

RESIDENTS PREFERENCE PROGRAM REQUEST FOR ADJUSTMENT

This request is made and effective as of the <u>22</u> day of <u>January</u> , 20 <u>25</u> , by <u>General Capital Group</u> (the "Developer") for the <u>Riverwest Food & Apart.</u> (the "Project").
Pursuant to Chapter 355-7-2-a, Milwaukee Code of Ordinances, I/we hereby request the following adjustment to the Residents Preference Program (RPP) participation requirement on the Project:
□Utilize RPP workers on other projects undertaken by the developer where such compliance is not required (maximum of 1/3 of require dours). If approved, developer shall provide copies of the RPP affidavits and Contractors' Tirne deports for all applicable RPP workers.
Name of alternate project(s):Number of estimated hours:Number of estimated RPP workers:
 ☑ Hire RPP-certified workers on a full-time permanent basis for non-construction job categories connected to the project (maximum of 1/3 of required hours). Please attach copies of the RPP affidavits and job descriptions. If approved, developer shall provide proof of employment. Open job title(s): Property Management and Maintenace Staff Employee Name(s): Uessica Dettlaff and Lucas Shively Hire Date: N/A Hours worked per week: 40 □ Other. Please explain:
— Unier. Flease explain.
Justification for Adjustment Identify the steps that have been taken thus far to achieve full RPP participation on this project, and explain why the RPP requirement cannot be met on the Project without an adjustment. Attach additional sheets if necessary.
The following efforts were made to increase RPP Inclusion: (1) Contractors were invited to at least two Employ Milwaukee
job fairs to interview RPP candidates. (2) Several follow-ups via the Project Manager were made to encourage eligible
candidates to apply. (3) Scheduled bi-weekly meetings with subcontractors to review proposed RPP participation.
ARY Signature KG General North Avenue, U Authorized Signapy & Title
E OF Williams
Subscribed and sworn to before me this <u>FCMM</u> day of <u>FCMMM</u> 2025 A.D.
My commission expires 5/29/2028 Wolary Public Milwatukee County Rev. 04/14/2021

MILWALINEE

Contractor Name	
DPW Contract No.	

Employee Affidavit			
Residents Preference Program			
I certify that I maintain my permanent residence in the City of Milwaukee and that I vote, pay personal income tax, obtain my driver's license, etc. at 7401 W. World Hord Avenue, Milwaukee, WI 53220 (Address) (Zip Code)			
Residency status: To verify my resident status, attached please find the following (check two) Copy of my voter's certification form. Copy of my last year's Form 1040. Copy of my current Wisconsin Driver's License or State ID. Copy of Other (i.e., Utility bill, Lease, etc.)			
<u>AND</u>			
Unemployment status: I certify that I have been unemployed as follows: (Check those that apply) I have worked less than 1,200 hours in the preceding 12 months. I have not worked in the preceding 15 days* *this selection only applies to new hires or inactive employees			
Underemployed status: I certify that based on the attached chart (Income Eligibility Guidelines), I am underemployed.			
WORK HISTORY Construction Skills: Years of Experience: Sign Name Social Security Number			
Subscribed and sworn to me this 15 day Of On Day U			

FORM I (Rev 6/2024)			
Con	tractor Name		
DP	W Contract No.		
Employee Affidavit			
Residents Preference Program			
I certify that I maintain my permanent residence income tax, obtain my driver's license, etc. at 3310 N Do	in the City of Milwaukee and that I vote, pay personal usman Street ,Milwaukee, WI _53212 (Address) (Zip Code)		
Residency status: To verify my resident status, attached please find Copy of my voter's certification Copy of my last year's Form 104 x Copy of my current Wisconsin D x Copy of Other (i.e., Utility bill, I	form. 10. Driver's License or State ID.		
AN	$\overline{\mathbf{D}}$		
Unemployment status: I certify that I have been unemployed as follows: (Check those that apply) X I have worked less than 1,200 hours in the preceding 12 months. I have not worked in the preceding 15 days* *this selection only applies to new hires or inactive employees			
Underemployed status: X I certify that based on the attached chart (Income Eligibility Guidelines), I am underemployed.			
WORK HISTORY Construction Skills:, Years of Experience:,	Print Name Sign Name Social Security Number		
	43230230		
Subscribed and sworn to me this 2nd day Of least A.D. My Commission Expires 1-21-26	Home Telephone Number SUSAN KISSINGER		
Notary Public Milwaukee County	astillities.		