

**GENERAL FACT SHEET**

05R-29

**BILL NUMBER**

<b>BRIEF TITLE</b> Waiver of Living Wage Ordinance	<b>APPROVAL DEADLINE</b>	<b>REASON</b>

**DETAILS** **POSITIONS/RECOMMENDATIONS**

<p>The Capital Humane Society has applied for a waiver from the living wage ordinance. A copy of their justification and request is attached.</p>	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant  City Department  Other
<p>Discussion (Including Relationship to other Council Actions)</p> <p>It appears the waiver request is in compliance with section 2.18.080 of the Living Wage Ordinance other than a full itemization of the five highest paid individuals. The request does provide a disclosure of the average salary paid to the five highest paid individuals and goes beyond minimum disclosure by providing a copy of their most recent Form 990.</p>	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ _____
		COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
	INCREASE REVENUE EXPECTED/YEAR \$ _____	
<b>SOURCE OF FUNDS</b>	<b>CITY [Approximately]</b> \$ _____ % _____ \$ _____ % _____ \$ _____ % _____	
	<b>NON CITY [Approximately]</b> \$ _____ % _____ \$ _____ % _____ \$ _____ % _____	
<b>BENEFIT COST</b> <input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot		
	Average Assessment \$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Don Herz  


REVIEW BY:

REFERENCE NUMBER