

**Quarterly Reporting Declaration of Compliance with  
Milwaukee County's Minimum Wage Provision**

In accordance with Chapter 111 of the Milwaukee County Code of General Ordinances, it is the policy of Milwaukee County that certain contractors, subcontractors, lessees and recipients of financial assistance doing business with the county shall pay employees performing part or full time work for the county a minimum wage rate. The current required minimum wage rate for contracts entered into prior to November 6, 2016 is as follows:

<b>Effective Date</b>	<b>Base Wage Required (\$ per hour)</b>
<b>February 28, 2019</b>	<b>\$12.38</b>

In order to ensure compliance with the provisions of Chapter 111, the Office of the Comptroller-Audit Services Division continually monitors contractors' compliance with the ordinance. On a quarterly basis, each vendor must submit the full names, addresses, rates of pay, and hours worked in performance of tasks associated with said vendor's agreement with Milwaukee County. The aforementioned information should be attached to this signed Declaration, and submitted to the following address:

**Milwaukee County Office of the Comptroller-Audit Services Division**  
**633 W. Wisconsin Avenue, Suite 904**  
**Milwaukee, WI 53203**  
**Phone Number: 414-278-4806**  
**Fax Number: 414-223-1895**  
**Email: [auditminwage@milwaukeecountywi.gov](mailto:auditminwage@milwaukeecountywi.gov)**

I/We hereby state that I/we have complied with Chapter 111 of the Milwaukee County Code of General Ordinances, and certify that the attached are representative of the work performed in accordance with our contractual agreement with Milwaukee County.

I further attest that should I send files electronically, I will maintain the original Declaration and supporting documentation on file and available for inspection at any time for a period of four (4) years.

I declare under penalty of perjury that the foregoing is true and correct. I have executed this Declaration on \_\_\_\_\_ (date).

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_