

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION  
 PROCUREMENT SERVICES DIVISION

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

BID/RFP NUMBER: 1155 DATE: 7-25-2003

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 this 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 UNIFORMS	5102 W. BLUE MOUND RD	MILWAUKEE	WI	53208
I. SPIEWAK & SONS, INC.	469 SEVENTH AVE, 10TH FLR	NEW YORK	NY	10018
KEYSTONE UNIFORM CAP GRP	801 N. FRONT ST	PHILADELPHIA	PA	19123
TOPPS SAFETY APPAREL INC	2516 E. STATE ROAD 4	ROCHESTER	IN	46975

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
ARUN N. GANDHI / GOLDFISH UNIFORMS	5102 W. BLUE MOUND RD	MILWAUKEE	WI	53208
SOL JACOBS / I. SPIEWAK	469 SEVENTH AVE, 10TH FLR	NEW YORK	NY	10018
DAVID SELVIN / KEYSTONE CAP	1600 HOFFA FORD	NARBARTH	PA	19072
ALLAN DORRELL / TOPPS SAFETY	2516 E. STATE ROAD 4	ROCHESTER	IN	46975

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.

A & B  
 CONTINUED ON PAGE 2

**GOLDFISH UNIFORMS**  
 414-476-4343 FAX 414-476-0047  
 8102 W. BLUE MOUND ROAD  
 MILWAUKEE, WI 53208

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A. CONTINUED FROM PAGE 1  
 Below, provide the name and address of the companies and facilities in this 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
FECHHEIMER Bras Co (PLYMOUTH)	4545 MALSARY RD	CINCINNATI	OHIO	45242
BELT WORKS	12 DUTCH HILL RD	CARAMEL	NY	10512
DICKIES OCCUPATIONAL WEAR	509 N. VICKERY	FORTH WORTH	TX	76104

B. CONTINUED FROM PAGE 1  
 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
MARTIN MFG/FECHHEIMER	HWY 431 PUBLIC WELLS RD	MARTIN	TN	38237
PHYLLIS KASHAR/BELT WORKS	12 DUTCH HILL RD	CARAMEL	NY	10512
WILLIAMSON DICKIE MFG CO	VARIETY OF LOCATIONS IN MEXICO AND SOUTH AMERICA		CENTRAL AMERICA	

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.

FOR { CONTRACTOR } - FOR ALL SUB CONTRACTORS SUB THEIR ATTACHMENTS "A" THRU "F"  
GOLDFISH UNIFORMS

BASE HOURLY WAGE: \$ 10.00/HR	PERCENTAGE OF WAGE LEVEL PAID AS HEALTH BENEFITS: 12 %
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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:

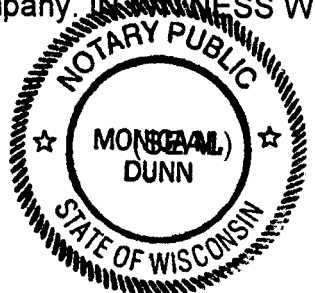
AUTHORIZED SIGNATURE: *Arun N. Gandhi*

PRINTED NAME: ARUN N. GANDHI

COMPANY NAME: GOLDFISH UNIFORMS

**GOLDFISH UNIFORMS**  
414-476-4343 FAX 414-476-0047  
5102 W. BLUE MOUND ROAD  
MILWAUKEE, WI 53208

Personally came before me on this 25 day of July, 2003, (he/she) Arun N. Gandhi 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  
*Monica M. Dunn*

PRINT NAME  
Monica M. Dunn

My commission expires: 5-7-2006

ALSO SEE ATTACHMENTS "A" THRU "F"

PAGE (3) OF (3)

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