

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES DIVISION

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

BID/RFP NUMBER: 1544 DATE: 2-10-05

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
5 Alarm Fire and Safety Equip.	704 Oak St.	Fort Atkinson	WI	53538

- 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
Joseph Landowski	537 Griffith	Lake Mills	WI	53551
Paul Kotz	431 E. Milwaukee	Fort Atkinson	WI	53538

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: \$ 11.50	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS: 20 %
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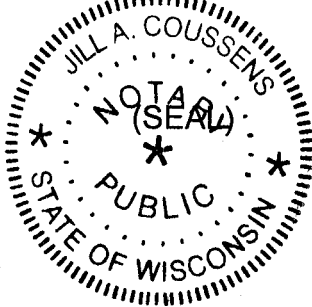
In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, 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: P.R. Kotz
PRINTED NAME: Paul R. Kotz
COMPANY NAME: S Alarm Fire and Safety Equipment, Inc.

Personally came before me on this 10th day of February, 2005,
(he/she) Paul R. Kotz 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.



Jill A. Coussens
NOTARY PUBLIC SIGNATURE
Jill A. Coussens
PRINT NAME

My commission expires: 4/29/07

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
 PROCUREMENT SERVICES DIVISION

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BID/RFP NUMBER: 1544 DATE: 2/8/05

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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
Jim Apparel - West Liberty	318 Dogwood Lane	West Liberty	Kentucky	41472
Jim Apparel - Beattyville	1080 Center Street	Beattyville	Kentucky	41311

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
Same as above				

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: \$ 8.50	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS: <i>for employees who chose to take full benefits</i> 16%
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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: *Ruthy Ludwig*
 PRINTED NAME: Ruthy Ludwig
 COMPANY NAME: Lion Apparel

Personally came before me on this 8 day of February, 2005, (he/she) Ruthy Ludwig 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.



JOY OSSWALD, Notary Public
In and for the State of Ohio
My Commission Expires April 1, 2007

Joy Osswald
 NOTARY PUBLIC SIGNATURE
JOY OSSWALD
 PRINT NAME

My commission expires: April 1, 2007