

NAME OF RFP
 RFP NO.

Page X of X
 Due Date: TIME, Month, Date, Year

BIDDER DISCLOSURE STATEMENT - PROCUREMENT OF ITEMS OF APPAREL

BID/RFP NUMBER _____

DATE: _____

CONTRACTOR SUBMITTING 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. 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 and Subcontractor	LOPEZ CUT AND SEW SERVICES
Complete Facility Mailing Address	1234 INDUSTRIAL PARK DRIVE, MAYAGUEZ, PUERTO RICO, 99999
Facility Phone Number	555-555-5555
Name of Principal Officers/Owners	ALEJANDRO LOPEZ AND FEDERICO LOPEZ
Business Address of Principal Officers/Owners	444 BUSINESS CENTER AVENUE, SUITE # 4 SAN JUAN, PUERTO RICO, 98799
Phone of Principal Officers/Owners	555-555-5557
Quantity of Goods for This Contract	5,000 SHORT SLEEVE T-SHIRTS

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 and Subcontractor	LOPEZ CUT AND SEW SERVICES		
Base Hourly Wage	\$7.00	Normal Work Day (Hours)	10
% of Wage Level Paid as Health Benefits	10.00%	Normal Work Week (Days / Hours)	8 / 40
% Paid as Other Benefits	5.00%	Actual Average Hours per Day and Per Week Over last 90 Days (Hours)	8 / 40
Other Regular Deductions	—	Overtime Policy	time and a half after 40h/wk

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Name of Facility and Subcontractor	
Complete Facility Mailing Address	
Facility Phone Number	
Name of Principal Officers/Owners	
Business Address of Principal Officers/Owners	
Phone of Principal Officers/Owners	
Quantity of Goods for This Contract	

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Name of Facility and 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	