

# CITY OF SANTA BARBARA

## Living Wage Compliance Declaration

July 1, 2018 through June 30, 2019

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 contemplated work is subject to the City of Santa Barbara Living Wage Ordinance, SBMC Chapter 9.128 (hereinafter referred to as “the Ordinance”).

Living wage rates are adjusted annually, effective the 1<sup>st</sup> of every July to reflect the increase during the preceding year in the Consumer Price Index for all urban wage earners and clerical workers for Los Angeles-Riverside-Orange County California as published by the U.S. Department of Labor, Bureau of Labor Statistics. **The new rates would apply to all contract renewal options exercised in subsequent fiscal years.**

The Living Wage Ordinance applies to individuals and companies which enter into one or more purchase orders/contracts with an aggregate value of \$19,500 or more in a fiscal year and requires you to notify your employees that the City of Santa Barbara Living Wage Ordinance applies to them. Living Wage requirements also apply to subcontractors. **You are required to notify affected employees that:**

**Effective from July 1, 2018, through June 30, 2019, the current rate for minimum compensation to employees are:**

- 1. \$18.20 per hour if no qualifying benefits are provided.**
- 2. \$15.60 per hour if Basic Medical Insurance is provided at no cost to the employee and Compensated Holidays.**
- 3. \$14.30 per hour if in addition to the benefits in 2 above an approved Supplemental Employee Benefits.**

The ordinance as well as additional information can be found on the City’s website under Purchasing’s page. If you have any questions on the Living Wage Ordinance, contact the Purchasing Office at 805-564-5349.

**Audits:** The City may request 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 (14) calendar days unless an extension is granted in writing by the City.

The City may also conduct on-site audits to verify compliance. These audits may include, but are not limited to, employee interviews, and records examinations.

A Living Wage Benefit Statement, see attached, shall be provide to the Purchasing Office within forty-five (45) days from completion or termination of work.

**INSTRUCTIONS: COMPLETE SECTIONS I-EXEMPT OR II-NOT EXEMPT AND SECTION III**

**SECTION I – EXEMPT**

**THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE**

Below are the exemptions to the Ordinance. Please check the qualifying exemption(s).

- 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 nineteen thousand & five hundred (\$19,500) when calculated on a City fiscal year basis (July to June).**
- Services are incidental. Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II – NOT EXEMPT**

**THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE**

Below are the wage tiers. Please check the wage tier that applies.

- A.  Employees receive a pay rate that meets or exceeds the City of Santa Barbara Living Wage requirement of **\$18.20** per hour without benefits.

To qualify for Tier B or C, your insurance must qualify, see below.

- B.  Employees receive a pay rate that meets or exceeds the City of Santa Barbara Living Wage requirement of **\$15.60** 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.
  
- 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 **\$14.30** 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: \_\_\_\_\_

#### QUALIFYING INSURANCE REQUIREMENTS

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. Please check the plan that is comparable to your insurance plan.

- Blue Shield 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
- Blue Shield 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 co-pay for non-formulary
- Blue Shield 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 co-pay for non-formulary
- Blue Shield 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 co-pay for non-formulary after combined medical/RX plan deductible.

\*\* After deductible is satisfied

## SECTION III

### DECLARATION

In order to be considered for award, you must declare under the penalty of perjury under the laws of the State of California certify that your company and subcontractors will comply with the City of Santa Barbara's Living Wage Ordinance, if applicable, AND the forgoing information is true and correct.

Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Bid No.: \_\_\_\_\_

### **Send completed form by one of the following methods**

- 1) Fax to: completed form to: Attn: Purchasing-LW at 805-897-1977
- 2) Mail to: Attn: Purchasing-LW, P.O. Box 1990, Santa Barbara CA 93102
- 3) Email to: GCorral@SantaBarbaraCA.gov

# CITY OF SANTA BARBARA Living Wage Benefits Statement

July 1, 2018 through June 30, 2019

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

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

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

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

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

**RATE PAID:**

**\$18.20 per hour if no qualifying benefits are provided.**

**\$15.60 per hour if Basic Medical Insurance is provided at no cost to the employee and  
Compensated Holidays.**

**\$14.30 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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