



**CITY OF ST. LOUIS  
DEPARTMENT OF FINANCE  
OFFICE OF THE SUPPLY COMMISSIONER**

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**ADDENDUM NO. 2  
BID OPENING: February 10, 2015**

**TO:** ALL BIDDERS  
**FROM:** JOHN CASSIDY, BUYER  
**DATE:** January 22, 2015  
**RE:** Uniforms, Fire(Stationware) & Corrections

This addendum is issued prior to bid opening to include the "Affidavit Of Compliance-Procurement Of Items Of Apparel From Responsible Manufacturers(Anti-Sweatshop) form. This form must be filled out and returned with bid.

All bidders must attach this form to the original Bid/Quote Form. This completed, signed form will serve as acknowledgement that this information has been received.

**ADDENDUM RECEIVED AND ACKNOWLEDGED**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF ST. LOUIS SUPPLY DIVISION**

**AFFIDAVIT OF COMPLIANCE – PROCUREMENT OF ITEMS OF APPAREL  
FROM RESPONSIBLE MANUFACTURERS (ANTI-SWEATSHOP)**

BID/RFP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

This Affidavit of Compliance will be the contractor’s sworn statement that facilities identified on this form are responsible manufacturers. 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 Supply Commissioner sworn reports or affidavits relating to the updated information.

A. Below, provide the name and address of the companies and facilities in which items of apparel have been or will be manufactured, distributed, laundered or dry cleaned under this contract and 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. (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/ SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS

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 under this contract and 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. (attach additional sheet, if necessary):

NAME OF MANUFACTURER/ CONTRACTOR/ SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP	BASE HOURLY WAGE	% OF WAGE LEVEL PAID AS HEALTH BENEFITS

C. Working hours of factory employees: \_\_\_\_\_

D. Benefits provided to factory employees: \_\_\_\_\_

E. Is the factory under investigation for any violation of State, Federal or local laws? Please check Yes  No

In compliance with the requirements of the City of St. Louis, 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 St. Louis. 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 Board of Aldermen Resolution No. 79.

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 one year after the first violation is found and for a period of 3 years after a second violation is found.

We hereby state that we will comply of the City of St. Louis Resolution No. 79 as stated above:

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME; \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

Personally came before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ 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: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_