A drawing of a group of people

Description automatically generated with low confidenceAppendix G: Additional Funds Summary Request

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# WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM

1. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania’s Unemployment Compensation Law, Workers’ Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:
2. Construction Workplace Misclassification Act
3. Employment of Minors Child Labor Act
4. Minimum Wage Act
5. Prevailing Wage Act
6. Equal Pay Law
7. Employer to Pay Employment Medical Examination Fee Act
8. Seasonal Farm Labor Act
9. Wage Payment and Collection Law
10. Industrial Homework Law
11. Construction Industry Employee Verification Act
12. Act 102: Prohibition on Excessive Overtime in Healthcare
13. Apprenticeship and Training Act
14. Inspection of Employment Records Law
15. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

# CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee’s compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

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| --- | --- |
|  | |
| ***Signature*** | ***Date*** |
|  | |
| ***Name (Printed)*** | |
|  | |
| ***Title of Certifying Official (Printed)*** | |
|  |  |
| ***Contractor/Grantee Name (Printed)*** | |

BOP-2201

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