



Affidavit of Compliance for Apparel-Related Procurement

Bid # B11895 Date: 3/9/16
Prime Contractor: Paul Conway Shields

Name of Owner:	Globe Holding Company, LLC
Company Name:	Globe Manufacturing Company, LLC
Company Address:	37 Loudon Road, Pittsfield, N.H. 03263

Important Information

This Affidavit of Compliance for Apparel-Related Procurement (Affidavit) is the bidder's sworn statement that the facilities identified in their supply chain are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 Requirements for Apparel Purchases. This Affidavit is required for any and all purchasing activities relating to apparel – including, but not limited to, textile, footwear, manufacture, warehouse purchase, rental, laundering and dry cleaning.

As part of their bid response, Bidders shall procure and submit sworn affidavits for:

- Their own company as the retail supplier identified above, and
- For the company or companies they procure item(s) from, and
- From every subcontractor to be employed during the specified time period of the contract, and
- The Owner of the company (i.e., the individual person(s) who own and operate each company).

If any information on the Affidavit(s) changes during the specified time period of the contract, a new Affidavit with the updated information shall be promptly submitted by the retail supplier to the City of Milwaukee Procurement Services Section.

The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Directory > Procurement Services (Purchasing) > Forms & Affidavits > Ethical Purchasing Wage Table.



CM 3/10/2016

Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Firefighters Protective Clothing
Brand Name(s):	Globe
Style Number(s):	X1257G10 / Y1257G10 ReaXtion Coat and Pant
Name of Owner:	Globe Holding Company, LLC
Company Name:	Globe Manufacturing Company, LLC
Company Address:	37 Loudon Road, Pittsfield, N.H. 03263

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 10.00

If health benefits are provided, percentage of wage paid as health benefits 40.61 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$

If health benefits are provided, percentage of wage paid as health benefits %



Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: _____

Printed Name: _____

Company Name: _____

Donald D. Welch II
Donald D. Welch, II
Globe Manufacturing Company, LLC

Donald D. Welch II, who personally came before me on this day of March 9th, 20 16,
acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said
company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My commission expires: _____

Karen L. Clarke

KAREN L. CLARKE

KAREN L. CLARKE
Notary Public - New Hampshire
My Commission Expires January 15, 2019





Affidavit of Compliance for Apparel-Related Procurement

Bid # B11895

Date: _____

Prime Contractor: _____

Name of Owner:	<i>Paul Conway</i>
Company Name:	<i>Paul Conway Shield</i>
Company Address:	<i>14100 W. Cleveland Ave New Berlin WI 53185</i>

Important Information

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Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Therm Oat Coat + Pant
Brand Name(s):	Calms Reaction
Style Number(s):	X1257-G 41257-G
Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHIELDS
Company Address:	14100 W. Cleveland Ave New Berlin WI 53185

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars)

\$ 11.75

If health benefits are provided, percentage of wage paid as health benefits _____ %

This question is unclear. we do not reduce wages to cover health care benefits

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars)

\$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %

Authorized Signature

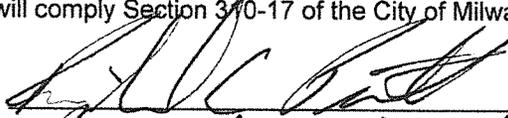
In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

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- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature:



Printed Name:

Richard C Piette

Company Name:

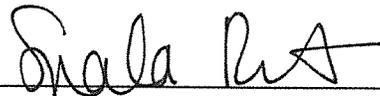
Paul Conway Shields

Richard C Piette, who personally came before me on this day of 3rd March 20 16,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



Notary Public Signature:



Printed Name:

Shala Peterson

My commission expires:

7/14/18