



STATE OF WASHINGTON
DEPARTMENT OF COMMERCE
1011 Plum Street SE • PO Box 42525 • Olympia, Washington 98504-2525 • 360-725-4000
www.commerce.wa.gov

Community Compensation Self-Attestation

Commented [GK(1): This form is a template. Please complete all highlighted sections and delete comments prior to issuing to work group participants.

Summary of the workgroup scope and purpose

The Washington State Department of Commerce recognizes this work should be compensated and is able to offer compensation to eligible participants at the following rates, not to exceed \$200 in a single day:

| | |
|---|------------|
| Up to and including one hour | = \$45.00 |
| More than one hour and equal to two hours | = \$90.00 |
| More than two hours and equal to three hours | = \$135.00 |
| More than three hours and equal to four hours | = \$180.00 |
| Anything over four hours | = \$200.00 |

To be eligible for compensation, work group participants must:

- a. Have lived experience related to the subject matter of the work group

OR

- b. Identify as low-income

AND

- c. Are not otherwise compensated for workgroup activities

Because this compensation is considered taxable income, we ask that you consider in advance whether or not a change in your income in the current calendar year could impact benefits such as food assistance, housing assistance, or have any other impact on your finances. You may find a list of benefit eligibility impacted by stipend payments on page 8 of the Office of Equity's community compensation guidelines at [Community Compensation Guidelines \(wa.gov\)](https://equity.wa.gov/sites/default/files/2024-01/Community%20Compensation%20Guidelines%20-%20v1.1%20%28DRAFT%29%20Amethyst.pdf)¹. If you do not find your benefit program listed or are unsure about how stipends may impact your benefits, please contact the representative agency for benefits counseling.

¹ <https://equity.wa.gov/sites/default/files/2024-01/Community%20Compensation%20Guidelines%20-%20v1.1%20%28DRAFT%29%20Amethyst.pdf>

Information provided to the Department of Commerce is subject to public disclosure under [Chapter 42.56 RCW: PUBLIC RECORDS ACT²](#). The information provided on this form is used for tracking the eligibility and issuance of stipend and reimbursement payments to participants in Commerce workgroups. Information provided here and in the course of workgroup participation may be released to a member of the public upon agency receipt of a public records request. Any information reported by Commerce with broad public access will be reported in aggregate unless express prior permission is obtained.

Please complete this form and return by email to [\[workgroup contact email\]](#) or mail to:

Washington Department of Commerce
Attn: [\[workgroup contact\]](#)
1011 Plum Street SE
PO Box 42525
Olympia, WA 98504-2525

For questions or accessibility requests, please email [\[workgroup contact email\]](#).

| |
|--------------------------------------|
| Name (first and last) |
| Preferred Name (if different) |
| Pronouns |

Commented [AI(2)]: Add pronounces and preferred name boxes as well

| |
|--------------|
| Email |
|--------------|

| |
|--------------|
| Phone |
|--------------|

| |
|--|
| I have lived experience related to the subject matter of this workgroup. |
| <input type="checkbox"/> Yes |

² <https://apps.leg.wa.gov/rcw/default.aspx?cite=42.56>

☐ No

I qualify as low-income. (This means that your income is not more than 400% of the federal poverty level, adjusted for household size. Please use this chart to determine if you are at or below 400% of the federal poverty level relative to your household size.) [Source: https://equity.wa.gov/people/community-compensation-guidelines](https://equity.wa.gov/people/community-compensation-guidelines)

| Persons in Family/Household | Poverty Guideline | 400% of Poverty Guideline |
|-----------------------------|-------------------|---------------------------|
| 1 | \$14,580 | \$58,320 |
| 2 | \$19,720 | \$78,880 |
| 3 | \$24,860 | \$99,440 |
| 4 | \$30,000 | \$120,000 |
| 5 | \$35,140 | \$140,560 |
| 6 | \$40,280 | \$161,120 |
| 7 | \$45,420 | \$181,680 |
| 8 | \$50,560 | \$202,240 |

☐ Yes, I qualify as low-income

☐ No, my income is higher than 400% of the federal poverty level, adjusted for household size

I attest that I am NOT already being otherwise compensated for participating on this advisory committee. This means that I am not already receiving hourly wages, salary, or any other kind of payment for my participation in the workgroup. An example of this would be if someone whose full time job is in policy advocacy and their scope of work at the job for which they are already receiving a salary includes activities such as engaging with local government and agencies to help inform public policy.

☐ Yes

☐ No

I agree to request a [Statewide Vendor Number](#) (SWV) from the Washington Office of Financial Management in order to receive payment from the Department of Commerce. A SWV is required for ongoing receipt of compensation from Commerce beyond a single work group. Participating in ongoing work without a SWV may result in payment delay or ineligibility.

☐ Yes

☐ No

☐ I already have a SWV. My SWV is: _____

I understand and agree that:

- Stipend payments are considered taxable income.
- If I receive \$600 or more in stipends in a calendar year, then the Department of Commerce will issue me a 1099 tax form.
- Stipend payments may [impact my eligibility](#) for other benefits programs.
- Information I provide to the Department of Commerce, such as this self-attestation and my participation in this workgroup, may be subject to public disclosure.

☐ Yes, I understand and agree

☐ No, I do not understand or agree

If any of the above information is unclear, please reach out to [\[workgroup contact email\]](#) or equityandbelonging@commerce.wa.gov.

Signature: _____

Date: _____