



# HARD HATS Ordinance

## Contractor Prequalification Questionnaire

Health, Housing, and  
Community Services  
Department

Helping Achieve  
Responsible  
Development with  
Healthcare and  
Apprenticeship  
Training Standards  
("HARD HATS")  
applies to private  
development projects  
within Berkeley City  
limits consisting of  
construction, alteration,  
or demolition of 50,000  
SF or more.

Each Covered  
Employer must submit  
a Contractor  
Prequalification  
Questionnaire  
stipulating that they  
have met the Health  
Care Expenditures  
requirements.

Health Care  
Expenditures may be  
made to: (1) a health  
plan in which the  
Covered Construction  
Worker is enrolled at  
the Health Care  
Expenditure Rate; (2) a  
Covered Construction  
Worker's health  
savings account at the  
Health Care  
Expenditure Rate; and/  
or (3) a Covered  
Construction Worker in  
the form of cash at one  
and a half (1.5) times  
the rate of the Health  
Care Expenditure Rate.

\*The Health Care  
Expenditure Rate from  
Jan-Dec 2026 is **\$5.07**  
and the rate for Cash  
in Lieu of a Health  
Care Expenditure is  
**\$7.61**. These rates are  
in addition to the  
Covered Employee's  
normal rate of pay.

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

Project Address: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Contractor Estimated Start Date: \_\_\_\_\_

(This form must be submitted no later than seven (7) calendar days before your first day of work on the project.)

**Please choose one of the following three options to declare how you have met the Health Care Expenditures prequalification requirements of the HARD HATS Ordinance:**

*Collective Bargaining Agreement Exception:* I, \_\_\_\_\_,  
as representative of \_\_\_\_\_, a contractor on  
this project, declare that we are signatory to a valid collective bargaining  
agreement with a labor union for each of the crafts within our scope of work on  
the proposed project. *(Please attach copies of all executed agreements with craft  
unions.)*

I, \_\_\_\_\_, as representative of  
\_\_\_\_\_, a contractor on the above-  
named project, declare that we have provided Health Care Expenditures to or  
on behalf of each Covered Construction Worker at the rate specified by the City of  
that we will continue to provide Health Care Expenditures to all covered employees  
for the duration of the project. *(Please attach documentation of your Health Care  
Expenditures over the last 180 days.)*

I, \_\_\_\_\_, as representative of  
\_\_\_\_\_, a contractor on the above-named  
project, declare that we employed no Covered Construction Workers for the 180  
consecutive days prior to the submission of this document, but that our  
subcontractors are under a contractual obligation to provide Health Care  
Expenditures to or on behalf of each Covered Construction Worker at the rate

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specified by the City of Berkeley for the 180 consecutive day period prior to the submission of this document and will continue to provide Health Care Expenditures to all covered employees for the duration of the project. *(Please attach copies of all contracts with subcontractors on this project.)*

By my signature below, I hereby affirm under penalty of perjury that the above declarations are true.

_____	_____	_____
<b>Name of Contractor Rep.</b>	<b>Signature</b>	<b>Date</b>

_____	_____	_____
<b>Name of City of Berkeley Labor Standards Staff</b>	<b>Signature</b>	<b>Date</b>

For further information, please contact City of Berkeley Labor Standards Enforcement at  
**LaborStandards@berkeleyca.gov**