

SUBCONTRACTOR BEST VALUE CONTRACTING COMPLIANCE

Contract Number:

Contract Description:

General Contractor Name:

Submitted by, Subcontractor Name: _____

Value of Subcontractor Work: _____

Note - This form is required when the value of a Subcontractor's work exceeds the contract dollar benchmark for a single trade minimum as listed in Special Provisions, Section 102.12 of the contract.

1. The Subcontractor shall indicate the non-apprenticeable trades used on this contract

2. Madison General Ordinance (M.G.O.), 33.07 7(7), does provide for some exemptions from the active apprentice requirement. Apprenticeable trades are those trades considered apprenticeable by the State of Wisconsin. Please check applicable box if you are seeking an exemption.

- Subcontractor has a total skilled workforce of four or less individuals in all apprenticeable trades combined.
- No available trade training program; The Subcontractor has been rejected by the only available trade training program, or there is no trade training program within 90 miles.
- Subcontractor is not using an apprentice due to having a journey worker on layoff status, provided the journey worker was employed by the contractor in the past six months.
- First-time Subcontractor on City of Madison Public Works contract requests a onetime exemption but intends to comply on all future contracts and is taking steps typical of a "good faith" effort.
- Subcontractor has been in business less than one year.
- An exemption is granted in accordance with a time period of a "documented depression" as defined by the State of Wisconsin.
- Subcontractor doesn't have enough journeyman trade workers to qualify for a trade training program in that respective trade.

3. The Subcontractor shall indicate on the following section which apprenticeable trades are to be used on this Contract. Compliance with active apprenticeship, to the extent required by M.G.O. 33.07 (7), shall be satisfied by documentation from an applicable trade training body; an apprenticeship contract with the Wisconsin Department of Workforce Development or a similar agency in another state; or the U.S. Department of Labor. This documentation is required prior to the Subcontractor beginning work on the project site.

- The Subcontractor has reviewed the following list and shall not use any apprenticeable trades on this project. Non-apprenticeable trades were entered in section 1.
- The Subcontractor has reviewed the following list and has checked the appropriate box by each apprenticeable trade to be used on the project.

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Apprenticeable Trades

Check the box in the column "Trade Used on This Project" for each apprenticeable trades used on this project.

Trade Used on Contract	Apprenticeable Trades
<input type="checkbox"/>	Bricklayer
<input type="checkbox"/>	Carpenter
<input type="checkbox"/>	Cement Mason/Concrete Finisher
<input type="checkbox"/>	Cement Mason (Heavy Highway)
<input type="checkbox"/>	Construction Craft Laborer
<input type="checkbox"/>	Data Communication Installer
<input type="checkbox"/>	Electrician
<input type="checkbox"/>	Environmental Systems Technician / HVAC Service Tech/HVAC Install / Service
<input type="checkbox"/>	Glazier
<input type="checkbox"/>	Heavy Equipment Operator / Operating Engineer
<input type="checkbox"/>	Insulation Worker (Heat & Frost)
<input type="checkbox"/>	Iron Worker
<input type="checkbox"/>	Iron Worker (Assembler Metal Bldg)
<input type="checkbox"/>	Painter & Decorator
<input type="checkbox"/>	Plasterer
<input type="checkbox"/>	Plumber
<input type="checkbox"/>	Residential Electrician
<input type="checkbox"/>	Roofer & Waterproofer
<input type="checkbox"/>	Sheet Metal Worker
<input type="checkbox"/>	Sprinklerfitter
<input type="checkbox"/>	Steamfitter
<input type="checkbox"/>	Steamfitter (Refrigeration)
<input type="checkbox"/>	Steamfitter (Service)
<input type="checkbox"/>	Taper & Finisher
<input type="checkbox"/>	Telecommunications (Voice, Data & Video) Installer-Technician)
<input type="checkbox"/>	Tile Setter

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Your firm's officer or individual who would sign contract documents must sign this document.

I do hereby certify that all statements herein contained are true and correct to the best of my knowledge.

Signature of Company Officer

Date

Printed/Typed Name

Title of Company Officer

Name of Representative we may contact with questions:

Phone Number: _____

Fax Number: _____

Return form to: City Public Works
 1600 Emil St.
 Madison, WI 53713
 Phone: 608-267-1197
 Fax: 608-267-1123