

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of January 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

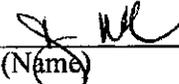
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>25,525.65</b>	<b>25,525.65</b>
<b>TOTAL PAID TO EBE</b>		<b>25,525.65</b>	<b>25,525.65</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date 2/8/11

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of February 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

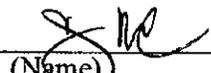
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

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NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>27,944.15</b>	<b>53469.80</b>
<b>TOTAL PAID TO EBE</b>		<b>27,944.15</b>	<b>53469.80</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
(Name) (Title) (Phone Number)

(13) Authorized Signature :   
(Name) (Title)

(14) Date 3/10/11

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of March 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

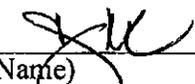
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>36,946.90</b>	<b>90,416.70</b>
<b>TOTAL PAID TO EBE</b>		<b>36,946.90</b>	<b>90,416.70</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date 4/11/16

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of April 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>44,845.09</b>	<b>135,261.79</b>
<b>TOTAL PAID TO EBE</b>		<b>44,845.09</b>	<b>135,261.79</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
(Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date **5/10/11**

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of May 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>40,050.18</b>	<b>175,311.97</b>
<b>TOTAL PAID TO EBE</b>		<b>40,050.18</b>	<b>175,311.97</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-250-8390**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date 6/9/11

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**



**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of July 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>34,046.13</b>	<b>249,968.84</b>
<b>TOTAL PAID TO EBE</b>		<b>34,046.13</b>	<b>249,968.84</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-250-8390**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) *[Signature]* (Title)

(14) Date 8/9/11

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**





**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

**(1) Report for the Month of October 2011 (Final: yes \_\_\_ no X)**

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

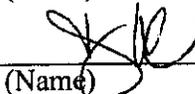
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

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NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>37,258.68</b>	<b>361,572.29</b>
<b>TOTAL PAID TO EBE</b>		<b>37,258.68</b>	<b>361,572.29</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :  \_\_\_\_\_  
 (Name) (Title)

(14) Date 11/9/2011

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
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**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of November 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

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NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>32,553.35</b>	<b>394,125.64</b>
<b>TOTAL PAID TO EBE</b>		<b>32,553.35</b>	<b>394,125.64</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
(Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date 12/9/11

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of December 2011 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**  
 (7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

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NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>38,898.10</b>	<b>433,023.74</b>
<b>TOTAL PAID TO EBE</b>		<b>38,898.10</b>	<b>433,023.74</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date 1/10/2012

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of January 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

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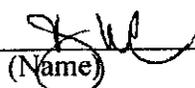
NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>32,625.50</b>	<b>32,625.50</b>
<b>TOTAL PAID TO EBE</b>		<b>32,625.50</b>	<b>32,625.50</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-250-8390**  
(Phone Number)

(13) Authorized Signature :   
(Name) \_\_\_\_\_ (Title)

(14) Date **2/9/12**

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of February 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

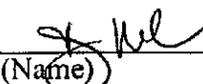
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NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>31,903.55</b>	<b>64529.05</b>
<b>TOTAL PAID TO EBE</b>		<b>31,903.55</b>	<b>64,529.05</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
(Name) (Title) (Phone Number)

(13) Authorized Signature :   
(Name) (Title)

(14) Date 3/9/12

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of March 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

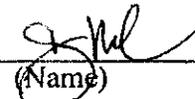
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>40,165.00</b>	<b>104,694.05</b>
<b>TOTAL PAID TO EBE</b>		<b>40,165.00</b>	<b>104,694.05</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date **4/9/12**

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of April 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

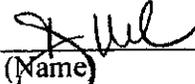
NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>48,058.71</b>	<b>152,752.76</b>
<b>TOTAL PAID TO EBE</b>		<b>48,058.71</b>	<b>152,752.76</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-250-8390**  
(Phone Number)

(13) Authorized Signature :   
(Name) (Title)

(14) Date **5/9/12**

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of May 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

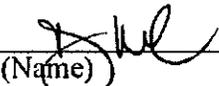
(11) EBE % **21%** of 23% and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>43,487.13</b>	<b>196,239.89</b>
<b>TOTAL PAID TO EBE</b>		<b>43,487.13</b>	<b>196,239.89</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date 6/11/12

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of June 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

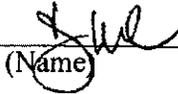
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>46,979.69</b>	<b>243,219.58</b>
<b>TOTAL PAID TO EBE</b>		<b>46,979.69</b>	<b>243,219.58</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date 7/11/12

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of July 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **WI32 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>66,852.60</b>	<b>310,072.18</b>
<b>TOTAL PAID TO EBE</b>		<b>66,852.60</b>	<b>310,072.18</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date 8/9/12

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of August 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

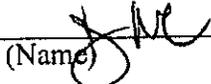
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>47,379.03</b>	<b>357,451.21</b>
<b>TOTAL PAID TO EBE</b>		<b>47,379.03</b>	<b>357,451.21</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** (Name) **Municipal Manager** (Title) **262-250-8390** (Phone Number)

(13) Authorized Signature :  (Name) \_\_\_\_\_ (Title)

(14) Date **7/12/12**

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**





**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of November 2012 (Final: yes \_\_\_ no **X**)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

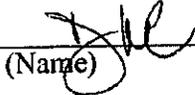
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>50,217.82</b>	<b>507,454.59</b>
<b>TOTAL PAID TO EBE</b>		<b>50,217.82</b>	<b>507,454.59</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
 (Name) (Title) (Phone Number)

(13) Authorized Signature :   
 (Name) (Title)

(14) Date 12/11/12

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of December 2012 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

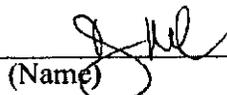
(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>34,501.92</b>	<b>541,956.51</b>
<b>TOTAL PAID TO EBE</b>		<b>34,501.92</b>	<b>541,956.51</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-250-8390  
(Name) (Title) (Phone Number)

(13) Authorized Signature :   
(Name) (Title)

(14) Date 1/10/13

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of January 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>38,253.38</b>	<b>38,253.38</b>
<b>TOTAL PAID TO EBE</b>		<b>38,253.38</b>	<b>38,253.38</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of February 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>31,984.98</b>	<b>70238.36</b>
<b>TOTAL PAID TO EBE</b>		<b>31,984.98</b>	<b>70238.36</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of March 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>35,514.97</b>	<b>105,753.33</b>
<b>TOTAL PAID TO EBE</b>		<b>35,514.97</b>	<b>105,753.33</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
(Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

**(1) Report for the Month of April 2013 (Final: yes \_\_\_ no X)**

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>49,673.26</b>	<b>155,426.59</b>
<b>TOTAL PAID TO EBE</b>		<b>49,673.26</b>	<b>155,426.59</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of May 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>48,654.93</b>	<b>204,081.52</b>
<b>TOTAL PAID TO EBE</b>		<b>48,654.93</b>	<b>204,081.52</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of June 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>43,962.25</b>	<b>248,043.77</b>
<b>TOTAL PAID TO EBE</b>		<b>43,962.25</b>	<b>248,043.77</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of July 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>41,302.61</b>	<b>289,346.38</b>
<b>TOTAL PAID TO EBE</b>		<b>41,302.61</b>	<b>289,346.38</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of August 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>57,539.69</b>	<b>346,886.07</b>
<b>TOTAL PAID TO EBE</b>		<b>57,539.69</b>	<b>346,886.07</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

**(1) Report for the Month of September 2013 (Final: yes \_\_\_ no X)**

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>28,762.44</b>	<b>375,648.51</b>
<b>TOTAL PAID TO EBE</b>		<b>28,762.44</b>	<b>375,648.51</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

**(1) Report for the Month of October 2013 (Final: yes \_\_\_ no X)**

- (2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**
- (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**
- (4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**
- (5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**
- (7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**
- (9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_
- (11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>47,015.88</b>	<b>422,664.39</b>
<b>TOTAL PAID TO EBE</b>		<b>47,015.88</b>	<b>422,664.39</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of November 2013 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>43,366.26</b>	<b>466,030.65</b>
<b>TOTAL PAID TO EBE</b>		<b>43,366.26</b>	<b>466,030.65</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of December 2013 (Final: yes \_\_\_ no **X**)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(s)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>34,419.72</b>	<b>500,450.37</b>
<b>TOTAL PAID TO EBE</b>		<b>34,419.72</b>	<b>500,450.37</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of January 2014 (Final: yes \_\_\_ no **X**)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**

(3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**

(7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>33,844.73</b>	<b>33,844.73</b>
<b>TOTAL PAID TO EBE</b>		<b>33,844.73</b>	<b>33,844.73</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck**  
(Name)

**Municipal Manager**  
(Title)

**262-623-7323**  
(Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
(Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of February 2014 (Final: yes \_\_\_ no **X**)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**  
 (7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>31,595.92</b>	<b>65,440.65</b>
<b>TOTAL PAID TO EBE</b>		<b>31,595.92</b>	<b>65,440.65</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the **20<sup>th</sup>** of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**

**DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM**

**Form D - EBE MONTHLY REPORT**

(1) Report for the Month of March 2014 (Final: yes \_\_\_ no X)

(2) Prime Contractor/Firm **Waste Management of Wisconsin, Inc.**  
 (3) Full Address & Phone Number: **W132 N10487 Grant Drive Germantown, WI 53022 262-250-8717**

(4) Description of service performed and/or material supplied: **Transfer Station Sweepers/ Pickers**

(5) Purchase Order /Contract# **C565040011** (6) Project Number **Transfer Station**  
 (7) Start Date: **7/1/04** (8) Prime Contractor's Total: **\$7,861,116**

(9) Completion Date: \_\_\_\_\_ (10) Prime Contractor to date \$: \_\_\_\_\_

(11) EBE % **21% of 23%** and EBE \$ amount **\$379,691.80/ year**

List all EBE subcontractor firm(s) utilized in connection with the above contract, either as service performed and/or supplier for the month. This form shall be signed and returned. **If this represents the final report, be sure to attach EBE Payment Certification Form (Form E).**

NAME OF EBE FIRM(S)	SERVICE PERFORMED/ MATERIAL SUPPLIED	AMOUNT PAID FOR THE MONTH	TOTAL \$ PAID TO DATE
<b>On-Site, Inc.</b>	<b>Transfer Station Sweepers Pickers</b>	<b>68,383.57</b>	<b>133,824.22</b>
<b>TOTAL PAID TO EBE</b>		<b>68,383.57</b>	<b>133,824.22</b>

I/we hereby certify that I/we have read the above and approved this information to be precise and confirmed.

(12) Report Prepared By: **Tony Knoeck** Municipal Manager 262-623-7323  
 (Name) (Title) (Phone Number)

(13) Authorized Signature : \_\_\_\_\_  
 (Name) (Title)

(14) Date \_\_\_\_\_

Note: This form should be submitted no later than the 20<sup>th</sup> of every month to **DEPARTMENT of PUBLIC WORKS CONTRACT ADMINISTRATION, Room 506, Municipal Building, 841 North Broadway, Milwaukee, WI.**