

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

Bid/RFP # 000000513 Retail Supplier: PAUL CONWAY SHIELDS Date: 2/13/2012

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.

COMPANIES & FACILITIES

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	Facility Role Code*	Address	City	State or Country	Zip	Base Hourly Wage	% of Wage Level Paid as Health Benefits
Globe Manufacturing LLC, Pittsfield NH	M	37 Loudon Rd.	Pittsfield	NH	03263	\$10.00	35%
Globe Manufacturing LLC Ada OK	M	2000 B Street Ind. Park	Ada	OK	74820	\$10.00	35%

*Facility Role Codes: M=Manufacturer, D=Distributor, L= Launderer, D=Dry Cleaner

OWNERS

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 (List Owner Name & Facility)	Facility Role Code*	Address	City	State or Country	Zip	Base Hourly Wage	% of Wage Level Paid as Health Benefits
Robert Freese		37 Loudon Rd.	Pittsfield	NH	03263	\$10.00	35%
George Freese III		37 Loudon Rd.	Pittsfield	NH	03263	\$10.00	35%
Donald Welch		37 Loudon Rd.	Pittsfield	NH	03263	\$10.00	35%

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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/display/router.asp?docid=327>


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: Robert Freese _____
COMPANY NAME: Globe Manufacturing LLC _____

Personally came before me on this day of 7, 2012, (he/she) Robert A. Freese 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.

(SEAL)
NOTARY PUBLIC SIGNATURE:  _____
PRINTED NAME: Karen L. Clarke _____

My commission expires: My Commission Expires February 18, 2014

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

Bid/RFP # 2513 Retail Supplier: Paul Conway Strydom Date: 2/13/2012

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Name of Manufacturer/ Contractor/Subcontractor	Facility Role Code*	Address	City	State or Country	Zip	Base Hourly Wage	% of Wage Level Paid as Health Benefits
Paul Conway Strydom	P	14100 West Cleveland Ave	New Berlin	WI	53151	\$10.00	35%

*Facility Role Codes: M=Manufacturer, D=Distributor, L= Launderer, D=Dry Cleaner

OWNERS

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Name of Manufacturer/ Contractor/Subcontractor (List Owner Name & Facility)	Facility Role Code*	Address	City	State or Country	Zip	Base Hourly Wage	% of Wage Level Paid as Health Benefits
Paul Conway	D	14100 W. Cleveland Ave	New Berlin	WI	53151	\$10.00	0%

*Facility Role Codes: M=Manufacturer, D=Distributor, L= Launderer, D=Dry Cleaner

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

AUTHORIZED SIGNATURE:

Carlos Albelo

PRINTED NAME:

CARLOS ALBELO

COMPANY NAME:

PAUL CONWAY SERVICES

Personally came before me on this day of Feb. 20, 12, (he/she) Carlos Albelo 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: *Kristina Johnson*

PRINTED NAME: Kristina Johnson

(SEAL)



My commission expires: 7/20/14