



**Southeast Wisconsin Professional Baseball Park District  
Targeted Firm Participation Program for District Operations**



**Targeted Firm Reporting Form**

**Purpose:** For use by Prime Contractor when invoice contains Targeted Firm Participation. If this is an interim bill, only list the amount paid to the Targeted Firm during the invoice period. For questions please contact Kristi Kreklow at (414) 902-4045 or [kkreklow@millerparkdistrict.com](mailto:kkreklow@millerparkdistrict.com).

**Your Company Name**

**Contact Person Name,  
Phone # and Email**

**Targeted Firm Name**

**Contact Person Name,  
Phone # and Email**

**Description of Work  
Performed**

**Amount Paid to  
Targeted Firm**

**I certify that the information contained in this document is accurate and that I have not required the Targeted Firm(s) to engage in an exclusive relationship with my company as a condition of their participation of providing services related to this project.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**