

County of Santa Cruz, Human Services Department  
Request for Proposals #2018HSD03

Exhibit C: Living Wage Form

COUNTY OF SANTA CRUZ  
LIVING WAGE COMPLIANCE STATEMENT – FISCAL YEAR 2017-18

Only qualified employees covered under the Living Wage Ordinance 2.122 are allowed to work for County contracts and purchase orders. Vendors must familiarize themselves with this ordinance as located at <http://www.co.santa-cruz.ca.us> Business/vendor registration/Living Wage. Vendors must certify their intent to comply each year and return this completed form to: County of Santa Cruz: General Services Department – 701 Ocean St. Santa Cruz, CA 95060 or by fax: 831-454-2710.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Proposed Service: \_\_\_\_\_ for Department: Human Services

1. Number of company employees: \_\_\_\_\_ If five or less, skip questions 2-9, sign below and return.

2. Of these employees, are they covered by a collective bargaining agreement? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please indicate the name(s) of the union and/or bargaining unit and then sign and return:

\_\_\_\_\_

3. If no above, are your covered employees receiving a pay rate that meets or exceeds the County of Santa Cruz Living Wage requirements (\$16.21/hr with benefits or \$17.68/hr without benefits)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Are medical benefits provided to your covered employees who are assigned to any County contract?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, enter the name and address of the program, plan or fund below.

\_\_\_\_\_

5. Are your covered full-time employees receiving a minimum of twelve days compensated leave annually (sick and vacation leave combined)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Will any subcontractors perform work on this contract? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please complete and submit this form for each subcontractor working on this County Contract.

7. Please list all your current contracts/purchase orders for services with the County. Use an extra sheet if necessary.

| Contract/PO# | Dollar Amount | Contract/PO# | Dollar Amount | Contract/PO# | Dollar Amount |
|--------------|---------------|--------------|---------------|--------------|---------------|
|--------------|---------------|--------------|---------------|--------------|---------------|

8. Within the last five years, have you had any violations with the National Labor Relations Board, Occupational Safety and Health Agency, California Labor Commission, Equal Employment Opportunity Commission, and/or the Department of Fair Employment and Housing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, attach a statement describing the findings of violations and how they were addressed. You may be required to provide information regarding employee turnover, wages paid, benefits and employee grievances or complaints.

Do you agree to provide this information within 10 days of request? Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. For each County contract, you may be required to provide certified payroll records after the contract is completed to include the following information for each employee assigned to the work: employee name, contact phone number, job classification, hire date, employer benefit contribution, and hourly wage.

Do you agree to provide this information within 10 days of request? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I certify, under penalty of perjury, that the above information is true and correct.

Name (please print) Title Phone Number Fax Number

Signature Date

Email address

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SAMPLE