

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: 2/15/05

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
PAUL CONWAY SHIELDS	14100 W. CLEVELAND AV	NEW BERLIN	WI	53151

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
PAUL CONWAY	3411 S. 95 ST	MILWAUKEE	WI	53227

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: \$ <u>9.00</u> <u>XX</u>	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS: <u>50%</u>
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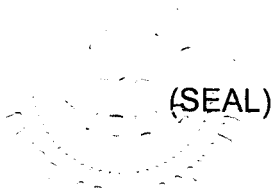
In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, 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: *Carlos Albelo*
PRINTED NAME: CARLOS ALBELO
COMPANY NAME: PAUL CONWAY SHEEDS

Personally came before me on this 17th day of February, 2005,
(he/~~she~~) CARLOS M 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.



Dawn M Rehberger
NOTARY PUBLIC SIGNATURE
DAWN M Rehberger
PRINT NAME

My commission expires: 10-23-05

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
PROCUREMENT SERVICES DIVISION

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BID/RFP NUMBER: 1544 DATE: 2-15-05

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- 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
Weinbrenner Shoe Co., Inc.	108 S. Polk St.	Merrill	WI	54452

- 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
Lance Nienow	108 S. Polk St.	Merrill	WI	54452
David Gisselman	108 S. Polk St.	Merrill	WI	54452
John Henson	108 S. Polk St.	Merrill	WI	54452

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:	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS:
\$ 10.57	30 %

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:

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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: David Gisselman

PRINTED NAME: David Gisselman

COMPANY NAME: Weinbrenner Shoe Co., Inc.

Personally came before me on this 15th day of February, 2005

(he/she) David Gisselman 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)

Lonn Lau
NOTARY PUBLIC SIGNATURE

Lonn Lau
PRINT NAME

My commission expires: JANUARY 18, 2009

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
 PROCUREMENT SERVICES DIVISION

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

B.O./RFP NUMBER: 1544 DATE: _____

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A. Below, provide the names 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
Beijing Patcus Shoe Making Co	Ciqu Industrial Zone Tongzhou District	Beijing	China	101111

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
Mr. Cui Qi Ming	Ciqu Industrial Zone Tongzhou District	Beijing	China	101111

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:	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS:
\$1.25	5.5 %

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:

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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: Cui Qi Ming
 PRINTED NAME: Cui Qi Ming
 COMPANY NAME: Beijing Patcus Shoe making Co.

Personally came before me on this _____ day of _____, 20____ (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

PRINT NAME

My commission expires: _____