Attachment D. Maryland Living Wage Affidavit of Agreement for Service Contracts

Contract No.		
Address:		
If the Contra	ct Is Exempt	from the Living Wage Law
_	, .	authorized representative of the above named Contractor, hereby affirms that a Maryland's Living Wage Law for the following reasons (check all that
		Offeror is a nonprofit organization
		Offeror is a public service company
		Offeror employs 10 or fewer employees and the proposed contract value is less than \$500,000
		Offeror employs more than 10 employees and the proposed contract value is less than \$100,000
A. The U	Indersigned,	Wage Contract being an authorized representative of the above-named Contractor, hereby
Annot Labor emplo is pro- are no to the compl term of establi	ated Code of and Industry yees who are vided for hou of exempt also e living wage y with, and e of the contract	tment to comply with Title 18, State Finance and Procurement Article, Maryland and, if required, submit all payroll reports to the Commissioner of with regard to the above stated contract. The Offeror agrees to pay covered subject to living wage at least the living wage rate in effect at the time service are spent on GCHD contract activities, and ensure that its subcontractors who to pay the required living wage rate to their covered employees who are subject as for hours spent on a GCHD contract for services. The Contractor agrees to ensure its subcontractors comply with, the rate requirements during the initial cet and all subsequent renewal periods, including any increases in the wage rate Commissioner of Labor and Industry, automatically upon the effective date of the
В		(initial here if applicable) The Offeror affirms it has no covered

employees f	or the following reasons: (chec	ck all that apply):		
	The employee(s) proposed to of the employee's time during		•	
	The employee(s) proposed to during the duration of the co		7 years of age or younger	
	The employee(s) proposed to consecutive weeks on the GO		ll work less than 13	
	Labor and Industry reserves th ms sufficient to confirm these		records and other data that	
Name of Authorized	Representative:			
Signature of Authorized Representative:Date:				
Title:				
Witness Name (Typed	d or Printed):			
Witness Signature:		Date:		

SUBMIT THIS AFFIDAVIT WITH BID/PROPOSAL