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 # 2016 Retail Supplier: Goldfish Uniforms Date: 12/7/10

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
Elbeco Incorporated	M	4418 Pottsville Pike	Reading	PA	19065	$11.05	2%
City Shirt Company	M	10 City Shirt Road	Frackville	PA	17931	$11.05	2%
Warsaw Manufacturing	M	1101 Dogwood Street	Warsaw	MO	65355	$11.05	2%

***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
David Lurio, Elbeco Inc., City Shirt, Warsaw Manufacturing	M	4418 Pottsville Pike	Reading	PA	19605		
Doug Lurio, Elbeco Inc., City Shirt, Warsaw Manufacturing	M	4418 Pottsville Pike	Reading	PA	19605		

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

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: Melissa Miller

COMPANY NAME: Elbeco Incorporated

Personally came before me on this day of 12/9th, 20 10, (he/she) MELISSA M. MILLER 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.

COMMONWEALTH OF PENNSYLVANIA
(SEAL) Notarial Seal
Bonnie E. Bowers, Notary Public
Shoemakersville Boro, Berks County
My Commission Expires July 13, 2014
Member, Pennsylvania Association of Notaries

NOTARY PUBLIC SIGNATURE: Bonnie E. Bowers

PRINTED NAME: BONNIE E. BOWERS

My commission expires: July 13, 2014

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES SECTION

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

BID NUMBER: 2016 –Work Clothes/Fire Dept DATE: 10/04/07

RETAIL SUPPLIER: Goldfish Uniforms

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. **NOTE: SEPARATE AFFIDAVIT FORMS MAY BE SUBMITTED FOR EACH SUBCONTRACTOR INVOLVED WITH THIS CONTRACT.**

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): **-(LIST BIDDER & SUBCONTRACTORS)**

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1. Goldfish Uniforms	5102 W Bluemound	Milwaukee	WI	53208	16.00	- 0-
2.						
3.						
4.						

B. Below, provide the names and address of all **owners** of the facilities listed above 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): **(LIST BIDDER & SUBCONTRACTORS)**

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR OWNERS NAME	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS
1.						
2.						
3.						
4.						

Domestic manufacturers: 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. As of March 2007, the domestic wage including additional 20% paid as hourly wages or health benefits = $9.90/hr.

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 adjusted to reflect the country's level of economic development by using a factor such as the relative national standard of living index or the World Bank GNI Per Capita Purchasing Power Parity in order to raise a family of 3 out of poverty. In addition, workers shall not be subject to disciplinary wage deductions.

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: Debbie J. O'Brien

PRINTED NAME: Debbie J O'Brien

COMPANY NAME: Gold fish Uniforms, Inc

Personally came before me on this 4th day of October, 20 07, (he/~~she~~) Debbie J. O'Brien 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: Mariaelena Haimerl

PRINT NAME: Mariaelena Haimerl

My commission expires: 2-7-2010

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES SECTION

STYLE 1140

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

BID/RFP NUMBER: 2016

RETAIL SUPPLIER: GOLDFISH UNIFORMS

DATE: 10/30/07

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. LANDAU	8410 Sandridge Road	Olive Branch	Mississippi	38654	10.90	15%
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.						
2.						
3.						
4.						

Domestic manufacturers: 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.

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 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 poverty. In addition, workers shall not be subject to disciplinary wage deductions.*

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: Daryl Williams

PRINTED NAME: Daryl Williams

COMPANY NAME: Landau

Personally came before me on this 4 day of 10, 20 07, (he/she) _____ 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)

LEE CHANDLER NOTARY PUBLIC JACKSON COUNTY, MS

NOTARY PUBLIC SIGNATURE: Lee A Chandler

PRINT NAME: Lee A Chandler

My commission expires: Aug 6, 2010

PROCUREMENT SERVICES SECTION

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

BID/RFP NUMBER: 2016 DATE: 9-18/07

RETAIL SUPPLIER: GOLDFISH UNIFORMS

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. Midway Cap	1239 W. Madison	Chicago	IL	60607	$13.50	20%
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.						
2.						
3.						
4.						

Domestic manufacturers: 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.

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 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 poverty. In addition, workers shall not be subject to disciplinary wage deductions.

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: David A. Lajo

PRINTED NAME: DAVID A LAJO

COMPANY NAME: MIDWAY CAP CO.

Personally came before me on this 10 day of SEPT, 2007, (he/she) _____ 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: _____

(SEAL)

PRINT NAME: _____

My commission expires: _____

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES SECTION

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

BID/RFP NUMBER: 2016

DATE: 10/03/07

RETAIL SUPPLIER: GOLDFISH UNIFORMS

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. SAMUEL BROOME ACCESSORIES	3300 47TH AVE	LONG ISLAND CITY	NY	11101	$14.28	6
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.						
2.						
3.						
4.						

Domestic manufacturers: 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.

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 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 poverty. In addition, workers shall not be subject to disciplinary wage deductions.

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: Dan Brooms

PRINTED NAME: DANIEL BROOMS

COMPANY NAME: S. BROOMS ACCESSORIES

Personally came before me on this 2nd day of Oct, 2007, (he/she) _____ 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: [signature]

PRINT NAME: Anthony G. NORTON

My commission expires: 8/28/2011

ANTHONY NORTON
Notary Public, State of New York
No. 01NO6171167
Qualified in Queens County
Commission Expires August 28, 2011

10/2/07