  
12224 - Nursing Assistant IV  
14.62  
12235 - Optical Dispenser  
18.34  
12236 - Optical Technician  
14.41  
12250 - Pharmacy Technician  
16.31  
12280 - Phlebotomist  
14.62  
12305 - Radiologic Technologist  
28.28  
12311 - Registered Nurse I  
26.73  
12312 - Registered Nurse II  
31.24  
12313 - Registered Nurse II, Specialist  
31.24  
12314 - Registered Nurse III  
37.77  
12315 - Registered Nurse III, Anesthetist  
37.77  
12316 - Registered Nurse IV  
45.28  
12317 - Scheduler (Drug and Alcohol Testing)  
18.85  
13000 - Information And Arts Occupations  
13011 - Exhibits Specialist I  
18.55  
13012 - Exhibits Specialist II  
23.33  
13013 - Exhibits Specialist III  
28.11

13041 - Illustrator I  
20.40  
13042 - Illustrator II  
25.28  
13043 - Illustrator III  
30.91  
13047 - Librarian  
28.00  
13050 - Library Aide/Clerk  
13.77  
13054 - Library Information Technology Systems Administrator  
25.29  
13058 - Library Technician  
19.05  
13061 - Media Specialist I  
17.03  
13062 - Media Specialist II  
19.05  
13063 - Media Specialist III  
21.24  
13071 - Photographer I  
14.67  
13072 - Photographer II  
17.18  
13073 - Photographer III  
21.52  
13074 - Photographer IV  
26.05  
13075 - Photographer V  
29.15  
13110 - Video Teleconference Technician  
17.59  
14000 - Information Technology Occupations  
14041 - Computer Operator I  
17.78  
14042 - Computer Operator II  
19.88  
14043 - Computer Operator III  
22.17  
14044 - Computer Operator IV  
24.64  
14045 - Computer Operator V  
27.28  
14071 - Computer Programmer I (1)  
23.12  
14072 - Computer Programmer II (1)  
14073 - Computer Programmer III (1)  
14074 - Computer Programmer IV (1)  
14101 - Computer Systems Analyst I (1)  
14102 - Computer Systems Analyst II (1)  
14103 - Computer Systems Analyst III (1)  
14150 - Peripheral Equipment Operator  
17.78

14160 - Personal Computer Support Technician  
24.64  
15000 - Instructional Occupations  
15010 - Aircrew Training Devices Instructor (Non-Rated)  
34.77  
15020 - Aircrew Training Devices Instructor (Rated)  
42.72  
15030 - Air Crew Training Devices Instructor (Pilot)  
50.81  
15050 - Computer Based Training Specialist / Instructor  
31.26  
15060 - Educational Technologist  
30.88  
15070 - Flight Instructor (Pilot)  
50.81  
15080 - Graphic Artist  
26.80  
15090 - Technical Instructor  
23.87  
15095 - Technical Instructor/Course Developer  
29.19  
15110 - Test Proctor  
19.22  
15120 - Tutor  
19.22  
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations  
16010 - Assembler  
9.29  
16030 - Counter Attendant  
9.29  
16040 - Dry Cleaner  
12.21  
16070 - Finisher, Flatwork, Machine  
9.29  
16090 - Presser, Hand  
9.29  
16110 - Presser, Machine, Drycleaning  
9.29  
16130 - Presser, Machine, Shirts  
9.29  
16160 - Presser, Machine, Wearing Apparel, Laundry  
9.29  
16190 - Sewing Machine Operator  
12.79  
16220 - Tailor  
13.57  
16250 - Washer, Machine  
10.16  
19000 - Machine Tool Operation And Repair Occupations  
19010 - Machine-Tool Operator (Tool Room)  
18.95  
19040 - Tool And Die Maker  
23.05  
21000 - Materials Handling And Packing Occupations

21020 - Forklift Operator  
17.90  
21030 - Material Coordinator  
21.29  
21040 - Material Expediter  
21.29  
21050 - Material Handling Laborer  
12.65  
21071 - Order Filler  
13.87  
21080 - Production Line Worker (Food Processing)  
17.90  
21110 - Shipping Packer  
14.46  
21130 - Shipping/Receiving Clerk  
14.46  
21140 - Store Worker I  
10.91  
21150 - Stock Clerk  
15.70  
21210 - Tools And Parts Attendant  
17.90  
21410 - Warehouse Specialist  
17.90  
23000 - Mechanics And Maintenance And Repair Occupations  
23010 - Aerospace Structural Welder  
25.68  
23021 - Aircraft Mechanic I  
24.46  
23022 - Aircraft Mechanic II  
25.68  
23023 - Aircraft Mechanic III  
26.97  
23040 - Aircraft Mechanic Helper  
16.61  
23050 - Aircraft, Painter  
23.42  
23060 - Aircraft Servicer  
18.71  
23080 - Aircraft Worker  
19.90  
23110 - Appliance Mechanic  
20.60  
23120 - Bicycle Repairer  
14.43  
23125 - Cable Splicer  
24.98  
23130 - Carpenter, Maintenance  
20.88  
23140 - Carpet Layer  
19.33  
23160 - Electrician, Maintenance  
26.56

23181 - Electronics Technician Maintenance I  
22.73  
23182 - Electronics Technician Maintenance II  
24.13  
23183 - Electronics Technician Maintenance III  
25.42  
23260 - Fabric Worker  
18.04  
23290 - Fire Alarm System Mechanic  
21.46  
23310 - Fire Extinguisher Repairer  
16.50  
23311 - Fuel Distribution System Mechanic  
22.81  
23312 - Fuel Distribution System Operator  
19.38  
23370 - General Maintenance Worker  
21.17  
23380 - Ground Support Equipment Mechanic  
24.46  
23381 - Ground Support Equipment Servicer  
18.71  
23382 - Ground Support Equipment Worker  
19.90  
23391 - Gunsmith I  
16.63  
23392 - Gunsmith II  
19.33  
23393 - Gunsmith III  
21.62  
23410 - Heating, Ventilation And Air-Conditioning Mechanic  
22.21  
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research  
Facility)  
24.37  
23430 - Heavy Equipment Mechanic  
21.46  
23440 - Heavy Equipment Operator  
21.46  
23460 - Instrument Mechanic  
21.62  
23465 - Laboratory/Shelter Mechanic  
20.52  
23470 - Laborer  
14.27  
23510 - Locksmith  
19.76  
23530 - Machinery Maintenance Mechanic  
21.77  
23550 - Machinist, Maintenance  
21.62  
23580 - Maintenance Trades Helper  
15.10

23591 - Metrology Technician I  
21.62  
23592 - Metrology Technician II  
22.78  
23593 - Metrology Technician III  
23.89  
23640 - Millwright  
25.63  
23710 - Office Appliance Repairer  
21.63  
23760 - Painter, Maintenance  
20.52  
23790 - Pipefitter, Maintenance  
23.19  
23810 - Plumber, Maintenance  
20.99  
23820 - Pneudraulic Systems Mechanic  
21.62  
23850 - Rigger  
21.62  
23870 - Scale Mechanic  
19.33  
23890 - Sheet-Metal Worker, Maintenance  
21.62  
23910 - Small Engine Mechanic  
20.05  
23931 - Telecommunications Mechanic I  
27.74  
23932 - Telecommunications Mechanic II  
29.24  
23950 - Telephone Lineman  
26.38  
23960 - Welder, Combination, Maintenance  
21.62  
23965 - Well Driller  
21.62  
23970 - Woodcraft Worker  
21.62  
23980 - Woodworker  
16.63  
24000 - Personal Needs Occupations  
24570 - Child Care Attendant  
11.63  
24580 - Child Care Center Clerk  
16.15  
24610 - Chore Aide  
10.00  
24620 - Family Readiness And Support Services Coordinator  
14.25  
24630 - Homemaker  
16.75  
25000 - Plant And System Operations Occupations  
25010 - Boiler Tender  
26.10

25040 - Sewage Plant Operator  
20.23  
25070 - Stationary Engineer  
26.10  
25190 - Ventilation Equipment Tender  
18.37  
25210 - Water Treatment Plant Operator  
20.23  
27000 - Protective Service Occupations  
27004 - Alarm Monitor  
19.43  
27007 - Baggage Inspector  
12.66  
27008 - Corrections Officer  
21.30  
27010 - Court Security Officer  
23.26  
27030 - Detection Dog Handler  
19.43  
27040 - Detention Officer  
21.30  
27070 - Firefighter  
22.39  
27101 - Guard I  
12.66  
27102 - Guard II  
19.43  
27131 - Police Officer I  
24.58  
27132 - Police Officer II  
28.24  
28000 - Recreation Occupations  
28041 - Carnival Equipment Operator  
13.59  
28042 - Carnival Equipment Repairer  
14.63  
28043 - Carnival Equipment Worker  
9.24  
28210 - Gate Attendant/Gate Tender  
13.01  
28310 - Lifeguard  
11.59  
28350 - Park Attendant (Aide)  
14.56  
28510 - Recreation Aide/Health Facility Attendant  
10.62  
28515 - Recreation Specialist  
18.04  
28630 - Sports Official  
11.59  
28690 - Swimming Pool Operator  
18.21  
29000 - Stevedoring/Longshoremen Occupational Services

29010 - Blocker And Bracer  
22.60  
29020 - Hatch Tender  
22.60  
29030 - Line Handler  
22.60  
29041 - Stevedore I  
20.82  
29042 - Stevedore II  
23.68  
30000 - Technical Occupations  
30010 - Air Traffic Control Specialist, Center (HFO) (2)  
36.27  
30011 - Air Traffic Control Specialist, Station (HFO) (2)  
25.01  
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)  
27.54  
30021 - Archeological Technician I  
17.82  
30022 - Archeological Technician II  
19.87  
30023 - Archeological Technician III  
25.95  
30030 - Cartographic Technician  
25.95  
30040 - Civil Engineering Technician  
23.78  
30061 - Drafter/CAD Operator I  
18.72  
30062 - Drafter/CAD Operator II  
20.94  
30063 - Drafter/CAD Operator III  
24.60  
30064 - Drafter/CAD Operator IV  
30.26  
30081 - Engineering Technician I  
20.95  
30082 - Engineering Technician II  
23.53  
30083 - Engineering Technician III  
26.31  
30084 - Engineering Technician IV  
32.61  
30085 - Engineering Technician V  
39.88  
30086 - Engineering Technician VI  
48.25  
30090 - Environmental Technician  
23.50  
30210 - Laboratory Technician  
22.36  
30240 - Mathematical Technician  
28.94

30361 - Paralegal/Legal Assistant I  
20.71  
30362 - Paralegal/Legal Assistant II  
25.69  
30363 - Paralegal/Legal Assistant III  
31.38  
30364 - Paralegal/Legal Assistant IV  
37.97  
30390 - Photo-Optics Technician  
27.33  
30461 - Technical Writer I  
21.27  
30462 - Technical Writer II  
25.98  
30463 - Technical Writer III  
31.44  
30491 - Unexploded Ordnance (UXO) Technician I  
23.05  
30492 - Unexploded Ordnance (UXO) Technician II  
27.89  
30493 - Unexploded Ordnance (UXO) Technician III  
33.43  
30494 - Unexploded (UXO) Safety Escort  
23.05  
30495 - Unexploded (UXO) Sweep Personnel  
23.05  
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)  
24.35  
30621 - Weather Observer, Senior (2)  
26.38  
31000 - Transportation/Mobile Equipment Operation Occupations  
31020 - Bus Aide  
12.50  
31030 - Bus Driver  
18.19  
31043 - Driver Courier  
12.71  
31260 - Parking and Lot Attendant  
9.53  
31290 - Shuttle Bus Driver  
14.69  
31310 - Taxi Driver  
13.98  
31361 - Truckdriver, Light  
14.69  
31362 - Truckdriver, Medium  
17.18  
31363 - Truckdriver, Heavy  
18.42  
31364 - Truckdriver, Tractor-Trailer  
18.42  
99000 - Miscellaneous Occupations  
99030 - Cashier  
10.03

99050 - Desk Clerk  
11.11  
99095 - Embalmer  
23.05  
99251 - Laboratory Animal Caretaker I  
10.47  
99252 - Laboratory Animal Caretaker II  
11.73  
99310 - Mortician  
29.98  
99410 - Pest Controller  
15.13  
99510 - Photofinishing Worker  
11.59  
99710 - Recycling Laborer  
16.51  
99711 - Recycling Specialist  
20.27  
99730 - Refuse Collector  
14.64  
99810 - Sales Clerk  
11.87  
99820 - School Crossing Guard  
12.51  
99830 - Survey Party Chief  
21.61  
99831 - Surveying Aide  
13.43  
99832 - Surveying Technician  
20.54  
99840 - Vending Machine Attendant  
13.68  
99841 - Vending Machine Repairer  
17.76  
99842 - Vending Machine Repairer Helper  
13.68

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans.  
Minimum employer contributions costing an average of \$3.24 per hour computed on the basis of all hours worked by service employees employed on the contract.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or

successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for

that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;

(2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;

(3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential

and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees

employed in a position that represents a high degree of hazard when working with or

in close proximity to ordinance, explosives, and incendiary materials.

This

includes work such as screening, blending, dying, mixing, and pressing of sensitive

ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to

this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE  
{Standard Form  
1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es)

of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)}

When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

## THE MAYOR OF THE DISTRICT OF COLUMBIA

## NOTICE OF FINAL RULEMAKING

The Mayor of the District of Columbia, pursuant to authority granted by section 202(a) of the District of Columbia Procurement Practices Act of 1985, as amended, ("PPA"), effective February 21, 1986 (D.C. Law 6-85; D.C. Code §1-1182.2(a)), hereby gives notice of the adoption of the following final rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The rules are intended to implement the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155), effective September 16, 2000.

The rules were originally approved as emergency and proposed rules on October 11, 2000, and a second emergency rulemaking was approved on March 23, 2001. No substantive changes have been made to the text of the proposed rules, as published in the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on October 20, 2000, at 47 DCR 8590, and as published in the Notice of Emergency Rulemaking in the *D.C. Register* on April 6, 2001, at 48 DCR 3138.

The Council of the District of Columbia approved these rules on June 8, 2001, by Resolution No. 14-85, pursuant to section 205(a) of the Procurement Practices Act (D.C. Code §1-1182.5(a)).

## CHAPTER 19

## CONTRACTING FOR SERVICES

*Subsection 1900.4 is amended to read as follows:*

- 1900.4 A contract may be used to provide services including, but not limited to, the following:

(m) Human care services (in accordance with §§1905 to 1908); and

*Sections 1905 through 1908 are amended to read as follows:*

**1905 HUMAN CARE SERVICES**

- 1905.1 The Director shall, at least annually, determine in writing that the human care procurement method is appropriate for contracts for classes of human care services, for which the quantity, rate of utilization, delivery areas, or specific beneficiaries of the services cannot be accurately estimated at the outset of the procurement process.
- 1905.2 The contracting officer shall, at least annually, publicly announce all requirements for human care services in accordance with Chapter 13 of this title, and on the Internet site maintained by the Office of Contracting and Procurement.
- 1905.3 The contracting officer shall give public notice of general requirements for human care services, and issue a request for qualifications on a form prescribed by the Director, inviting interested service providers to respond in writing with a statement of their qualifications to perform the required services.
- 1905.4 The contracting officer shall use the procedures set forth in §§1905 through 1908 of this chapter to procure human care services rather than the solicitation or source selection procedures specified elsewhere in this title.
- 1905.5 Compliance with §§1905 through 1908 of this chapter shall constitute a competitive procedure for the procurement of human care services.
- 1905.6 The contracting officer shall certify the financial and professional responsibility of each potential contractor based on the following criteria:
- (a) The type of business or organization and its history;
  - (b) The resumes and professional qualifications of the business or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;
  - (c) Information attesting to financial capability, including financial statements;
  - (d) Specialized experience and technical competence in the type of work required;

- (e) Capacity to accomplish the work in the required time;
- (f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and District equal employment opportunity law;
- (j) Information about pending lawsuits or investigations, and judgments, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and
- (k) Acceptability under other appropriate characteristics of a prospective service provider.

**1906****SELECTION OF HUMAN CARE SERVICES PROVIDERS****1906.1**

Prior to conducting discussions with a service provider who has submitted a statement of qualifications in accordance with §1905.3, the contracting officer shall make a written determination that the service provider is qualified, based on the criteria in §1905.6.

**1906.2**

Following pre-qualification of service providers, the contracting officer may:

- (a) Conduct discussions with all qualified service providers, and negotiate a price on a unit rate or fee for service basis using benchmarks and quantifiable measurements that are uniformly applied, including but not limited to each service provider's cost data attributable to provision of the services and consideration of each service provider's maximum customer capacity; and
- (b) Award a human care agreement to one or more service providers to satisfy all or part of the District's anticipated requirements based on the contracting officer's determination that the contract is in the best interest of the District, considering the service provider's qualifications, its capability of providing the service, and a judgment that the price is reasonable.

1906.3 The contracting officer shall retain statements of qualifications for approved service providers, and consider those providers for award of human care agreements, for a period of three years, following pre-qualification of the providers.

**1907 HUMAN CARE AGREEMENT**

1907.1 The contracting officer shall include in each human care agreement the following information:

- (a) A statement that the human care agreement is not a commitment to purchase any quantity of a particular service covered under the agreement; and
- (b) A statement that the District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.

1907.2 The contracting officer shall issue a task order for required services under each human care agreement, and secure all appropriate approvals and funding prior to execution of the task order.

1907.3 As far as practicable, the contracting officer shall give qualified service providers fair and equal treatment with respect to the issuance of task orders.

**1908 VOUCHERS**

1908.1 Upon a written determination by the Director approving the use of vouchers for a human care contract, the contracting officer following award of the contract may issue vouchers to eligible customers to use for the purchase of human care services.

*Sections 1909 through 1912 are repealed.*

*Section 1999 is amended to read as follows:*

**1999 DEFINITIONS**

1999.1 When used in this chapter, the following words and terms shall have the meanings ascribed:

**Appraisal services** – services performed by an expert licensed by a state, city, county, or other governmental unit which are associated with the purchase and lease of real property relating to the determination of the value of real property.

**Award information** – information regarding the name of the contractor and the amount of the contract award.

**Consultant** – a firm or individual with knowledge and special abilities not generally available to an agency who renders services of a purely advisory nature relating to governmental functions or agency administration and management.

**Consulting services** – services of a purely advisory nature relating to governmental functions, agency administration and management, or program management which are normally provided by persons that are considered to have knowledge and special abilities not generally available within the agency.

**Customer** – a recipient of human care services.

**Expert** – a person with excellent qualifications and a high degree of attainment in a professional, scientific, technical, or other field, whose knowledge and mastery of the principles, practices, problems, methods, and techniques of his or her field of activity, or of a specialized area in the field, are clearly superior to those usually possessed by ordinarily competent persons in that activity, and whose attainment is such that he or she usually is regarded as an authority or as a practitioner of unusual competence and skill by other persons in the profession, occupation, or activity. An expert may be a person who performs or supervises regular duties and operating functions.

**Human care services** – education or special education, health, human, or social services, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District of Columbia.

**Task order** – an order for services placed against an established human care agreement.

**Pre-qualification** – the process by which the contracting officer determines whether a prospective service provider under a human care agreement is responsible.

**Voucher** – a written authorization, to a service provider who has been awarded a human care agreement, to provide the services authorized in the agreement and described in the voucher directly to an individual identified in writing.



## **LIVING WAGE ACT FACT SHEET**

The “Living Wage Act of 2006,” Title I of D.C. Law 16-18, (D.C. Official Code §§2-220.01-.11) became effective June 9, 2006. It provides that District of Columbia government contractors and recipients of government assistance (grants, loans, tax increment financing) in the amount of \$100,000 or more shall pay affiliated employees wages no less than the current living wage rate.

**Effective January 1, 2008, the living wage rate is \$12.10 per hour.**

Subcontractors of D.C. government contractors who receive \$15,000 or more from the contract and subcontractors of the recipients of government assistance who receive \$50,000 or more from the assistance are also required to pay their affiliated employees no less than the current living wage rate.

“Affiliated employee” means any individual employed by a recipient who receives compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or a contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the government assistance or contract, or who are otherwise employed by the contractor, recipient or subcontractor.

**Exemptions** – The following contracts and agreements are exempt from the Living Wage Act:

1. Contracts or other agreements that are subject to higher wage level determinations required by federal law (i.e., if a contract is subject to the Service Contract Act and certain wage rates are lower than the District’s current living wage, the contractor must pay the higher of the two rates);
2. Existing and future collective bargaining agreements, provided that the future collective bargaining agreement results in the employee being paid no less than the current living wage;
3. Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
4. Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;
5. Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services, provided that the trainees do not replace employees subject to the Living Wage Act;

6. An employee, under 22 years of age, employed during a school vacation period, or enrolled as full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act;
7. Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District of Columbia;
8. Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to Section 501 (c) (3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26. U.S.C. §501(c)(3));
9. Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code §44-501); and
10. Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

## **Enforcement**

The Department of Employment Services (DOES) and the D.C. Office of Contracting and Procurement (OCP) share monitoring responsibilities.

If you learn that a contractor subject to this law is not paying at least the current living wage you should report it to the Contracting Officer.

If you believe that your employer is subject to this law and is not paying you at least the current living wage, you may file a complaint with the DOES Office of Wage – Hour, located at 64 New York Ave., NE, Room 3105, (202) 671-1880.

For questions and additional information, contact the Office of Contracting and Procurement at (202) 727-0252 or the Department of Employment Services on (202) 671-1880.

**Please note:** *This fact sheet is for informational purposes only as required by Section 106 of the Living Wage Act. It should not be relied on as a definitive statement of the Living Wage Act or any regulations adopted pursuant to the law.*

# **“THE LIVING WAGE ACT OF 2006”**

**Title I, D.C. Law No. 16-118, (D.C. Official Code §§ 2-220.01-11)**

**Effective June 9, 2006, recipients of new contracts or government assistance shall pay affiliated employees and subcontractors who perform services under the contracts no less than the current living wage.**

**Effective January 1, 2008, the living wage rate is \$12.10 per hour.**

## **The requirement to pay a living wage applies to:**

- All recipients of contracts in the amount of \$100,000 or more; and, all subcontractors of these recipients receiving \$15,000 or more from the funds received by the recipient from the District of Columbia, and,
- All recipients of government assistance in the amount of \$100,000 or more; and, all subcontractors of these recipients of government assistance receiving \$50,000 or more in funds from government assistance received from the District of Columbia.

**“Contract” means a written agreement between a recipient and the District government.**

**“Government assistance” means a grant, loan or tax increment financing that result in a financial benefit from an agency, commission, instrumentality, or other entity of the District government.**

**“Affiliated employee” means any individual employed by a recipient who received compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the contract or government assistance or who are otherwise employed by the contractor, recipient or subcontractor.**

Certain exceptions may apply where contracts or agreements are subject to wage determinations required by federal law which are higher than the wage required by this Act; contracts for electricity, telephone, water, sewer other services delivered by regulated utility; contracts for services needed immediately to prevent or respond to a disaster or eminent threat to the public health or safety declared by the Mayor; contracts awarded to recipients that provide trainees with additional services provided the trainee does not replace employees; tenants or retail establishments that occupy property constructed or improved by government assistance, provided there is no receipt of direct District government assistance; Medicaid provider agreements for direct care services to Medicaid recipients, provided that the direct care service is not provided through a home care agency, a community residential facility or a group home for mentally retarded persons; and contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

Exemptions are provided for employees under 22 years of age employed during a school vacation period, or enrolled as a full-time student who works less than 25 hours per week, provided that other employees are not replaced, and for employees of nonprofit organizations that employ not more than 50 individuals.

**Each recipient and subcontractor of a recipient shall provide this notice to each affiliate employee covered by this notice, and shall also post this notice concerning these requirements in a conspicuous site in the place of business.**

**All recipients and subcontractors shall retain payroll records created and maintained in the regular course of business under District of Columbia law for a period of at least 3 years.**

This is a summary of the “Living Wage Act of 2006”. For the complete text go to:

[www.does.dc.gov](http://www.does.dc.gov) or [www.ocp.dc.gov](http://www.ocp.dc.gov)

**To file a complaint contact: Department of Employment Services**

**Office of Wage-Hour**

**64 New York Avenue, N.E., Room 3105, Washington, D.C. 20002**

**(202) 671-1880**