



COVERED VENDORS LIVING WAGE AGREEMENT

At the same time the City of Boston awards a service contract through a bid, a request for proposal or an unadvertised contact, the Covered Vendor must complete this form and submit to the City, agreeing to the following conditions. In addition, any subcontractor of the Covered Vendor shall complete this form and submit it to the City at the time the subcontract is executed, also agreeing to the following conditions:

PART 1: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Vendor Name	
Local Contact Person	
Company Address	
Email	
Telephone Number	

PART 2: WORKFORCE PROFILE OF COVERED EMPLOYEES PAID BY THE SERVICE CONTRACT OR SUBCONTRACT:

- A. List all of the Covered Employees' job titles with wage ranges (use additional sheets of paper if necessary). Identify the number of covered employees in each wage range. Remember, Covered Employees are only those employees that expend work hours on the contract. Additionally, all Covered Employees MUST be paid at least \$17.55/hr for hours worked on this contract.

Job Title	Wage Ranges (select from drop-down menu)

B. Total number of Covered Employees	
C. Number of Covered Employees who are Boston Residents	
D. Number of Covered Employees who are Minorities	
E. Number of Covered Employees who are Women	

PART 3: COVERED VENDOR'S PAST EFFORTS AND FUTURE GOALS

(Use additional sheets of paper if necessary in answering these questions)

A. Describe your past efforts and future goals to hire low and moderate income Boston Residents.

B. Describe your past efforts and future goals to train Covered Employees.

C. Describe the potential for advancement and raises for Covered Employees.

D. What is the net increase and decrease in the number of jobs or jobs maintained by classification that will result from the awarding of this service contract?

PART 4: SUBCONTRACTS

List all service subcontracts either awarded or that will be awarded to vendors with funds from the service contract:

SUBCONTRACTOR NAME	ADDRESS	PHONE & EMAIL	AMOUNT OF SUBCONTRACT

NOTE: Any Covered Vendor awarded a service contract must notify the contracting department and the Office Labor Compliance and Worker Protections within three (3) working days of signing a service contract with a vendor.

IMPORTANT: Please print in ink or type all required information. Assistance in completing this form may be obtained by calling or visiting the Living Wage Administrator, Office of Labor Compliance and Worker Protections

PART 5: SIGNATURE

The following statement must be completed and signed by an authorized owner, officer, or manager of the Covered Vendor. The signature of an attorney representing the Covered Vendor is not sufficient.

I, _____ (*authorized representative of the Covered Vendor*) on behalf of _____ (*name of Covered Vendor*) hereby state that the above-named Covered Vendor is committed to pay all Covered Employees not less than the Living Wage, subject to adjustment each July 1, and to comply with the provisions of the Boston Jobs, Living Wage, and Prevailing Wage Ordinance.

I swear/affirm that the information which I am providing on behalf of Covered Vendor on this Covered Vendor Agreement is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.

Signature	
Date	
Position with Covered Vendor	

THIS FORM APPROVED AS TO FORM BY CORPORATION COUNSEL 2 JUNE 2000