



- B. Total number of Covered Employees: \_\_\_\_\_
- C. Number of Covered Employees who are Boston residents: \_\_\_\_\_
- D. Number of Covered Employees who are minorities: \_\_\_\_\_
- E. Number of Covered Employees who are women: \_\_\_\_\_

**Part 4 - COVERED VENDOR'S PAST EFFORTS AND FUTURE GOALS**

A. Describe your past efforts and future goals to hire low and moderate income Boston residents:

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B. Describe your past efforts and future goals to train Covered Employees:

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C. Describe the potential for advancement and raises for Covered Employees:

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D. What is the net increase and decrease in number of jobs or number of jobs maintained by classification that will result from the awarding of the Service Contract:

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**Part 5 - SERVICE CONTRACTS**

List all Service Subcontracts either awarded or that will be awarded to vendors with funds from the Service Contract:

SUBCONTRACTOR	ADDRESS	AMOUNT OF SUBCONTRACT

**Part 6 - AUTHORIZATION**

The following statement must be completed and signed by an authorized owner, officer or manager of the Covered Vendor. The signature of an attorney representing the Covered Vendor is **not** sufficient:

I, (print or type) \_\_\_\_\_ (Authorized Representative of the Covered Vendor) on behalf of (print or type) \_\_\_\_\_

(name of Covered Vendor) hereby state that the above-named, Covered Vendor is committed to pay all Covered Employees not less than the Living Wage, subject to adjustment each July 1, and to comply with the provisions of the Boston Jobs and Living Wage Ordinance.

I swear/affirm that the information which I am providing on behalf of Covered Vendor on this *Covered Vendor Agreement* is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Position with Covered Vendor:** \_\_\_\_\_