

# CITY OF SANTA BARBARA Living Wage Benefits Statement

July 1, 2017 through June 30, 2018

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

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

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

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

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

## RATE PAID:

- \$17.55 per hour if no qualifying benefits are provided.
- \$15.04 per hour if Basic Medical Insurance is provided at no cost to the employee and Compensated Holidays.
- \$13.79 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_