

**County of Ventura**  
**County Executive Office**  
**800 South Victoria Avenue**  
**Ventura, CA 93009-1940**  
**Phone (805) 654-5027, Fax (805) 654-5106**

**LIVING WAGE ORDINANCE**

Name of Prime Contractor: \_\_\_\_\_

Company Name: \_\_\_\_\_ Vendor No: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract No / Purchase Order No: \_\_\_\_\_

**Within 30 days of execution, a contractor is required to provide to the GSA Procurement Services a list of all subcontractors working under the agreement. Attach additional sheets as needed.**

I have no subcontractors working on this County Contract.

SUBCONTRACTOR INFORMATION FORM	
Subcontractor:	Phone Number:
Address:	Contract Term:
Contact Person:	Dollar Amount:
Purpose of Agreement:	

Subcontractor:	Phone Number:
Address:	Contract Term:
Contact Person:	Dollar Amount:
Purpose of Agreement:	

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Address:	Contract Term:
Contact Person:	Dollar Amount:
Purpose of Agreement:	

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title