ST. LOUIS LIVING WAGE ORDINANCE
ANNUAL REPORT FORM

(To be completed by non-city party to City contracts/agreements within forty-five (45) days following annual anniversary of contract/agreement execution date and submitted to:
City Compliance Official, Living Wage Compliance Office, St. Louis Airport Authority)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE PREPARED: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____
PREPARER'S ADDRESS AND ZIP CODE: _____
PREPARER'S E-MAIL ADDRESS: _____
PREPARER'S CELL PHONE NUMBER: _____

NON-CITY PARTY/PARTIES TO CONTRACT/AGREEMENT:

_____
_____

PURPOSE OF CONTRACT/AGREEMENT:

_____
_____
_____
_____

TYPE OF COVERED CONTRACT/AGREEMENT:

☐ Service Contract
☐ City Financial Assistance Contract
☐ Airport Lease

FOR ALL CONTRACTS AND AGREEMENTS, LIST COVERED SUBCONTRACTS:

1. _____
2. _____
3. _____
4. _____

Include name of entity, name of contact person, contact person telephone number. If covered subcontracts are listed, a report form must be submitted for each covered subcontract.

FOR CITY FINANCIAL ASSISTANCE CONTRACTS AND AGREEMENTS, LIST SIG-NIFICANT BENEFICIARIES, IF IDENTIFIED AT TIME OF CONTRACT EXECUTION:

1. _____
2. _____
3. _____
4. _____

Include significant beneficiaries identified at time of contract execution. Include name of entity, name of contact person, contact person telephone number. If significant beneficiaries are listed, a report form must be submitted for each covered subcontract.

REQUIRED ATTACHMENTS:

☐ List of covered employees, including name, address, wages and benefits paid during preceding calendar year

☐ List of other employees performing work at the site who are paid less than the applicable Living Wage, and the reason such employees are believed to be exempt from Living Wage coverage

☐ This form for any covered contractors or significant beneficiaries listed above.

I certify that the above questions have been truthfully and completely answered, that this form has been completed truthfully and is complete in all respects, and that all of the information on this form and its attachments is true, accurate, complete and correct, to the best of my knowledge and belief.

PREPARER CERTIFICATION:		**COMPANY OWNER CERTIFICATION:**	
_____	**(Signature)**	_____	**(Signature)**
NAME: _____		**NAME:** _____	
DATE: _____		**DATE:** _____	