

SUFFOLK COUNTY DEPARTMENT OF LABOR - LIVING WAGE UNIT

NOTICE OF APPLICATION FOR COUNTY COMPENSATION (Contract)

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

To Be Completed By Applicant/ Employer/Contractor

- 1) **NAME:** _____
- 2) **VENDOR #:** _____ (If known)
- 3) **CONTRACT ID #:** _____ (If known)
- 4) **CONTACT :** _____
- 5) **TELEPHONE #:** _____
- 6) **ADDRESS:** _____

- 7) **TERM OF CONTRACT (DATES):** _____
- 8) **PROJECT NAME: (IF DIFFERENT FROM #1)** _____
- 9) **AMOUNT:** _____
- 10) **AWARDING AGENCY:** _____
- 11) **BRIEF DESCRIPTION OF PROJECT OR SERVICE:**

- 12) **PROJECTED EMPLOYMENT NEEDS:** (attach a statement listing, by job classification, the total workforce dedicated to performing this contract or service, including calculation of estimated net increase or decrease in jobs as a result of funding).
- 13) **PROJECTED WAGE LEVELS:** (attach a statement listing projected wage levels, compensated days off and medical benefits for total workforce dedicated to fulfilling the terms of this contract, broken down annually for each year of the term of the contract).