



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, the Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet, telephone: 617-918-5236, or your contracting department.

The Boston Jobs, Living Wage, and Prevailing Wage Ordinance requires not-for-profit Covered Vendors with less than 50 FTEs to provide biannual reports of their employment activities to the Office of Labor Compliance and Worker Protections.

PART 1: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Vendor Name	
Local Contact Person	
Company Address	
Email	
Telephone Number	

PART 2: CONTRACT INFORMATION

Contract Number	
Contracting City Dept.	
Contract Begin Date	
Contract End Date	
Contract Amount	

PART 3: REPORTING PERIOD

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

Year: _____

- Jan. - June 30
- Jul. 1 - Dec. 31

PART 4: 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. Information is collected for informational purposes only and will not be used in a discriminatory manner.

*Average Weekly Hours worked at company/organization, including this contract and other work

Job Title	Gender	Race	Hispanic/Latino	Home Zip Code	Hourly Wage Rate (per hour)	Average Weekly Hours*	Percent of Time Worked on this Contract	Industry

PART 5: SIGNATURE

IMPORTANT: 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:**

Printed Name	
Signature	
Job Title	
Date	