Bidder Disclosure Statement(s) for Procurement of Items of Apparel

CONTRACTOR SUBMITTING FORM	
BID/RFP NUMBER	DATE
PRODUCTS COVERED BY THIS FORM	

This affidavit of compliance will be the contractor's sworn statement that each proposed production facility, including those of any subcontractors, comply with all of the requirements of Madison General Ordinances, sec. 4.25.

A. Below provide the name and address of each **FACILITY OR FACTORY** at which items of apparel have been or will be produced, manufactured, assembled, finished, distributed, laundered or dry cleaned under this contract (NOT A BUSINESS OR CORPORATE OFFICE). Include the name, business address and phone numbers of the principle officers/partners/owners of each facility. Include the raw number (quantity) of each type of good or product produced at each facility (i.e., 5,000 SHIRTS). **See the Example Form if this is unclear. You may use an additional sheet for each facility location.**

NAME OF FACILITY	FACILITY PHONE NUMBER		
FACILITY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
NAME OF SUBCONTRACTOR			
NAME OF PRINCIPAL OFFICERS/OWNERS	PHONE OF PRINCIPAL OFFICERS/OWNERS		
BUSINESS ADDRESS OF PRINCIPAL OFFICERS/OWNERS			
CITY	STATE	ZIP	COUNTRY
QUANTITY OF GOODS FOR THIS CONTRACT (IF KNOWN)			

B. For the above facility, provide the base hourly wage of non-supervisory employees, the percent of wage level paid as health benefits or other benefits (specify which), any other regular deduction from paychecks, the normal working hours per employee per day and per week, the average working hours per day and per week over the past three (3) months, and a description of the overtime policy. **See the Example Form if this is unclear. You may use an additional sheet for each facility location.**

NAME OF FACILITY	NAME OF SUBCONTRACTOR
BASE HOURLY WAGE	NORMAL WORK DAY (HOURS)
% OF WAGE LEVEL PAID AS HEALTH BENEFITS	NORMAL WORK WEEK (HOURS)
% PAID AS OTHER BENEFITS	ACTUAL AVERAGE OVER 3 MONTHS (HOURS)
OTHER REGULAR DEDUCTIONS	
OVERTIME POLICY	

If this disclosure statement reveals noncompliance with Sec. 4.25 MGO, or a statement that the proposed contractor will not or cannot comply with MGO 4.25, the City reserves the right not to award the contract.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments under an existing contract.
- Liquidated Damages of $2,000 per violation or 20% of the value of the items of apparel or material that we produced in violation of the ordinance.
- Termination, suspension or cancellation of the contract in whole or in part.
- Nonrenewal.
- Disqualification from bidding on future city contracts or eligibility to enter into purchase orders when formal bidding is not required, for a period of one (1) year after the first violation is found and for a period of three (3) years after a second or subsequent violation is found.

To the best of my knowledge, each production facility, including those of any subcontractors, comply with all of the requirements of Madison General Ordinances, Sec. 4.25. I have completed this Disclosure Statement form in good faith and have made no willingly false or misleading statements.

I/We hereby state that we will comply with Sec. 4.25 of the City of Madison General Ordinances as stated above. I/We further understand that this Disclosure Statement may be made public, subject to applicable public record laws.

AUTHORIZED SIGNATURE DATE

PRINTED NAME / TITLE

COMPANY NAME

EXAMPLE – DO NOT SUBMIT THIS BACK

CONTRACTOR SUBMITTING FORM *ZZZ Uniform Company*	
BID/RFP NUMBER *RFP 8300-0-2014/MM*	DATE *April 1, 2014*
PRODUCTS COVERED BY THIS FORM (LINE #S FROM RFP)	

This affidavit of compliance will be the contractor's sworn statement that each proposed production facility, including those of any subcontractors, comply with all of the requirements of Madison General Ordinances, sec. 4.25. If awarded the contract, an updated version of this disclosure statement shall be submitted quarterly to the City of its independent monitoring agency.

A. Below provide the name and address of each **FACILITY OR FACTORY** at which items of apparel have been or will be produced, manufactured, assembled, finished, distributed, laundered or dry cleaned under this contract (NOT A BUSINESS OR CORPORATE OFFICE). Include the name, business address and phone numbers of the principle officers/partners/owners of each facility. Include the raw number (quantity) of each type of good or product produced at each facility (i.e., 5,000 SHIRTS). **See the Example Form if this is unclear. You may use an additional sheet for each facility location.**

NAME OF FACILITY *Lopez Cut and Sew Services*	FACILITY PHONE NUMBER *809-529-8888*		
FACILITY MAILING ADDRESS *Zona Franca Industrial*			
CITY *San Pedro de Macoris*	STATE	ZIP	COUNTRY *Dominican Republic*
NAME OF SUBCONTRACTOR *San Pedro DR Facility*			
NAME OF PRINCIPAL OFFICERS/OWNERS *Juan Jose Lopez*	PHONE OF PRINCIPAL OFFICERS/OWNERS *954-565-8888*		
BUSINESS ADDRESS OF PRINCIPAL OFFICERS/OWNERS *115 Cactus Boulevard*			
CITY *Miami*	STATE *FL*	ZIP *33166*	COUNTRY *USA*
QUANTITY OF GOODS FOR THIS CONTRACT (IF KNOWN) *500 t-shirts, 300 shorts*			

EXAMPLE

B. For the above facility, provide the base hourly wage of non-supervisory employees, the percent of wage level paid as health benefits or other benefits (specify which), any other regular deduction from paychecks, the normal working hours per employee per day and per week, the average working hours per day and per week over the past three (3) months, and a description of the overtime policy. **See the Example Form if this is unclear. You may use an additional sheet for each facility location.**

NAME OF FACILITY *Lopez Cut and Sew Services*	NAME OF SUBCONTRACTOR
BASE HOURLY WAGE *$6.00*	NORMAL WORK DAY (HOURS) *10*
% OF WAGE LEVEL PAID AS HEALTH BENEFITS *10%*	NORMAL WORK WEEK (HOURS) *40*
% PAID AS OTHER BENEFITS *5%*	ACTUAL AVERAGE OVER 3 MONTHS (HOURS) *42*
OTHER REGULAR DEDUCTIONS *0*	
OVERTIME POLICY *Time and a half after 40 hours/week*	

EXAMPLE