

File #: _____



CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION (617) 918-5236

COVERED VENDORS QUARTERLY 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, facsimile: (617) 918- 5299, or your Contracting Department.*

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

PART 1: CONTRACT #: _____

PART 2: REPORTING PERIOD:

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

- | | |
|--|--|
| <input type="checkbox"/> Jan. 1 - March 31 | <input type="checkbox"/> April 1 – June 30 |
| <input type="checkbox"/> July 1 - Sept. 30 | <input type="checkbox"/> Oct. 1 - Dec. 31 |

Year: _____

The Quarterly 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: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Name of Vendor: _____

Contact Person: _____

Address: _____
Street

City _____

Zip _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

PART 4: CONTRACT INFORMATION:

Contracting Agency: _____

Contract #: _____

Description of services provided under this contract or Name of Project:
(Please attach a 8 ½ x 11 sheet if additional detail is needed)

PART 5: JOB POSITIONS CHARGED TO THE CONTRACT:

List all job titles of Covered Employees, i.e., personnel assigned to do any part of the work under above-named City of Boston Contract. List the number of employees next to each job title in the appropriate wage range:

JOB TITLE	< \$14.11 p/h	\$14.11 p/h- \$15.00 p/h	\$15.01 p/h-\$20.00 p/h	> \$20.01 p/h

PART 6: ADDITIONAL INFORMATION:

Total number of Covered Employees: _____

Number of Covered Employees who are Boston residents: _____

Number of Covered Employees who are Minorities: _____

Number of Covered Employees who are Women: _____

PART 7: SIGNATURE (An owner or officer of the 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