INTERNAL SERVICES DEPARTMENT

LIVING WAGE ORDINANCE

CONTRACTOR GUIDE

JIM JONES
DIRECTOR
Introduction

The County of Los Angeles is proud to present its Living Wage Ordinance (LWO) Contractor’s Guide. The LWO is applicable to businesses entering into contracts to provide specialized services to County departments.

Developed to provide an overview of the County’s LWO, this guide will help proposers and contractors understand the LWO and its impact on the development of proposals. By answering frequently asked questions (pages 4-12), this guide will explain exemptions, the proposal evaluation and scoring process, and post-award implementation steps.

After award of a contract, this guide will assist you with understanding LWO monitoring and compliance requirements. Included is a Contractor Implementation Action Plan Checklist (page 3). This checklist is explained in detail with the successful contractor during a post-award meeting known as a Pre-Job Conference. During this conference, specific instructions, monitoring forms, and schedules will be provided.

If you have questions that have not been addressed in this guide, contact the respective person(s) identified in the solicitation document [Request for Proposal (RFP) or the Invitation for Bid (IFB)].

Background

In 1999, the Los Angeles County Board of Supervisors found that:

- The County is the principal provider of social and health services within the County, especially to persons who are compelled to turn to the County for such services; and

- Employers’ failure to pay a living wage\(^1\) to their employees causes them to use such services thereby placing an additional burden on the County of Los Angeles.

As a result of these findings, the Board of Supervisors approved the Living Wage Ordinance on July 22, 1999, affecting all applicable contracts with effective dates after October 22, 1999. The Board approved an increase of the Living Wage rates on February 6, 2007.

\(^1\)Defined as “A wage sufficient to provide minimally satisfactory living conditions.” Webster’s II New College Dictionary, 3\(^{rd}\) ed., 2005, pp.657
The LWO requires contractors to use full-time employees on County projects and either:

- Pay these employees a minimum hourly wage of $9.64 and contribute no less than $2.20 per hour towards their healthcare benefits.
- Pay these employees a minimum hourly wage of $11.84, with or without healthcare benefits.

The Implementation Action Plan Checklist is an important tool for implementing the LWO. It is explained in detail after the contract is awarded during the "Pre-Job Conference." This meeting provides specific instructions, blank forms, and guidance with compliance deadlines.

### LIVING WAGE PROGRAM IMPLEMENTATION ACTION PLAN CHECKLIST

<table>
<thead>
<tr>
<th>ACTION (IF NOT APPLICABLE, INDICATE WITH &quot;N/A&quot;)</th>
<th>DUE DATE</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor is using subcontractor(s)? If yes, subcontractors must also attend Pre-Job Conference and is subject to the LWO.</td>
<td>Circle one: Yes No</td>
<td>Completed</td>
</tr>
<tr>
<td>Submit copy of employer Health Care Benefit Plan (if applicable) and respective insurance premium cost.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide List of Contract Employees (or update proposal Staffing/Work Plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update Staffing/Work Plan with employees names, work schedule, etc. (update staffing/work plan and submit to the department when changes occur)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing/Work Plans provide 4 categories: 1. Full-Time employees 2. Full-time employees providing part-time service to County 3. Part-Time employees (working less than 40 hours per week) 4. Substitute, replacement, rovers, utility employees who &quot;fill-in&quot; for regular full-time employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-Time employees (if applicable): submit written request for approval to use part-time (less than 40 hours/week) employees. (The County must approve the use of any part-time employee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify pay periods circle one: weekly bi-weekly semi-monthly monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a detailed payroll calendar denoting pay periods and identify the monthly cut-off dates for LWO reporting (reporting period is the calendar month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DETERMINE MONTHLY COMPLIANCE &amp; MONITORING FORMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor will use County “LWO-Payroll Reporting Form” (complete and attach Payroll Statement of Compliance)</td>
<td>Circle one: Yes No</td>
<td></td>
</tr>
<tr>
<td>Contractor elects to submit their automatic payroll reports: (prior to 1st reporting period, submit a sample payroll report for department review and approval). Report(s) must provide the same information as requested in the &quot;LWO-Payroll Reporting Form.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If applicable, when computer “codes/abbreviations” are used in automated reports, provide a listing of all payroll codes and their respective definitions to department (e.g., “01” = absent, “AWOP” = absent w/o pay, “S” = sick, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Wage Program-Payroll Statement of Compliance must be submitted with each 1st payroll period report, or 2nd monthly report package</td>
<td>Circle one: 1 2</td>
<td></td>
</tr>
<tr>
<td>LWO-Monthly Certification for Applicable Health Benefit Payments (Health Benefit Payments) is required from contractor if contractor pays a minimum of $2.20 per hour towards bona fide health care benefits. (If contractor elects to submit their automatic &quot;benefit&quot; reports, prior to 1st reporting period, submit a sample &quot;benefit&quot; report for department review and approval. Report(s) must provide the same information as requested in the Health Benefit Payments form.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LWO “Notice to Employees” handout. (other languages are available)</td>
<td>Circle one: Yes No</td>
<td></td>
</tr>
<tr>
<td>LWO “Notice to Employees Working on County Contracts” poster. (other languages are available)</td>
<td>Circle one: Yes No</td>
<td></td>
</tr>
</tbody>
</table>
**Frequently Asked Questions**

**What contracts are affected by the Living Wage Ordinance?**

On November 7, 1978, County voters approved a measure that allows the County, under certain circumstances, to contract with private businesses to perform personal services which are currently performed, or which could be performed, by County employees. These County contracts are known as "Proposition A" (Prop A) contracts. The LWO also applies to cafeteria services contracts. Contracts that were entered into after October 22, 1999 (the LWO effective date), and pre-existing Prop. A and cafeteria services contracts (if a renewal option was exercised after the LWO effective date) are subject to the LWO.

The LWO was adjusted on February 6, 2007, to increase the living wage rate, and is applicable to Prop A and cafeteria services contracts, and any amendments to existing LWO contracts, which became effective on or after June 15, 2007. The new rates apply to all Living Wage contract renewals, option years, and amendments involving scope of work, term, or compensation.

**Does the LWO apply to subcontractors?**

Yes. The LWO applies to the prime contractor and all subcontractors.

**What is a full-time employee?**

The LWO defines full-time employees as employees working a minimum of 40 hours per week. A lesser number of hours, if in accordance with current industry standard (but never less than 35 hours per week), must be approved by the Chief Executive Office. Although contractors must only use full-time employees on County projects, these employees do not have to work on the County project full-time.

**Does the LWO cover part-time employees?**

No. A contractor must request a special exemption. Unless the County pre-approves the use of part-time employees, the LWO specifically requires a contractor to only use its full-time employees on all Prop A and cafeteria service contracts with the County.
The solicitation document requires proposers to submit a Staffing Plan. What is a Staffing Plan?

As part of the provisions of submitting a proposal, contractors are required to include a plan identifying the number of employees, position titles, work schedule (hours worked per day and total hours per week), employment status (full-time, part-time), and facility or location staffing, if applicable, to meet the solicitation Statement of Work for the services.

<table>
<thead>
<tr>
<th>FACILITY OR LOCATION</th>
<th>EMPLOYEE NAME</th>
<th>POSITION TITLE</th>
<th>UTILITIES/ROVER(S) (Back-up)</th>
<th>WORK SCHEDULE</th>
<th>HOURS WORKED PER DAY</th>
<th>FULL-TIME/PART-TIME</th>
<th>HOURSLY RATE</th>
<th>HEALTH INS? YES/NO</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>TOTAL HRS</th>
<th>NON-COUNTY TOTAL HRS</th>
<th>HIRE DATE</th>
<th>TERM DATE</th>
</tr>
</thead>
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<tr>
<td>Lancaster 1510 Avenue J</td>
<td>Officer 1</td>
<td>Officer</td>
<td>8:00 TO 17:00</td>
<td>8</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>8 8 8 8 8 8</td>
<td>40</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pomona 100 W. Second Street</td>
<td>Office 2</td>
<td>OFFICE 2</td>
<td>8:00 TO 17:00</td>
<td>10</td>
<td>FULL TIME</td>
<td>$9.04</td>
<td>YES</td>
<td>10 10 10 10 10</td>
<td>10 OT</td>
<td>11/13/07</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pomona</td>
<td>Anais Elliott</td>
<td>OFFICE 2</td>
<td>8:00 TO 17:00</td>
<td>11</td>
<td>PART TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>11 11 11 11 11</td>
<td>10 OT</td>
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</tr>
<tr>
<td>Santa Fe Springs S. Slauson Drive</td>
<td>Supervisor 2</td>
<td>OFFICE 2</td>
<td>8:00 TO 17:00</td>
<td>11</td>
<td>PART TIME</td>
<td>$9.04</td>
<td>YES</td>
<td>11 11 11 11 11</td>
<td>10 OT</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Santa Fe Springs</td>
<td>Gilbert Estrada</td>
<td>OFFICE 2</td>
<td>8:00 TO 17:00</td>
<td>11</td>
<td>PART TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>11 11 11 11 11</td>
<td>10 OT</td>
<td></td>
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</tr>
<tr>
<td>Bakersfield 4083 N. Mooney Boulevard</td>
<td>Officer 3</td>
<td>OFFICE 3</td>
<td>8:00 TO 17:00</td>
<td>10</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>10 10 10 10 10</td>
<td>10 OT</td>
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<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td>Alec Foster</td>
<td>OFFICE 3</td>
<td>8:00 TO 17:00</td>
<td>8</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>8 8 8 8 8</td>
<td>40</td>
<td>1/13/08</td>
<td></td>
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<td>Vernon 5323 S. Vermont Avenue</td>
<td>Officer 4</td>
<td>OFFICE 4</td>
<td>8:00 TO 17:00</td>
<td>8</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>8 8 8 8 8</td>
<td>40</td>
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<td></td>
</tr>
<tr>
<td>West 8th 2450 S. 8th Street</td>
<td>Officer 5</td>
<td>OFFICE 5</td>
<td>8:00 TO 17:00</td>
<td>10</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>10 10 10 10 10</td>
<td>40</td>
<td></td>
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</tr>
<tr>
<td>Los Angeles</td>
<td>Officer 6</td>
<td>OFFICE 6</td>
<td>8:00 TO 17:00</td>
<td>10</td>
<td>FULL TIME</td>
<td>$9.64</td>
<td>YES</td>
<td>10 10 10 10 10</td>
<td>40</td>
<td></td>
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<tr>
<td>Monterey Park 2007 Raymond Drive</td>
<td>Officer 7</td>
<td>OFFICE 7</td>
<td>8:00 TO 17:00</td>
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<td>FULL TIME</td>
<td>$11.84</td>
<td>NO</td>
<td>10 10 10 10 10</td>
<td>40</td>
<td>12/1/07</td>
<td></td>
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</tbody>
</table>

If a proposal is submitted with a Staffing Plan including the use of part-time employees, what will happen?

Before submitting a Staffing Plan (see example above) that includes the use of part-time employees on the project, the Proposer must request approval from the County. If approved, the County will confirm in writing the approval for the use of part-time employees. If the use of part-time employees is not approved, the bid proposal might be rejected as non-responsive.

When the RFP Statement of Work requires the use of periodic services such as carpet shampooing, window cleaning, etc., can I use part-time employees?

No. Unless the contractor receives the County’s written approval to use part-time employees, periodic services must be performed by full-time employees. The full-time employees do not have to work on the County project full-time, however, they must be compensated in accordance with the LWO while doing so.
**Healthcare Benefits**

**What are considered healthcare benefits?**

Examples of healthcare benefits may include:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Kaiser, Blue Cross, CIGNA</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Care, Safeguard</td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan, AVP Vision</td>
</tr>
<tr>
<td>Mental Health</td>
<td>United Behavioral Health</td>
</tr>
<tr>
<td>Prescription drug coverage</td>
<td>Pharmacy Benefits Manager</td>
</tr>
<tr>
<td>Chiropractic</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td></td>
</tr>
<tr>
<td>Short Term Disability</td>
<td></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td></td>
</tr>
</tbody>
</table>

*Note: The named providers are for example only. The County does not endorse any provider or healthcare plan.*

**What if the contractor contributes less than $2.20 an hour toward employee healthcare benefits?**

In order to qualify for the lower hourly rate of $9.64, a contractor must contribute a minimum of $2.20 per hour toward bona fide healthcare benefits, as approved by the County. This is non-negotiable. A contractor may contribute less than $2.20 per hour for health benefits, however, the employee must be paid the Living Wage hourly rate of $11.84.

**If an employer provides healthcare benefits to its employees which amounts to less than $2.20 an hour, can the difference between the $2.20 and the actual amount paid toward benefits be added to the hourly rate of $9.64?**

For example, if the employer pays health benefits of $2.00 per hour—the difference is 20¢—can this be added to the $9.64 hourly rate for a total $9.84 per hour?

No—see response to previous question.

**Does the $2.20 cover the employee alone?**

No. The $2.20 contribution toward healthcare benefits covers the employee and any dependents, including qualifying adult dependents.
My company pays a fixed monthly healthcare premium that is not based on an employee's actual work hours. What is the minimum monthly premium that qualifies for paying the lower LWO hourly rate?

The County Auditor-Controller has determined the County’s average monthly work hours are 174 hours. To qualify for the lower hourly rate of $9.64, a contractor must contribute a minimum of $382.80 each month (174 average hours per month x $2.20 = $382.80) toward healthcare benefits. This is non-negotiable. A contractor may contribute less than $382.80 per month for healthcare benefits, however, the employee must be paid the Living Wage hourly rate of $11.84.

COUNTY OF LOS ANGELES
LIVING WAGE ORDINANCE
MONTHLY CERTIFICATION FOR APPLICABLE HEALTH BENEFIT PAYMENTS

<table>
<thead>
<tr>
<th>Employee Name, Address &amp; Last 4 digits of Social Security Number</th>
<th>Work Classification</th>
<th>Total Hours Worked Each Week of Monthly Pay Period</th>
<th>Employee-Paid Health Benefit Hourly Rate</th>
<th>Gross Amount Paid</th>
<th>Employee-Paid Health Benefit Rate</th>
<th>Gross Amount Paid</th>
<th>Health Benefits Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del Real, Rafaeli</td>
<td>Security Guard</td>
<td>35 45 32 48 0</td>
<td>180</td>
<td>$2.20</td>
<td>$352.00</td>
<td>$0.24</td>
<td>$30.40</td>
</tr>
<tr>
<td>Watson, Phil</td>
<td>Security Guard II</td>
<td>39 22 40 55 0</td>
<td>140</td>
<td>$2.20</td>
<td>$212.00</td>
<td>$0.11</td>
<td>$10.66</td>
</tr>
<tr>
<td>Hernandez, Jaimie R.</td>
<td>Security Guard</td>
<td>40 40 40 40 0</td>
<td>180</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Rahman, Thomas</td>
<td>Security Guard I</td>
<td>32 40 40 35 0</td>
<td>147</td>
<td>0</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Figueroa, Armando</td>
<td>Security Guard-Supv</td>
<td>46 46 40 45 0</td>
<td>174</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

I have reviewed the information in this report and as company owner or authorized agent for this company, I sign under penalty of perjury certifying that all information herein is complete and correct.

Total (This Page) | 180 203 192 200 787 | $673.20 | $727.66
Grand Total (All Pages) | 180 203 192 200 787 | $673.20 | $54.46 | $727.66

Authorized Signature: Mr. Tought Guy Date: 7/15/2005 Title: Payroll Telephone Number: (213) 974-1553 Page 1 of 1

Additional Note: Complete all sections of this form. Information to complete this form can be obtained from your weekly certified payroll reports. Submit this form, with your Certified Payroll Reports, to the awarding County department. Remember to sign the form before submitting.
### Exemptions

#### Are there any exemptions to the LWO?

Yes. The LWO allows four exemptions:

1. A business with a non-profit status as defined in IRS Code §501(c)(3)
2. A small business, as defined in the LWO (refer to Chapter 2.201.090, Exceptions)
3. A business with a collective bargaining agreement in which it supersedes (a) all provisions of the LWO, or (b) if not all, those specific LWO provisions that are superseded; however, those provisions not superseded must be adhered to
4. A business which has received, or will receive, less than $25,000 in aggregate County Prop A and/or cafeteria services contracts in any 12-month period (refer to Chapter 2.201.020 Definitions)

#### If I believe I qualify for an exemption to the LWO, what do I have to do?

Complete an **Application for Exemption** and attach the supporting documentation for the exemption status you are applying for. The application and your documentation must be submitted as instructed in the solicitation package (as directed by the awarding department either prior to proposal submission or within the proposal submission deadline period).

#### What documentation do I need to provide to qualify for an exemption?

The following documentation, when submitted with the LWO **Application for Exemption**, is sufficient in most cases to determine eligibility for the following exemptions:

1. Non-profit status: A copy of the IRS determination letter designating your firm as non-profit under IRS Code §501(c)(3)
2. Small Business status: Signed copies of income tax returns for the past two years. If necessary, the County may request additional financial documentation such as a Profit/Loss Statement, payroll tax reports, or verification of the total number of your firm’s employees
3. Collective Bargaining Agreement (CBA) status: A copy of your bona fide CBA that expressly provides that it supersedes all of the provisions of the Living Wage Program, or (if not all) those specific provisions that are superseded
4. $25,000 aggregate status: A copy of all County Prop A and/or cafeteria services contracts with any County department. The combined contract amount of all County contracts, including the contract sought by the contractor, cannot exceed $25,000 in any 12-month period
Which LWO forms is a Proposer required to submit with a proposal?

Refer to the solicitation package for specific instructions and forms. Generally, a proposal should contain, but is not limited to, the following:

- **Living Wage Acknowledgement and Statement of Compliance:** (page 17) checkmark the appropriate boxes to indicate your understanding of the LWO

- **Labor/Payroll/Debarment History:** (page 18)

  Disclose on the form:
  
  - Any pending claim which involves an incident of labor law/payroll violation(s) occurring within three years of the date of the proposal
  
  - Any determination by a public entity within three years of the date of the proposal

  In evaluating your proposal, the County will review your history of labor law/payroll violations (including violations or pending claims). Pending claims will not result in point deductions; however, they may be reported to the Board before a contract is awarded.

- **Contractor Living Wage Declaration:** (page 16) declare how you intend to comply with the LWO Program

- Application for Exemption: (not shown) and supporting documentation, if applicable, refer to the LWO Exemptions section in this guide

- **Staffing Plan:** (page 5) Submit your plan using full-time employees only. You must request to use part-time employees in advance. Your request must fully justify the use of part-time employees on the project.
In order to ensure fairness in the assessment of labor law/payroll violations in proposals subject to the LWO, the County developed standards and a centralized evaluation process to promote uniformity in evaluating the severity and extent of labor law/payroll violations. These guidelines are included in the solicitation documents subject to the LWO and issued by each department.

**How are labor law/payroll violations evaluated and scored by the County?**

In evaluating proposals, the County will review a Proposal’s history of labor law/payroll violations (including but not limited to violations or pending claims pertaining to wages, hours and working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination). To facilitate this process, contractors must submit with their proposal a completed *Acknowledgement and Statement of Compliance* form (page 17), and disclose on that form: 1) any determination by a public entity within three (3) years of the date of the proposal that the Firm committed a labor law/payroll violation, and 2) any pending claim which involves an incident of labor law/payroll violation occurring within three (3) years of the date of the approval.

**What will happen if a Proposer inadvertently fails to report a labor law/payroll violation?**

Applying established criteria, the County may deduct from 1 to 20 percent of the maximum number of available evaluation points for labor law/payroll violations, with substantially increased deductions for a contractor’s failure to disclose reportable violations (see page 19, Guidelines for Assessment of Proposer Labor Law/Payroll Violations). “Pending claims” (i.e. claims that do not have a final disposition) will not result in point deductions; however, such claims may be reported to the Board of Supervisors before a contract is awarded.
Generally, the awarding department will invite the successful contractor and all subcontractors, if applicable, to a Pre-Job Conference with Internal Services Department (ISD) to explain the provisions of the LWO, define LWO responsibilities, and to distribute and explain the required compliance reporting and monitoring forms.

I attended the departmental Solicitation/Proposer’s Conference. Why must I attend a Pre-Job Conference?

The Pre-Job Conference provides specific information on your LWO responsibilities, what forms to submit to comply with the LWO, and discusses any options that may assist you in meeting LWO compliance requirements. Generally, the Pre-Job Conference is conducted after the Board awards the contract and before the actual start of the service.

When a contract is awarded, what additional forms does the County require relative to the LWO?

If the County has not granted an exemption to the LWO, the successful contractor will be required to submit monthly compliance/monitoring forms to the awarding department. Generally, the forms include, but are not limited to, the following:

- **Certified Payroll Report** (page 13) with a **Statement of Compliance** (page 14), at least monthly
- **Monthly Certification for Applicable Health Benefit Payments** (page 15) if applicable
- Proof of insurance coverage and payment schedule, if applicable
- Proof of insurance premium payment, if applicable

In addition, the following supplemental documents may be required to fulfill compliance requirements:

- Annual Calendar of Payroll Periods
- An updated **Staffing Plan** (page 5)
- A detailed list of Contract Employees, if applicable
- A comprehensive list of all payroll identification codes on payroll reports

When are compliance/monitoring forms submitted to the County?

The reporting period for LWO compliance is the calendar month. All monthly compliance/monitoring forms must be submitted to the designated department monitor by the 15th of the month following the reporting period.
After Award of the Contract

My company uses a payroll processing vendor that provides automatic reporting. Can I submit automated payroll reports?

Yes. The County encourages automation and recommends that contractors submit automated payroll reports. A sample report must be submitted to the department in advance for review and approval after the Pre-Job Conference and before the first reporting period. To support contractors, the County has verified payroll processing capabilities and reporting formats that comply with County approved reports with several major payroll processing vendors. Any automated report (vendor or computer-generated report) must provide the same information as requested in the LWO Payroll Reporting Form (page 13).

Generally, the required reporting fields are:

- Name/Address/Last 4 digits of Social Security Number (or employee identification number) and job classification
- The Hours Worked Each Day (including Total Hours worked in the pay period) and the Hourly Wage
- Gross Pay, Itemized Deductions/Overtime, Overtime, Net Pay

What happens if a contractor does not comply with the LWO?

Both the awarding department and the ISD monitor contractors for LWO compliance and may advise a contractor if it is determined that a contractor is not in LWO compliance. If a contractor is having problems meeting the LWO requirements, the awarding department, and if necessary, ISD, may work with an individual contractor to make a good faith effort to resolve the problem. If a contractor is found to be in violation of the LWO, the following actions can be taken by the County:

- Withholding of monies owed the contractor
- Assessment of “Liquidated Damages”
- Possible termination of the contract and/or debarment from future County contracts (in accordance with the Contractor Non-Responsibility and Contractor Debarment Ordinance, Los Angeles County Code Section 2.202.010 through 2.202.060)
<table>
<thead>
<tr>
<th>NAME / ADDRESS</th>
<th>Last 4 digits SS &amp;</th>
<th>Position Title</th>
<th>DAY AND DATE</th>
<th>Total Hours</th>
<th>Pay Rate</th>
<th>Gross Pay</th>
<th>DEDUCTIONS</th>
<th>Total Deduct</th>
<th>Net Wages</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12340</td>
<td>Full</td>
<td>County</td>
<td>8</td>
<td>13.50</td>
<td>108.00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part</td>
<td>OT</td>
<td>0.5</td>
<td>20.25</td>
<td>13.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masterson, Philip</td>
<td>2678</td>
<td>Full</td>
<td>County</td>
<td>8</td>
<td>11.84</td>
<td>94.72</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>OT</td>
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<td>17.76</td>
<td>53.26</td>
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<td></td>
</tr>
<tr>
<td>Palmeri, Thomas</td>
<td>5921</td>
<td>Full</td>
<td>County</td>
<td>4</td>
<td>11.84</td>
<td>52.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part</td>
<td>OT</td>
<td>0</td>
<td>17.75</td>
<td>142.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Figueroa, Arturo</td>
<td>2345</td>
<td>Full</td>
<td>County</td>
<td>0</td>
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<td>94.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part</td>
<td>OT</td>
<td>1.5</td>
<td>17.75</td>
<td>165.25</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

COUNTY OF LOS ANGELES
LIVING WAGE ORDINANCE - PAYROLL REPORTING FORM

SAMPLE
COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM

PAYROLL STATEMENT OF COMPLIANCE

I, ____________________________________________________, _________________________________
(Name of Owner or Company Representative)          (Title)

Do hereby state:

1. That I pay or supervise the payment of the persons employed by
   Tough Guy, Inc. ________________________________ on the Headquarters
   (Company or subcontractor Name)          (Service, Building or Work Site)
   ;

   that during the payroll period commencing 1st on the August 2008 day of
   (Month and Year)
   ending the 27th day of August 2008 all persons employed on said work site
   (Month and Year)

   have been paid the full weekly wages earned, that no rebates have been or will be made either directly or
   indirectly to or on behalf of Tough Guy, Inc.
   (Company Name)

   from the full weekly wages earned by any person and that no deductions have been made either directly or in
   directly from the full wages earned by any person, other than permissible deductions as defined in
   Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as
   amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C. 276c), and described below:

   Deduction: Credit Union Savings Program (insert amount & frequency)

   ______________________________________________________________

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and
   complete; that the wage rates for employees contained therein are not less than the applicable County of
   Los Angeles Living Wage rates contained in the contract.

3. That:

   A. WHERE FRINGE (Health) BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

      ☑ In addition to the basic hourly wage rates paid to each employee listed in the above referenced
      payroll, payments of health benefits as required in the contract have been or will be paid to
      appropriate programs for the benefit of such employees.

   B. WHERE FRINGE (Health) BENEFITS ARE PAID IN CASH

      ☐ Each employee listed in the above referenced payroll has been paid, as indicated on the payroll,
      an amount not less than the applicable amount of the required County of Los Angeles Living
      Wage hourly rate as listed in the contract.

I have reviewed the information in this report and as company owner or authorized agent for this company, I sign under
penalty of perjury certifying that all information herein is complete and correct.

Print Name and Title

Mr. Bruce Irons, C.E.O.

Owner or Company Representative Signature:
## COUNTY OF LOS ANGELES
### LIVING WAGE ORDINANCE
### MONTHLY CERTIFICATION FOR APPLICABLE HEALTH BENEFIT PAYMENTS

1. **Name:**  
   Tough Guy, Inc.
2. **Payroll No:** 81600
3. **Work Location:** LAX
4. **Contractor:** Yes
5. **Subcontractor:** No
6. **Department Name:** GAAC
7. **Contract Service Code:** LAX
8. **Contract Name & Number:** Security Services #5268
9. **Contractor Health Plan Name(s):** General Health Plan
10. **Contractor Health Plan ID Number(s):** HS3357-06
11. **Department Name:**  
   LAX Airport Services
12. **State Code:** CA

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Address &amp; Last 4 digits of Social Security Number</th>
<th>Work Classification</th>
<th>Total Hours Worked Each Week of Monthly Pay Period</th>
<th>Total Hours</th>
<th>Employer-Paid Health Benefit Hourly Rate</th>
<th>Gross Amount Paid</th>
<th>Employee-Paid Health Benefit Hourly Rate</th>
<th>Gross Amount Paid</th>
<th>Health Benefits Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dol Rael, Rafael</td>
<td>14821 Larch Avenue, Lowndel, CA 90260 Last 4 digits of SSN: 1111</td>
<td>Security Guard</td>
<td>35 45 32 48 0</td>
<td>160</td>
<td>$2.20</td>
<td>$352.00</td>
<td>$0.24</td>
<td>$38.40</td>
<td>$390.40</td>
</tr>
<tr>
<td>Masterson, Philip</td>
<td>15567 Reeves Avenue, Culver City, CA 90230 Last 4 digits of SSN: 2222</td>
<td>Security Guard II</td>
<td>39 32 40 35 0</td>
<td>146</td>
<td>$2.20</td>
<td>$321.20</td>
<td>$0.11</td>
<td>$16.06</td>
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</tr>
<tr>
<td>Hernandez, Jaime R.</td>
<td>9004 Stanford Avenue, South Gate, CA 90280 Last 4 digits of SSN: 3333</td>
<td>Security Guard</td>
<td>40 40 40 40 0</td>
<td>160</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Palmer, Thomas</td>
<td>1711 Meadonl Town Road, Long Beach, CA 90802 Last 4 digits of SSN: 4444</td>
<td>Security Guard I</td>
<td>32 40 40 35 0</td>
<td>147</td>
<td>0</td>
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<td>N/A</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Figueroa, Arturo</td>
<td>5556 Via Marrillo, Los Angeles, CA 90042 Last 4 digits of SSN: 5555</td>
<td>Security Guard-Supv</td>
<td>40 40 40 48 0</td>
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<td>0</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**I have reviewed the information in this report and as company owner or authorized agent for this company, I sign under penalty of perjury certifying that all information herein is complete and correct.**

| Total (This Page) | 186 263 192 206 787 | $873.20 | $727.66 |
| Grand Total (All Pages) | 186 263 192 206 787 | $873.20 | $54.46 | $727.66 |

**Authorized Signature:** Mr. Tough Guy  
**Date:** 7/15/2008  
**Title & Payroll:**  
**Telephone Number:** (213) 974-1393

Page: 1 of 1
COUNTY OF LOS ANGELES
LIVING WAGE ORDINANCE

Living Wage Declaration

The contract to be awarded pursuant to this Request for Proposal (RFP) is subject to the County of Los Angeles Living Wage Ordinance (Program). You must declare your intent to comply with the Program.

If you believe that you are exempt from the Program, please complete the Application for Exemption form and submit it, as instructed in the RFP, to the County awarding department.

Please check the option that best describes your intention to comply with the Program.

☐ I do not have a bona fide health care benefit plan for those employees who will be providing services to the County under the contract. I will pay an hourly wage rate of not less than $11.84 per hour per employee.

☐ I do have a bona fide health care benefit plan for those employees who will be providing services to the County under the contract but will pay into the plan less than $2.20 per hour per employee. I will pay an hourly wage of not less than $11.84 per hour per employee.

☐ I do have a bona fide health care benefit plan for those employees who will be providing services to the County under the contract and will pay into the plan at least $2.20 per hour per employee. I will pay an hourly wage of not less than $9.64 per hour per employee.

Health Plan(s): __________________________

Company Insurance Group Number: __________________________

Health Benefit(s) Payment Schedule:

☐ Monthly ☐ Quarterly ☐ Bi-Annual

☐ Annually ☐ Other: __________________________

(Specify)

PLEASE PRINT COMPANY NAME:

I declare under penalty of perjury under the laws of the State of California that the above is true and correct:

SIGNATURE: __________________________

DATE: __________________________

PLEASE PRINT NAME: __________________________

TITLE OR POSITION: __________________________
COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM

CONTRACTOR NON-RESPONSIBILITY DEBARMENT ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization (“Firm”) identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the applicable boxes below.

LIVING WAGE ORDINANCE:
☐ The Agent has read the County’s Living Wage Ordinance (Los Angeles County Code Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:
☐ The Agent has read the County’s Determinations of Contractor Non-Responsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

LABOR LAW/PAYROLL VIOLATIONS:
A “Labor Law/Payroll Violation” includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

History of Alleged Labor Law/Payroll Violations (Check One):
☒ The Firm HAS NOT been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; OR
☒ The Firm HAS been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

History of Determinations of Labor Law/Payroll Violations (Check One):
☒ There HAS BEEN NO determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; OR
☒ There HAS BEEN a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer’s final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)

HISTORY OF DEBARMENT (Check one):
☒ The Firm HAS NOT been debarred by any public entity during the past ten (10) years; OR
☒ The Firm HAS been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

I declare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

Owner's/Agent’s Authorized Signature
Print Name and Title
Print Name of Firm
Date
If application, Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

- An alleged claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three (3) years of the date of the proposal
- A determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor/Payroll Violation
- A debarment by a public entity listed below within the past ten (10) years

<table>
<thead>
<tr>
<th>Public Entity Name:</th>
<th>Date of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Number/Date Claim Opened:</td>
<td>Case Number:</td>
</tr>
<tr>
<td>Name and Address of Claimant:</td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td>Street Address:</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Description of Work (e.g., janitor):</td>
<td></td>
</tr>
<tr>
<td>Description of Allegation and/or Violation:</td>
<td></td>
</tr>
<tr>
<td>Disposition of Finding (attach disposition letter): (e.g., Liquidated Damages, Penalties, Debarment, etc.):</td>
<td></td>
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- Additional Pages are attached for a total of _____________ pages
GUIDELINES FOR ASSESSMENT OF PROPOSER
LABOR LAW/PAYROLL VIOLATIONS

<table>
<thead>
<tr>
<th>COUNTY DETERMINATION</th>
<th>RANGE OF DEDUCTION</th>
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<tbody>
<tr>
<td></td>
<td>(Deduction is taken from the maximum evaluation points available)</td>
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<tr>
<td></td>
<td>Proposer Fully Disclosed</td>
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<tr>
<td>Proposer Name:</td>
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<tr>
<td>Contracting Department:</td>
<td></td>
</tr>
<tr>
<td>Department Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
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</table>

<table>
<thead>
<tr>
<th>MAJOR</th>
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</thead>
<tbody>
<tr>
<td>County determination, based on the Evaluation Criteria, that proposer has a record of very serious violations.*</td>
</tr>
<tr>
<td>8 - 10% Consider investigating a finding of proposer non-responsibility**</td>
</tr>
<tr>
<td>16 - 20% Consider investigating a finding of proposer non-responsibility**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNIFICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>County determination, based on the Evaluation Criteria, that proposer has a record of significant violations.*</td>
</tr>
<tr>
<td>4 - 7%</td>
</tr>
<tr>
<td>8 - 14% Consider investigating a finding of proposer non-responsibility**</td>
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</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>County determination, based on the Evaluation Criteria, that proposer has a record of relatively minor violations.*</td>
</tr>
<tr>
<td>2 - 3%</td>
</tr>
<tr>
<td>4 - 6%</td>
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<table>
<thead>
<tr>
<th>INSIGNIFICANT</th>
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<tbody>
<tr>
<td>County determination, based on the Evaluation Criteria, that proposer has a record of very minimal violations.*</td>
</tr>
<tr>
<td>0 - 1%</td>
</tr>
<tr>
<td>1 - 2%</td>
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</table>

<table>
<thead>
<tr>
<th>NONE</th>
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</thead>
<tbody>
<tr>
<td>County determination, based on the Evaluation Criteria, that proposer does not have a record of violations.*</td>
</tr>
<tr>
<td>0</td>
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<tr>
<td>N/A</td>
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Assessment Criteria
* A "Labor Law/Payroll Violation" includes violations of any federal, state, or local statute, regulation or ordinance pertaining to wages, hours, working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination. The County may deduct points from a proposer's final evaluation score only for Labor Law/Payroll Violations with disposition by a public entity within the past three (3) years of the date of the proposal.

The assessment and determination of whether a violation is major, significant, minor, or insignificant and the assignment of a percentage deduction shall include, but not be limited to, consideration of the following criteria and variables:

- Accuracy in self-reporting by proposer
- Health and/or safety impact
- Number of occurrences
- Identified patterns in occurrences
- Dollar amount of lost/delayed wages
- Assessment of any fines and/or penalties by public entities
- Proportion to the volume and extent of services provided, e.g., number of contracts, number of employees, number of locations, etc.

** County Code Title 2, Chapter 2.202.030 sets forth criteria for making a finding of contractor non-responsibility which are not limited to the above situations.
LIVING WAGE HOTLINE
(888) 550-WAGE
FAX: (626) 457-3112
TTY: (213) 482-2598

http://purchasingcontracts.co.la.ca.us/OAACLivingWageContractorGuide.pdf

INTERNAL SERVICES DEPARTMENT
Jim Jones
Director

Board of Supervisors
Hilda L. Solis
First District
Mark Ridley-Thomas
Second District
Sheila Kuehl
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District

Rev. April 2015