## CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES SECTION

## AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

4.	, i	Dorcross Safety Roducts dout Spring Rd	CONTRACTOR/SUBCONTRACTOR	B. Below, provide the names and address of all <u>owners</u> of the facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned. (attach additional sheet, if necessary):	4.	ω		Morning Rride MFG	NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	A. Below, provide the name and address of the companies and facilities in which items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned (attach additional sheet, if necessary):	This affidavit of compliance will be the contractor's sworn statement that facilities identified on this form are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 sub. 2-d. Contractors shall procure and submit sworn reports or affidavits from every subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section. In the event that any information provided by the contractor or subcontractor changes during the specified time period of the contract, the contractor shall submit or cause to be submitted to the purchasing director sworn reports or affidavits relating to the updated information.	RETAIL SUPPLIER: De Re-son	BID/RFP NUMBER: 3091
		opl Sprug Rd	ADURESS	of all owners of the facilitie base hourly wage and the or distributed, laundered, o				1 Innovation C+	ADDRESS	the companies and facil base hourly wage and the or distributed, laundered, c	actor's sworn statement th hall procure and submit sw ontracts covered under this contractor shall submit or	Size & Sofety	1
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		IL	STATE	items of apparel have been or will be n ge level paid as health benefits for pers (attach additional sheet, if necessary):			-	On is	STATE	of apparel have been el paid as health bene n additional sheet, if n	on this form are resp vits from every subco nt that any information ed to the purchasing		
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		Z D	% OF WAGE LEVEL PAID AS HEALTH BENEFITS	lered or dry which the items of				117%	% OF WAGE LEVEL PAID AS HEALTH BENEFITS	ered or dry which the items of	lilwaukee Code of I the specified time for changes during to the updated		

<u>Domestic manufacturers</u>: A base hourly wage adjusted annually to the amount required to produce, for 2,080 hours worked, an annual income equal to or greater than the US department of health and human services' most recent poverty guideline for a family of 3 plus an additional 20 percent of the wage level paid either as hourly wages or health benefits.

poverty. In addition, workers shall not be subject to disciplinary wage deductions. adjusted to reflect the country's level of economic development by using a factor such as the relative national standard of living index in order to raise a family of 3 out of Outside of the US. A nationwide wage and benefits level which is comparable to the non-poverty wage for domestic manufacturers as defined in subdiv. 1 after being

If this affidavit does not comply with the above requirements for wages and benefits paid, the bid may be rejected

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. misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry 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

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Withholding of payments.

AUTHORIZED SIGNATURE: Math ar Long  PRINTED NAME: Processing that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:  AUTHORIZED SIGNATURE: Math ar Long  PRINTED NAME: Processing the Long  COMPANY NAME: Processing that May of Math 2008 (helshe) Maddw Mad		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.
AUTHORIZED SIGNATURE: Math at Law a  PRINTED NAME: The Law a  COMPANY NAME: Machine Line May May of May 2008 (heishe) Walley May who acknowlednes that hatches th	I/We hereby state th	hat we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:
PRINTED NAME: Heath of Day 2008 (heishe) Weller who acknowledges that heished was personally came before me on this 28th day of May 2008 (heishe) Weller May who acknowledges that heished was the heished who acknowledges that he was acknowledges to be acknowledges to be acknowledges that he was acknowledges to be acknowledges to be acknowledges that he was acknowledges to be acknowledges to be acknowledges th	AUTHORIZED SIGN	NATURE: HIGH I
COMPANY NAME: Maching Little Mach DBA - Tatal Fire Goup  Personally came before me on this 28th day of May 2008 (helshe) Madle May who acknowledges that helphogenetic the	PRINTED NAME:	Theather Long
Personally came before me on this 28th day of May 2008 (he/she) Welder May who acknowledges that he/she) who acknowledge that he/she) who acknowledges that he/she) who acknowledges that he/she) who acknowledges that he/she) who acknowledges that	COMPANY NAME:	Maching Kill MFG - DBA - Tatal Fire Goup
	Personally came be	Personally came before me on this 25th day of May, 2008, (he(she) Juliu May who acknowledges that he(she) executed the

(SEAL)

foregoing document for the purpose therein contained for and o∯behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

**NOTARY PUBLIC SIGNATURE:** 

My commission expires:

My Commission Expires Aug. 29, 2011

in and for the State of Ohio JIMMIE M. BAKER, Notary Public PRINT NAME:

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