Responsible Contractor Program Policy

CERTIFICATION OF RESPONSIBLE CONTRACTOR STATUS

GENERAL INFORMATION		
Company Name		
Address		
City State Zip Code		
Telephone Number () Fax Number ()		
Ownership Structure (Please check one)		
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other:		
Description of Service(s) Provided		
Contractor's License #		
Estimated Length of Service on this Job:		
Estimated # of Employees/ Subcontractors on this Job: FT: PT:		
RESPONSIBLE CONTRACTOR STATUS (Refer to definitions and worksheet on pages 3 and 4 of this Appendix)		
Please check one of the following boxes:		
 Meets all Responsible Contractor requirements Meets none of the Responsible Contractor requirements Meets certain of the Responsible Contractor requirements (provide explanation below) 		
If you have checked box 3 above, please provide an explanation below. (Attach additional pages if necessary.)		
Explanation:		

4. In the last 18 months, has your firm been fined, su	iffered an adverse judgment, incurred a
penalty, or had to change its employment policies becau	se of violations of State or Federal labor
laws, including but not limited to the National Labor R	elations Act, or the Civil Rights Act of
1964 (e.g. sexual harassment or discrimination viola	tions)? If yes, please explain. (Attach
additional pages if necessary.)	
Explanation:	
5. In the last 18 months, have any complaints been f	iled against your firm with any agency
enforcing labor or employment laws? If yes, please en	xplain. (An affirmative answer will not
necessarily disqualify you from being the successful bi	dder. It just will be a factor that will be
taken into account in determining to whom the contract v	vill be awarded.)
Explanation:	
CERTIFICATION OF RESPONSIBLE CONTRACT	TOR STATUS
On behalf of the above-named company, the understresponse provided herein are true, complete and accurate the best of their knowledge any intentionally misrepressing disqualification from future contracting opportunities.	te as of this date, and he/she is aware to
Signature:	Date:
Name (Please Print):	Title:

This form was prepared for use in compliance with the Responsible Contractor Program Policy of the California State Teachers' Retirement System. Any contractor or subcontractor with a minimum contract size of \$100,000 should complete this form.

INTRODUCTION:

The California State Teachers' Retirement System has a deep interest in the condition of workers employed by CalSTRS and its advisors. CalSTRS, through the Responsible Contracting Policy, supports and encourages fair wages and fair benefits for workers employed by its contractors and subcontractors, subject to fiduciary principles concerning duties of loyalty and prudence, both of which further require competitive returns on CalSTRS' investments. CalSTRS endorses small business development, market competition and control of operating costs. CalSTRS supports many of the ideals espoused by labor unions and encourages participation by labor unions and their signatory contractors in the development and management of CalSTRS' investments. CalSTRS believes that an adequately compensated and trained worker delivers a higher-quality product and service. This policy is intended to complement and in no manner detract from existing policy regarding service-disabled California veteran-owned business enterprises.

DEFINITIONS:

Responsible Contractor: A contractor or subcontractor who pays workers a fair wage and a fair benefit as evidenced by payroll and employee records. Fair benefits are defined as including, but not limited to, employer-paid family health care coverage, pension benefits, and apprenticeship programs. What constitutes a fair wage and fair benefit depends on the wages and benefits paid on comparable investment projects based upon local market factors that include the nature of the project (for example: residential or commercial, public or private) comparable job or trade classifications, and the scope and complexity of the services provided.

Responsible Contractor Worksheet

Company Name:		
Respo	worksheet has been provided to assist you with answering questions on the Certification of insible Contractor Status form. The Responsible Contractor program encourages fair wages enefit, consistent with local market practices. Please take a few minutes to complete the ing questions about your firm and the marketplace in which you operate.	
Wages		
1.	Considering the wages paid by your competitors in this market, the nature of this project, and the size and scope of this contract, do you believe that your firm will pay local market	
	wages for your employees on this job? ☐ Yes ☐ No	
Benefi	ts	
1.	For your employees on this job, will your firm provide employer-paid health insurance for the employee or the employee and his or her family?	
	☐ Yes ☐ No	
2.	For your employees on this job, will your firm provide pension, 401(k), or a similar retirement savings or deferred compensation program?	
	☐ Yes ☐ No	
3.	For your employees on this job, will your firm provide access to apprenticeship programs for skilled trades?	
	☐ Yes ☐ No	
4.	Are there any other benefits that you will provide to your employees on this job that you would like to describe (e.g. paid vacation, sick leave, etc.)? If so, please describe:	
5.	Considering your answers above, the benefits your competitors in this market provide to their employees, the size and scope of this contract, and the nature of this project, do you believe your firm will provide benefits consistent with local market practices to your employees on this job?	
	☐ Yes ☐ No	
	Please attach additional pages if you would like to elaborate on any of the answers you provided above.	