

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES SECTION

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

BID/RFP NUMBER: 2291

DATE: March 5, 2010

RETAIL SUPPLIER: _____

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.

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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. LIAN XING CLOTHES FACTORY (OWNER: MR. PING ZHI HUA)	FOSHAN NANHAI	PING ZHOU	XIAXI, CHINA		* 8.5 RMB / HR	15%
2. RULEVILLE MANUFACTURING CO. (OWNERS: MR. ROY SPIEWAK, MR. GERALD SPIEWAK)	902 N. OAK AVENUE	RULEVILLE	MISSISSIPPI	38771 USA	** \$10.61 / HR	10%

* Factory has advised that despite lower legal wage, as of 3/1/10 the factory now pays 8.50 RMB hourly wage to senior operators working on this contract.
B. Below, provide the names and address of all owners 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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. I. SPIEWAK & SONS, INC. (OWNERS: MR. ROY SPIEWAK, MR. GERALD SPIEWAK)	483 7 TH AVE, 11 TH FL	NEW YORK	NEW YORK	10018 USA	\$12.50 HR	9%

** Workers on this contract range from \$10.61/hour - \$18.67/hour. They do customization work, not straight sewing.

***THE SUCCESSFUL BIDDER MUST COMPLY WITH THE HOURLY NON-POVERTY WAGE TABLE WHICH CAN BE FOUND ON THE PROCUREMENT SERVICES WEB SITE AT: <http://www.city.milwaukee.gov/displayrouter.asp?docid=327>**
PLEASE MAKE SURE YOU ARE USING THE MOST CURRENT WAGE TABLE AT THE TIME THIS AFFIDAVIT IS COMPLETED. IF THIS AFFIDAVIT DOES NOT COMPLY WITH THE ABOVE REQUIREMENTS FOR WAGES AND BENEFITS PAID, THE BID MAY BE REJECTED.

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 willfully false or misleading statements. Further, I have disclosed the names and plant locations of all my 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:

Roy J. Spiewak

PRINTED NAME:

ROY J SPIEWAK

COMPANY NAME:

I. SPIEWAK & SONS, INC.

Personally came before me on this 8th day of March, 2010, (helmet) ROY J. SPIEWAK who 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:

Roni L. Levin

RONI L. LEVIN
Notary Public, State of New York
No. 24-4884342
Qualified in Kings County
Commission Expires June 30, 2010

PRINT NAME:

Roni L. Levin

Commission Expires June 30, 2010

My commission expires:

June 30, 2010

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
 PROCUREMENT SERVICES SECTION
AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

BID/RFP NUMBER: 2291

DATE: 8/17/09

RETAIL SUPPLIER: _____

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.

A. Below, provide the name and address of the companies and facilities and the items of apparel that 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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE*	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. BADGER UNIFORM CO.	4854 S. 10 TH ST.	MILWAUKEE	WI	53221	12.00	12%
2.						
3.						
4.						

B. Below, provide the names and address of all owners 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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. PATRICIA KLEIN	475 OBERUNAVES.	LAKELWOOD	NJ	08701	16.00	9%
2. HARVEY KLEIN	↓	↓	↓	↓	↓	↓
3. BARRY KLEIN	↓	↓	↓	↓	↓	↓
4. BRUCE KLEIN	↓	↓	↓	↓	↓	↓

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 PLEASE MAKE SURE YOU ARE USING THE MOSE CURRENT WAGE TABLE AT THE TIME THIS AFFIDAVIT IS COMPLETED. IF THIS AFFIDAVIT DOES NOT

P. 01
 414 453 2050
 FAX NO.
 BADGER UNIFORMS
 AUG-17-2009 MON 01:09 PM
 AUG-17-2009 11:37

COMPLY WITH THE ABOVE REQUIREMENTS FOR WAGES AND BENEFITS PAID. THE BID MAY BE REJECTED

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 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:

- D Withholding of payments.
- I) Termination, suspension or cancellation of the contract in whole or in part.
- U) 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: Tom Hoff, PRODUCTION MGR

PRINTED NAME: TOM HOFFENSON

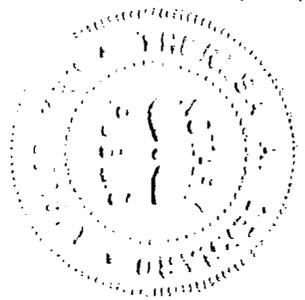
COMPANY NAME: RED THE UNIFORM TAILOR, INC.

Personally came before me on this 17th day of August, 2009 (he/she) He who 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: Theresa A. Gerhard

PRINT NAME: THERESA A. GERHARD
ID # 2378713
NOTARY PUBLIC OF NEW JERSEY
 My commission expires: Commission Expires 10/3/2013

(SEAL)



CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES SECTION

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

BID/RFP NUMBER: 2291

DATE: August 13, 2009

RETAIL SUPPLIER: _____

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.

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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. LIAN XING CLOTHES FACTORY (OWNER: MR. PING ZHI HUA)	FOSHAN NANHAI	PING ZHOU	XIAXI, CHINA		* 8 RMB / HR	15%
2. RULEVILLE MANUFACTURING CO. (OWNERS: MR. ROY SPIEWAK, MR. GERALD SPIEWAK)	902 N. OAK AVENUE	RULEVILLE	MISSISSIPPI	38771 USA	** \$10.61 / HR	10%

* Factory has advised 4.40 RMB is District legal wage, but that they pay 8 RMB hourly wage to senior operators working on this contract.

B. Below, provide the names and address of all **owners** 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):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
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** Workers on this contract range from \$10.61/hour - \$16.67/hour. They do customization work, not straight sewing.

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PLEASE MAKE SURE YOU ARE USING THE MOSE CURRENT WAGE TABLE AT THE TIME THIS AFFIDAVIT IS COMPLETED. IF THIS AFFIDAVIT DOES NOT

COMPLY WITH THE ABOVE REQUIREMENTS FOR WAGES AND BENEFITS PAID, THE BID MAY BE REJECTED.

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 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.

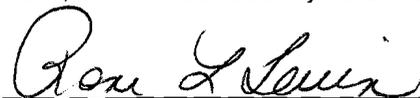
Further, I understand that any false statement on these forms could result in:

- 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: ROY J SPIEWAK
 COMPANY NAME: I. SPIEWAK & SONS, INC.

Personally came before me on this 13th day of August, 2009, (he/she) Roy J. Spiewak who 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: 

PRINT NAME: RONI L. LEVIN

My commission expires: June 30, 2010

RONI L. LEVIN
Notary Public, State of New York
No. 24-4864342
Qualified in Kings County
Commission Expires June 30, 2010

