2019 Richmond Area
Living Wage Certification Application

The Richmond Area Living Wage Certification Program is a joint program of the Richmond Chapter of the Virginia Interfaith Center for Public Policy and the City of Richmond Office of Community Wealth Building.

Section 1: Basic Employer Information and Program Information

Name of Employer/Organization: ____________________________________________________________
Street Address: _________________________________________________________________________
City, State & Zip: _______________________________________________________________________
Phone: __________________________ Website:_________________________________________________
Primary Contact Name & Title: ____________________________________________________________
Primary Contact E-mail: _________________________________________________________________
Media Contact Name, Title, and Email (if applicable): _______________________________________

Please provide a brief description of the organization or the mission statement: __________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2019 Program Criteria and Information:

Wages: Our program has three levels:
   Gold: $16.00 per hour or more
   Silver: $12.50 per hour or more
   Aspiring: $11.00 per hour or more

The Aspiring Living Wage Certification is designed to encourage employers to commit to raise wages to the Silver level over a two-year period.
The Richmond Living Wage Certification Program established these categories after using the Universal Living Wage calculation, the MIT Living Wage Calculator, the EPI Family Budget and area data.

Please review the following definitions before completing the application.

**Section 2: Definitions**

**Living Wage**: the amount that a single individual must earn hourly to afford their basic necessities, without public or private assistance.

**Living Wage Certified Employer**: an employer that is accepted in our program and meets or exceeds the Richmond Area Living Wage Certification program criteria.

**Apprentice**: an individual that is learning a trade, art, or skill by practical experience under skilled workers.

**Intern**: a student or graduate in a degree program gaining supervised practical experience.

**Minor**: an individual under the age of 18.

**Temporary/Project based Employee**: An “as needed” employee that works intermittently and does not work more than 45 days in a calendar year.

**Independent Contractor**: a contractor that is in business for him/herself. The person is not under the direct control of your business. Independent contractors receive a “1099”. Independent Contractors paid an hourly rate and consistently working over 8 hours a week must make $2/hour more than the current living wage to qualify for certification. The additional wage requirements are meant to cover their individual tax requirements.

**New Hire**: an employee who is within their first 90 days of employment.

**Tipped Employee**: an employee who consistently relies on tips for a percentage of their income. When averaged out, wages and tips combined must meet the same wage rates described above.

**Health Insurance**: We recognize that employers that provide health insurance to the employees have additional costs. Employers that provide health insurance for their employees or reimburse employees for their cost of health insurance can deduct $1.50 per hour from the above rates and still be certified, so $14.50 per hour plus health insurance qualifies to be Gold, $11.00 per hour plus health insurance qualifies to be Silver and $9.50 per hour plus health insurance qualifies to be Aspiring.

**Special Short-term Workers**: An employer may pay less than a living wage to apprentices, temporary or project-based employees, minors working part-time, interns, and new hires in probationary periods not to exceed 90 days. Employers with workers in these circumstances may be asked for additional information that will be reviewed by the program's Certification Committee.

**Other Offsets**: An employer may offset the wage rate by providing benefits that affect basic needs (healthcare, housing, food, or transportation). Any offset will require additional information.

**Confidentiality**: This application is considered confidential and privileged information. It will only be shown to our Program Coordinator and our Certification Committee members.

**Changes in situations**: If an employer is no longer able to pay a living wage, the Richmond Area Living Wage Certification Program asks to be notified. To ensure accurate information from employers, we reserve the right to randomly review a small number of employers quarterly by interviewing a percentage of their employees. Additionally, the employer must understand that employees may have questions or concerns about the program, and the employer agrees not to take retaliatory action against an employee raising concerns. If a concern is raised, the Richmond Area Living Wage Certification follow up to investigate the concern. If an employer is found not to be paying a living wage and is unable to adjust their wages, The Richmond Area Living Wage Certification will remove the business from our list in a non-public manner.
Section 3: Certification Eligibility

1. How many employees do you have? (#)____________________
   A. (#)_____ Employees eligible to receive health insurance benefits.
   B. (#)_____ Employees who are eligible and actually receive health insurance benefits.
   C. (#)_____ Employees who are not eligible to receive health insurance benefits.

2. What number of the employees listed above are: (refer to Section 2 for clarification)
   A. (#)_____ Apprentices or Interns
   B. (#)_____ Minors
   C. (#)_____ Temporary or Project Based Employees
   D. (#)_____ Employees that receive tips as a significant part of their income
   E. (#)_____ Other (Please Describe) ________________________________

3. Hourly Pay for your employees: Please circle the lowest rate paid to your employees, excluding only those eligible to be exempted (2A, 2B, 2C):
   • At least $16.00 per hour
   • At least $14.50 per hour plus healthcare
   • At least $12.50 per hour

Don't forget - tipped workers must be included in your employee wage consideration. Tipped workers’ wages should be the average wage counting both the tipped minimum wage and tips.

4. Health, Dental, Vision Coverage: If you use health insurance to count in your certification rate, please answer the following questions.
   A. If you have a group health plan, do you pay at least 50 percent of the employee’s cost or at least $250/month for each employee? Y N
   B. If you give each employee a contribution toward health care, do you give each person at least $250/month? Y N

5. Other Potential Qualifying Benefits:
   A. Do you provide a vehicle for personal use after work hours? Y N
   B. Do you provide housing or a housing stipend to your employees? Y N
   C. Do you provide daily shift meals or food assistance to your employees? Y N
   D. Do you provide Health, Dental or Vision Insurance but pay less than 50 percent of the cost or under $250 per month? Y N
   E. Do you provide child care assistance? Y N
   F. Do you offer tuition assistance? Y N
   G. Do you provide contributions towards retirement? Y N

If you answer yes to any of the parts of question 5, someone from the Committee will follow up with you to determine the value of the additional qualifying benefits.

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6. **Independent Contractors:**
   A. Do you hire Independent Contractors that you pay on an hourly basis? Y N
   B. How many independent contractors do you regularly use? _____
   C. If you answered yes, please describe their job titles/roles: __________________________
      __________________________

7. **Qualifying for Living Wage Certification:**
   A. Did you increase wages to any employees to meet our criteria? Y N
   B. Did you increase health insurance benefits to meet our criteria? Y N
   C. Did you increase other benefits to meet our criteria? Y N

8. **Confirmation:**
   A. Do you certify that your organization embraces the Living Wage concept? Y N
   B. Do you certify that your employees are aware that you have applied for the Living Wage Certification? Y N
   C. Do you certify that you are not withholding any information that could negatively affect this application? Y N
   D. Do you agree that your business will not take retaliatory actions against employees that raise concerns? Y N
   E. Do you certify that the information above is true and accurate to the best of your knowledge and that you have the authority to sign this application? Y N

   **Signed:** ___________________________________________
   **Title:** ___________________________________________
   **Date:** ___________________________________________

*Please return the completed application to:*

**Richmond Area Living Wage Certification Program**
**c/o Virginia Interfaith Center**
**1716 E Franklin Street**
**Richmond, VA 23223**

*If you have any questions or concerns, please contact Amanda Silcox at amanda@virginiainterfaithcenter.org or 804-643-2474 ext. 101.*

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