



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5236

## COVERED VENDORS BIENNIAL REPORT

**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, Living Wage Division of the Office of Workforce Development, telephone: (617) 918-5236, or your Contracting Department.*

The Boston Jobs and Living Wage Ordinance requires not-for-profit Covered Vendors with less than 50 FTEs to provide biannual reports of their employment activities to the Living Wage Division including:

### **PART 1: CONTRACT INFORMATION:**

Contract number: \_\_\_\_\_

Contracting City department: \_\_\_\_\_

Contract begin date: \_\_\_\_\_

Contract end date: \_\_\_\_\_

Contract amount: \_\_\_\_\_

### **PART 2: REPORTING PERIOD:**

Please check the time period for which you are making this report:

Jan. 1 – June 30                       July 1 – Dec. 31

Year: \_\_\_\_\_

The Biannual Report **must** be filed with the Living Wage Division of the Office of Workforce Development **within 15 days** of the end of each reporting period.

**PART 3: JOB POSITIONS CHARGED TO THE CONTRACT:**

Complete the following information for each Covered Employee that has worked on this contract during this quarter. Use additional sheets as needed.\*

Job Title	Gender	Race Please indicate <i>all</i> that apply (you can choose more than one):  1) American Indian or Alaska Native 2) Asian, Native Hawaiian or other Pacific 3) Black or African- American 4) White 5) Declined to Answer	Hispanic/ Latino  1)Yes 2)No 3)Unsure 4) Declined to Answer	Home Zip Code	Hourly Wage Rate (per hour)  1) <\$15.31 2) \$15.31-\$17.50 3) \$17.51-\$20.00 4) >\$20.00	Total Weekly Hours**	Percent of time worked on this contract	Industry  Please indicate:  1) Administrative and Support Services 2) Educational Services 3) Healthcare 4) Other Industries 5) Professional, Scientific, and Technical Services 6) Repair and Maintenance 7) Social Assistance

\*Information is collected for informational purposes and will not be used in a discriminatory manner

\*\*Total hours worked at company/organization, including this contract and other work



**PART 4: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:**

Name of vendor: \_\_\_\_\_

Contact person: \_\_\_\_\_

Vendor address: \_\_\_\_\_  
Street City Zip code/State

Telephone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PART 5: SIGNATURE (An owner or officer of the Covered Vendor must sign this report.)**

I certify the above information is correct and within my personal knowledge.

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
JOB TITLE