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ATTACHMENT C-ANVIL KNITWEAR

14/14/2004 10.20

414 410 0041

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

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

BID/RFP NUMBER: 15 29	DATE: _	12/14/0	04
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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 317-10 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 the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
GOLDFISH UNFORMS	5102 WBL	enound Millogue	wi	53208
ANUIL UNITWEAR	228 E 45th	Sr New Yer	407	18017

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 (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
STAR SA.	KM 7 CARAZ	ETERA ELI	POGRESSO 1	HONDURAS
LIVNA SA	KM 2" CARRE	TERIS ASANTA	ANA MA LI	BERTAD

C. Below, 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.

BASE HOURLY WAGE:	DEDOCATA
1 29\$/j+ R	PERCENTAGEOF WAGE LEVEL PAID AS HEALTH
\$ 1 ~ 1/10	BENEFITS: 100.6 %
295d/HR	% 104 %
	% /04 /0

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: FOLDBERG
COMPANY NAME: ANV. L KNITWEAR, INC
Personally came before me on this day of DECEMBEN, 2004_, (he/she)
PRINT NAME
My commission expires:

JACOB HOLLANDER
Notery Public, State of New York
No. 60-5064845
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires Aug. 26, 20 04