

## City of Portland Sweatshop Free Procurement Policy Point-of-Assembly Factory Location Form (per brand owner)

## **INSTRUCTIONS**

**Prime Contractor:** Provide point-of-assembly factory locations for all major contract apparel items supplied to the City (shirts, pants, hats, footwear, coats, outerwear, etc.). You do not need to provide factory locations where decorative items or component materials (e.g. fabric) are manufactured. Submit this form as an attachment to the Prime Contractor Full Compliance Declaration & Verification Form. You may also have this form directly filled out by your suppliers, but as the Prime Contractor with the City, you are responsible for collecting and submitting all applicable factory location information to the City. NOTE: although as the prime contractor you may fill out factory location information, a representative from the apparel manufacturer or brand owner must sign the form acknowledging their compliance with the City's Sweatshop Free Policy for the items listed. Use one form per brand owner.

| Prime Contractor Name:                                 |   |
|--|---|
| (entity that holds contract with the City of Portland) |   |
|  |   |
| Name of Person Filling Out This Form:                  |   |
| Company Name:  |   |
| Phone Number:  |   |
|  |   |
| Brand Owner Information & Authorized Signatur          | е |
| Apparel Brand Owner Company Name:                      |   |
| Brand Owner Company Headquarters Address:              |   |
| (Street, City, State/Prov., Zip, Country)              |   |
|  |   |
|  |   |
| Brand Owner Authorized Signature:                      |   |
| Name (print):  |   |
| Title:   |   |
| Phone:   |   |

By signing this form you declare that, to the best of your knowledge, the point-of-assembly factories utilized to supply your products to the City are listed below and are in full compliance with the City's Code of Conduct for Apparel Contractors. During the term of the contract, should the City discover that any of the information or declarations made on this form are false, the City reserves the right to inspect all evidence as deemed necessary. Evidence includes, but is not limited to, documentation, reports, and third party investigations.

List the point-of-assembly factories utilized to supply the brand owner's products to the City on subsequent pages of this form.

## City of Portland Sweatshop Free Procurement Policy Point-of-Assembly Factory Location Form (continued)

| Prim | e Contractor Name:   |                            |        |             |  |
|------|--|----------------------------|--------|-------------|--|
| Bran | d Owner Company Name:                                      |                            |        |             |  |
|      |  |                            |        |             |  |
| 1    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            |        |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific <u>brand names and style numbers</u> ) |                            |        |             |  |
|      |  |                            |        |             |  |
| 2    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            |        |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific <u>brand names and style numbers</u> ) |                            |        |             |  |
|      |  |                            |        |             |  |
| 3    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            | _      |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific brand names and style numbers)         |                            |        |             |  |

## City of Portland Sweatshop Free Procurement Policy Point-of-Assembly Factory Location Form (continued)

| Prim | e Contractor Name:   |                            |        |             |  |
|------|--|----------------------------|--------|-------------|--|
| Bran | d Owner Company Name:                                      |                            |        |             |  |
|      |  |                            |        |             |  |
| 4    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            |        |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific <u>brand names and style numbers</u> ) |                            |        |             |  |
|      |  |                            |        |             |  |
| 5    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            |        |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific <u>brand names and style numbers</u> ) |                            |        |             |  |
|      |  |                            |        |             |  |
| 6    | Prime Contractor Owned Facility                            | Brand Owner Owned Facility |        | Other Owner |  |
|      | Company Name (entity that owns the facility):              |                            |        |             |  |
|      | Facility Name:   |                            |        |             |  |
|      | Facility Street Address:                                   |                            |        |             |  |
|      | Facility City, District/State/Prov.:                       |                            |        |             |  |
|      | Facility Zip/Postal Code, Country:                         |                            |        |             |  |
|      | Facility Contact Person Name:                              |                            | Phone: |             |  |
|      | Spoken Language(s) of Contact:                             |                            |        |             |  |
|      | Items provided from this facility:                         |                            |        |             |  |
|      | (reference specific brand names and style numbers)         |                            |        |             |  |