

Project:
Contract#:

**CAMBRIDGE RESPONSIBLE EMPLOYER PLAN
GENERAL CONTRACTOR'S CERTIFICATION - WEEKLY CONTRACT FORM**

_____ hereby certifies that it, (Name of General Contractor)
and all its subcontractors who are not filed subbidders:

(1) are complying with the Cambridge Employment Plan as it currently exists and as it may be, from time to time, amended, and specifically are complying with the worker hours requirements of §2.66.060(A);

(2) are complying with the obligations established under M.G.L. c.149 and G.L. c30§39M to pay the appropriate lawful prevailing wage rates to its employees;

(3) are maintaining or participating in a bona fide apprentice training program as defined by c.23 §§ 11H and 11I for each apprenticable trade or occupation represented in its workforce that is approved by the Division of Apprentice Training of the Department of Labor and Industries and are abiding by the apprentice to journeymen ratio for each trade prescribed therein in the performance of the contract;

(4) are furnishing, at its expense, hospitalization and medical benefits for all its employees employed on the project and/or coverage at least comparable in value to the hospitalization and medical benefits provided by the health and welfare plans in the applicable craft recognized by M.G.L.c.149, §26 and G.L. c30§39M in establishing minimum wage rates;

(5) are maintaining appropriate industrial accident insurance coverage for all its employees employed on the project in accordance with M.G.L. c.152; and

(6) are properly classifying employees as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance, unemployment taxes, social security taxes and income tax withholding.

The General Contractor certifies under oath that it is in compliance with the above obligations.

Signed under the penalties of perjury, week of: _____(date)

Signature of authorized representative of contractor

Print name of authorized representative of contractor

**THIS FORM MUST BE SUBMITTED TO THE CITY OF CAMBRIDGE PURCHASING DEPARTMENT ON A
WEEKLY BASIS FOR THE LIFE OF THE PROJECT**

Project:
Contract #:

**CAMBRIDGE RESPONSIBLE EMPLOYER PLAN
FILED SUBCONTRACTOR \$25,000 and OVER CERTIFICATION - WEEKLY CONTRACT FORM**

_____ hereby certifies that it:
(Name of Filed Subcontractor)

- (1) complies with the Cambridge Employment Plan as it currently exists and as it may be, from time to time, amended, and specifically shall comply with the worker hours requirements of §2.66.060(A);
- (2) complies with the obligations established under M.G.L. c.149 and G.L. c30§39M to pay the appropriate lawful prevailing wage rates to its employees;
- (3) maintains or participates in a bona fide apprentice training program as defined by c.23 §§ 11H and 11I for each apprenticable trade or occupation represented in its workforce that is approved by the Division of Apprentice Training of the Department of Labor and Industries and shall abide by the apprentice to journeymen ratio for each trade prescribed therein in the performance of the contract;
- (4) furnishes, at its expense, hospitalization and medical benefits for all its employees employed on the project and/or coverage at least comparable in value to the hospitalization and medical benefits provided by the health and welfare plans in the applicable craft recognized by M.G.L. c.149, §26 and G.L. c30§39M in establishing minimum wage rates;
- (5) maintains appropriate industrial accident insurance coverage for all its employees employed on the project in accordance with M.G.L. c.152; and
- (6) properly classifies employees as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance, unemployment taxes, social security taxes and income tax withholding.

The Filed Subcontractor certifies under oath that it is in compliance with the above obligations.

Signed under the penalties of perjury, week of: _____(date)

Signature of authorized representative of subcontractor

Print name of authorized representative of subcontractor

THIS FORM MUST BE SUBMITTED TO THE CITY OF CAMBRIDGE PURCHASING DEPARTMENT ON A WEEKLY BASIS FOR THE ENTIRE DURATION OF ITS WORK ON THE PROJECT

Project:
Contract #:

**CAMBRIDGE RESPONSIBLE EMPLOYER PLAN
NON-FILED SUBCONTRACTOR CERTIFICATION - WEEKLY CONTRACT FORM**

_____ hereby certifies that it:
(Name of Subcontractor)

(1) complies with the Cambridge Employment Plan as it currently exists and as it may be, from time to time, amended, and specifically shall comply with the worker hours requirements of §2.66.060(A);

(2) complies with the obligations established under M.G.L. c.149 and G.L. c30§39M to pay the appropriate lawful prevailing wage rates to its employees;

(3) maintains or participates in a bona fide apprentice training program as defined by c.23 §§ 11H and 11I for each apprenticable trade or occupation represented in its workforce that is approved by the Division of Apprentice Training of the Department of Labor and Industries and shall abide by the apprentice to journeymen ratio for each trade prescribed therein in the performance of the contract;

(4) furnishes, at its expense, hospitalization and medical benefits for all its employees employed on the project and/or coverage at least comparable in value to the hospitalization and medical benefits provided by the health and welfare plans in the applicable craft recognized by M.G.L. c.149, §26 and G.L. c30§39M in establishing minimum wage rates;

(5) maintains appropriate industrial accident insurance coverage for all its employees employed on the project in accordance with M.G.L. c.152; and

(6) properly classifies employees as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance, unemployment taxes, social security taxes and income tax withholding.

The Subcontractor certifies under oath that it is in compliance with the above obligations.

Signed under the penalties of perjury, week of: _____(date)

Signature of authorized representative of subcontractor

Print name of authorized representative of subcontractor

**THIS FORM MUST BE SUBMITTED TO THE CITY OF CAMBRIDGE PURCHASING DEPARTMENT ON A
WEEKLY BASIS FOR THE ENTIRE DURATION OF ITS WORK ON THE CONTRACT**