

# CITY OF SANTA BARBARA Living Wage Compliance Statement

July 1, 2015 through June 30, 2016

TO BE COMPLETED BY ALL CONTRACTORS PROVIDING SERVICES TO  
THE CITY OF SANTA BARBARA

**Official notification to:** \_\_\_\_\_  
Name of Company Bid/PO/Contract No.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip

The service contract that is pending between your company and the City of Santa Barbara is subject to the City of Santa Barbara Living Wage Ordinance, SBMC Chapter 9.128 (hereinafter referred to as "the Ordinance"). Fax the compliance statement to: the City of Santa Barbara Purchasing Division at (805) 897-1977.

**Current living wage rates will apply to all subsequent contracts and contract renewals exercised during the remainder of the current fiscal year ending June 30, 2016**

The Ordinance requires that employees working for your firm on this contract be notified that the City of Santa Barbara Living Wage Ordinance applies to them. As part of compliance for this contract, you are required to notify affected employees that:

**Effective from July 1, 2015, through June 30, 2016, the current rate for minimum compensation to employees is:**

- 1. \$16.70 per hour if no qualifying benefits are provided.**
- 2. \$14.32 per hour if Basic Medical Insurance is provided at no cost to the employee and Compensated Holidays.**
- 3. \$13.12 per hour if in addition to the benefits in 2 above an approved Supplemental Employee Benefits as shown in Section 2.C below.**

**(All capitalized terms used herein are used as defined in the Ordinance, SBMC Chapter 9.128)**

**Note:** the City may request any or all payrolls records, time cards, and other associated documentation to demonstrate compliance. Any such request will be made to your firm in writing and the records must be provided within fourteen calendar days. The City may also conduct on-site audits to verify compliance. These audits may include, but are not limited to, employee interviews.

Direct questions regarding this Ordinance to General Services Manager, City of Santa Barbara Finance Department, P.O. Box 1990, Santa Barbara, CA 93102.

1. THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE:

- Exemption for Handicapped Individuals and Apprentices.** For the purposes of this form, an employee shall not include a “handicapped employee” employed pursuant to a special license issued under Sections 1191 and 1191.5 of the state Labor Code or an “apprentice” or “learner” employed pursuant to a special license issued under Section 1192 of the state Labor Code.
- Exemption for Student Interns.** For the purposes of this form, an employee shall also not include a student intern which shall be defined as a person receiving educational or school credit at a duly licensed and accredited school or educational institution as part of or in connection with his or her employment or service with the City Service Contractor.
- Public Entity.**
- Non-profit exemption.**
- Workers are part of a bona fide collective bargaining agreement.**
- Persons employed are defined as executive or professional as used in the federal Fair Labors Standards Act of 1938 (29 USC Section 201 et. seq.).**
- Including this agreement, the amount awarded by the City to your firm through one or more agreements is less than seventeen thousand & eight hundred & ninety-five dollars (\$17,895) when calculated on a City fiscal year basis (July to June)**
- Services are incidental. Explain:** \_\_\_\_\_

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*\* Complete the compliance statement portion on page 5.*

2. THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE:

- A.  Employees receive a pay rate that meets or exceeds the City of Santa Barbara Living Wage requirement of \$16.70 per hour without benefits.  
*\* Complete items #3, #4, & #5 on page 3 and sign the compliance statement portion on page 5.*
- B.  Employees receive a pay rate that meets or exceeds the City of Santa Barbara Living Wage requirement of \$14.32 per hour with benefits the below benefits.
  - i. A combined twelve days compensated leave time annually for full-time employees, and prorated leave for employees working less than full time
  - ii. Basic Medical Insurance Coverage for the Employee at no cost.*\* Complete items #3, #4, & #5 on page 3 and sign the compliance statement portion on page 5.*

- C.  Employees receive a pay rate that meets or exceeds the City of Santa Barbara Living Wage City of Santa Barbara Living Wage requirement of \$13.12 per hour with all of the following benefits:
- i. A combined twelve days compensated leave time annually for full-time employees, and prorated leave for employees working less than full time
  - ii. Basic Medical Insurance Coverage for the Employee at no cost.
  - iii. Basic Medical Insurance Coverage for the Employee's spouse, domestic partner or family.
  - iv. One additional Supplemental Benefit as defined in the Ordinance.
    - Pension or deferred compensation retirement plan.
    - Childcare or dependent care.
    - Equivalent of ten (10) eight hour days of compensated leave over and above the compensated leave in item 1.
    - Other: \_\_\_\_\_

*\* Complete items #3, #4, & #5 on page 3 and sign the compliance statement portion on page 5.*

3. Will any subcontractors perform work on this contract?  **Yes**  **No**

If yes, please indicate company(s) on an additional page.

4. Will you post employee notification form in an area accessible to employees working on City of Santa Barbara contracts?  **Yes**  **No**

5. You may be required to provide certified payroll records, time cards, and other records any time during the contract period to demonstrate compliance. These payroll records must include the following information for each employee working on this contract: employee name, job classification, employer benefit contribution, and hourly pay under this contract.

Do you agree to provide this information within 14 calendar days when requested?  **Yes**  **No**

The City may also perform on site payroll audits that may include, but are not limited to, employee interviews.

6. To qualify for a lower wage tier, you must offer insurance at no cost to your employees and match one of the following plans in terms of co-pays/out-of-pocket expenses.

- Aetna HMO:** No deductible, \$150 co-pay for emergency room visits, no charge for preventative care, \$25 co-pay for office visits to Primary Care Physicians/\$35 co-pay to Specialists; Prescriptions: \$20 co-pay for generics; \$30 co-pay for brand, & \$45 co-pay for non-formulary
- Kaiser HMO:** No deductible, \$50 co-pay for emergency room visits, no charge for preventative care, \$15 co-pay for office visits; Prescriptions: \$10 co-pay for generics; \$20 co-pay for brand, & non-formulary is not covered
- Aetna Open Access Managed Care PPO:** Deductibles: \$500/individual \$1,000/family, \$100 co-pay + 20% coinsurance for emergency room visits, no charge for preventative care, \$25 co-pay for office visits; Prescriptions: \$20 co-pay for generics; \$30 co-pay for brand, & \$45 for non-formulary
- Aetna Health Reimbursement PPO:** Deductibles: \$2,000/individual \$4,000/family, 20% coinsurance for emergency room visits, no charge for preventative care, 20% coinsurance for office visits; Prescriptions: \$10 co-pay for generics; \$20 co-pay for brand, & \$35 for non-formulary
- Aetna Health Savings Account PPO:** Deductibles: \$2,500/employee only coverage, \$5,000/family, 20% coinsurance for emergency room visits, no charge for preventative care, 20% coinsurance for office visits; Prescriptions: \$15 co-pay for generics; \$25 co-pay for brand, & \$40 for non-formulary after combined medical/RX plan deductible

**The signatory below hereby certifies, under penalty of perjury, that the forgoing information is correct:**

\_\_\_\_\_

Contact Name	Phone number	Fax number
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\_\_\_\_\_

Email Address

\_\_\_\_\_

Name and Title (Please print)	Signature
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\_\_\_\_\_

Date

**You may fax the compliance statement to: City of Santa Barbara Finance Department (Purchasing) at (805) 897-1977.**

# CITY OF SANTA BARBARA

## Living Wage Benefits Statement

July 1, 2015 through June 30, 2016

TO BE COMPLETED **WITHIN 45-DAYS** AFTER COMPLETING SERVICES TO  
THE CITY OF SANTA BARBARA UNDER A PO OR CONTRACT

Official notification to: \_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip

Bid/PO/Contract Number.: \_\_\_\_\_

### RATE PAID:

- \$16.70 per hour if no qualifying benefits are provided.
- \$14.32 per hour if Basic Medical Insurance is provided at no cost to the employee and Compensated Holidays.
- \$13.12 per hour if in addition to the benefits in 2 above an approved Supplemental Employee Benefits are provided such as family medical care, dental, etc.
- Exempt

1. Did the Living Wage requirements cause you to bid higher prices? ?  Yes  No

2. If yes, how much? \$ \_\_\_\_\_

3. How many employees worked under this PO? \_\_\_\_\_

4. How many were Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

5. How many employees benefited from the Living Wage requirements: \_\_\_\_\_

6. What was the aggregate (total) amount the employees benefited: \$ \_\_\_\_\_

7. Comments:

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