

Living Wage Supplier Questionnaire



COUNTY OF
SONOMA

* = Required Field

1. Supplier Number: *

2. Supplier Name: *

3. Supplier Email Address: *

4a. What County department is this contract with?

4b. Description of services provided under this contract:

(For example: Janitorial services)

4c. Department Contact Email Address: *

5. Which of the following best describes the supplier: a) for-profit; b) non-profit; c) government agency?

6. What is the dollar value of the County's agreement with the supplier?

☐

Fixed Amount:

☐

Not to Exceed:

☐

No Maximum

Enter dollar value: *

7. Is the supplier a County leaseholder?

Is the supplier a County leaseholder: *

8. Is your organization a recipient of economic development assistance from the County? This includes grants, loans, loan guarantees, in-kind services, waiver of County fees, interests in real property, or other valuable considerations.

*

9. Did you receive a bidding preference for compliance with the Living Wage Ordinance?

*

10. How many employees does the supplier have?

50

11. How many of the supplier's employees will provide services to the County under the agreement? *

12. What is the lowest hourly rate paid by the supplier to employees performing services for the County under the agreement? *

13a. For employees performing services for the County under the agreement, what is the number of hours per week each spends on work pursuant to the agreement?*

13b. What is the percentage of the employee's work week represented by that number of hours?*

14. Maximum annual number of days of paid time off for sick leave provided per employee: *

15a. Are employees performing services for the County under the contract covered by employer-paid health insurance?

*

15b. If yes, what is the annual employer paid benefit? (Please include \$ or % sign as applicable.)

16a. Do employees performing services for the County under the agreement receive employer-paid retirement benefits?

*

16b. If yes, what is the value of those benefits per hour worked? (Please include \$ or % sign as applicable.)

By submitting this form I, the supplier, certify under penalty of perjury under the laws of the State of California that the information on this form is current, accurate, and complete.

Submit