



Contractor Attestation Affirming Compliance With San Francisco's Covid-19 Contractor Vaccination Policy

City Department: _____

Contractor (Company name): _____

Contract name/number: _____

Background

On October 8, 2021, Mayor London Breed issued the Thirty-Eighth Supplement to the Proclamation of Local Emergency concerning the COVID-19 pandemic.

This Supplement mandates that City contractors with employees who work with City employees at City worksites be fully vaccinated against COVID-19 or obtain a valid medical or religious exemption from the vaccination requirement.

Under Mayor Breed's order and the resulting City Contractor Vaccination Policy, contractors under "Covered Contracts" are being asked to affirm that they intend to comply with the Vaccination Policy.

A "Covered Contract" is a City contract where employees of the contractor or subcontractor work in-person with City employees at a City owned, leased, or controlled facility, provided at least one of the contractor's or subcontractor's employees meet the definition of Covered Employee.

A "Covered Employee" is a person that either:

- (a) works in an indoor office workspace where City employees regularly work, or
- (b) otherwise regularly works within six feet of one or more City employees, for more than 4 cumulative hours in a day, more than 15 cumulative hours in a 7-day period, or more than 20 cumulative hours in a 14-day period.

All City contractors must complete an Attestation respecting their intention to comply with the Contractor Vaccination Policy. Please complete one of the following two attestations.

Attestation 1: No Covered Employees.

As the authorized representative of Contractor, I affirm that:

- (1) I have read the Contractor Vaccination Policy pertaining to the obligations of City Contractors to ensure all Covered Employees are fully vaccinated for COVID-19 or obtain an exemption based on medical or religious grounds,
- (2) to my knowledge, there are no Covered Employees working on the above-referenced contract, and
- (3) if Covered Employees perform work under this contract in the future, they will be fully vaccinated for COVID-19 or granted an exemption based on medical or religious grounds.

Your name: _____

Title: _____

Signature: _____

Date: _____

OR:

Attestation 2: Covered Employees

As the authorized representative of Contractor, I affirm that:

- (1) I have read the Contractor Vaccination Policy pertaining to the obligations of City Contractors to ensure all Covered Employees are fully vaccinated for COVID-19 or obtain an exemption based on medical or religious grounds, and
- (2) to my knowledge, Contractor currently complies with, and will continue to comply with, the Contractor Vaccination Policy during the term of the Contract.

Attachment A lists all Covered Employees who have been granted an exemption on medical or religious grounds, if any. We will update Attachment A, and provide the same to the City, if and when any additional Covered Employees are granted an exemption on medical or religious grounds.

I further affirm that the Contractor Vaccination Policy permits the City to request records from Contractor to confirm compliance.

Your name: _____

Title: _____

Signature: _____

Date: _____