

# FINDINGS & RECOMMENDATION

## SITE VISIT

|                        |            |                             |                                        |                                  |                |
|------------------------|------------|-----------------------------|----------------------------------------|----------------------------------|----------------|
| <b>Date Conducted:</b> | 12/16/2021 |                             |                                        | <b>Conducted by: Dontreal T.</b> |                |
| <b>Start Time:</b>     | 3:00       | <input type="checkbox"/> AM | <input checked="" type="checkbox"/> PM | <b>In-person   Virtual</b>       | <b>Virtual</b> |

| BUSINESS PROFILE                                                                                         |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| When did you establish the business?                                                                     | April 17, 2017                                                                                                                                  |
| What percentage of the business do you own?                                                              | 51%- Christine 49% Robert Arend                                                                                                                 |
| How did you acquire this business?                                                                       | <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Merger for consolidation                                      |
|                                                                                                          | <input type="checkbox"/> Inherited business <input type="checkbox"/> Bought existing business                                                   |
| How did you learn about the SBE program?                                                                 | Through previous job sites who suggested the program, as well as having the MBE certification with the county.                                  |
| What do you hope to gain from obtaining the SBE certification?                                           | The chance to work on some city projects and qualify for the percentage.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| In the past, have you been denied certification by the City of Milwaukee or any other certifying entity? | If yes, please identify the certifying entity, the reason for denial:                                                                           |

| BUSINESS RELATIONSHIPS                                                                                                                                                                      |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Is your business location shared, or does it share any of the following:                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                     |
| <ul style="list-style-type: none"> <li>• telephone number</li> <li>• P. O. Box</li> <li>• office space w/ Asset Recovery Network</li> <li>• yard</li> <li>• warehouse facilities</li> </ul> | If yes, please identify what is shared and with whom:<br>S98W12575 Loomis Ct, Muskego, WI 53150<br>Loomis Court Storage |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>equipment</li> <li>office staff with any other business, organization or entity</li> </ul>                                                         | <div style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div> |
| Does your company own or lease other properties/locations?<br>If yes, please provide the location information (address, City, State, Zip Code):<br>S98W12575 Loomis Ct, Muskego, WI 53150 |                                                                                                                     |
| Do you have business partners?<br><div style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div>                                     |                                                                                                                     |
| If yes, please identify:                                                                                                                                                                  | Robert Arend                                                                                                        |
| Are you familiar with the City's bidding or RFP process?<br><div style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div>           |                                                                                                                     |
| Have you ever responded to a bid or RFP with the City?<br><div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         </div>             |                                                                                                                     |

| BUSINESS OPERATIONS                                         |                                         |                                        |           |
|-------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------|
| How long have you operated at the current location?         | 2                                       | Years                                  | XX Months |
| Have you moved/relocated your business in the last 5 years? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |           |
| Do you have other operations within the State of Wisconsin? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |           |
| Do you have operations out of state?                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |

|                                                                                                |                   |
|------------------------------------------------------------------------------------------------|-------------------|
| Please identify your firm's management personnel who control your firm in the following areas: |                   |
| Financial decisions                                                                            | Christine         |
| Estimating and bidding                                                                         | Robert            |
| Negotiating and Contract Execution                                                             | Christine         |
| Hiring/firing of management                                                                    | Christine         |
| Field/Production Operations Supervisor                                                         | Robert            |
| Office Management                                                                              | Christine         |
| Marketing/Sales                                                                                | Christine         |
| Purchasing of major equipment                                                                  | Christine/ Robert |

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| Authorized to make financial transactions                                                                                                                                                     | Christine/ Robert                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| What are the 49% minority owner(s) daily duties? (if applicable)                                                                                                                              | Field management and contractor oversight                                                                      |
| How many hours per day and days per week do you spend actively engaged in the business of this firm?                                                                                          | 10-12 a day<br>Upwards of 60 if weekends                                                                       |
| How many hours per day and days per week do the other owners of this firm devote to the business? (If applicable)                                                                             | 10-12 a day<br>Upwards of 60                                                                                   |
| Does any member of the firm work for any other company or organization? <ul style="list-style-type: none"> <li>• Name</li> <li>• Company</li> <li>• Position</li> <li>• Hours/Week</li> </ul> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, provide the listed information: |
| Who sets salaries for key personnel?                                                                                                                                                          | Christine                                                                                                      |
| Do you have an employee handbook? If so, please upload a copy to your application record                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| How many signatures are needed on payroll and other checks?                                                                                                                                   | 2                                                                                                              |
| Who is authorized to sign checks?                                                                                                                                                             | Christine & Robert Arend                                                                                       |
| Does the firm have an accountant?                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If yes, Name:      Phone:             |
| Who is authorized to sign loans?                                                                                                                                                              | Christine & Robert Arend                                                                                       |
| Explain and describe your company marketing process.                                                                                                                                          | We contact general or prime contractors to offer our services.                                                 |
| Describe your firm's estimating, bidding, and/or proposal process.                                                                                                                            | Christine & Robert review the documents, review estimates, contact contractors and submit the proposals.       |
| Who verifies the paperwork before submitting?                                                                                                                                                 | Christine                                                                                                      |
| Who is authorized to sign contracts?                                                                                                                                                          | Christine                                                                                                      |
| Has your firm or any principal of your firm ever failed to complete any contract awarded to you?                                                                                              | No                                                                                                             |

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| OBSERVATIONS   ADDITIONAL COMMENTS                                                   |                                                                                                  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Does office space coincide with the lease?                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Are there any other businesses that share the address or facility?                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Does this business have the appropriate equipment to effectively run the business?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, please explain:               |
| Does this business have an office building or is it a home-based business?           | <input checked="" type="checkbox"/> Office building <input type="checkbox"/> Home-based business |
| If the business is in a building, is there a sign with the firm's name on the front? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| Is there literature about the firm?                                                  | Yes                                                                                              |
| What is the name and title of person conducting the interview?                       | Dontreal Teague                                                                                  |

### **Additional Comments/Observations:**

All taxes show Robert Arend as 100% time devoted to the business and significantly higher Amount of compensation, compared to Christine Arend. Per their resumes, overall knowledge and expertise of the construction industry comes from the husband.

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