



Small Business Development Division Project Worksheet

Project/Contract Title: WYNWOOD ELDERLY UFAS
Project/Contract No: RPQ NO. 141610
Department: HOUSING AND COMMUNITY DEVELOPMENT US HUD
Estimated Cost of Project/Bid: \$110,000.00

Received Date: 04/24/2013

Description of Project/Bid: To establish a contract for a contractor to provide all required documents and processing to obtain all required permits to perform the job. He/She shall supply all necessary labor, tools, materials and equipment needed for the completion of the scope of work as specified by PHCD. Project consists of providing accessibility for the physically impaired standards to the four (4) units under this contract along with all common areas which must comply to UFAS requirements. Site accessibility includes revisions to the parking area, walk ways, ramps and accessibility within the units.

Resubmittal Date(s):

Contract Measures Recommendation		
Measure	Program	Goal Percent
No Measure	DBE	

Reasons for Recommendation

This is a federally funded project (US HUD). This funding source precludes the application of local small business program contract measures. CWP Not Applicable: Funding source precludes the application of a CWP goal.

Small Business Contract Measure Recommendation				
Subtrade	Cat.	Estimated Value	% of Items to Base Bid	Availability
	DBE			728
Total				

Living Wages: YES NO
 Highway: YES NO
 Heavy Construction: YES NO
Responsible Wages: YES NO
 Building: YES NO

Responsible Wages and Benefits applies to all construction projects over \$100,000 that do not utilize federal fund. For federally funded projects, unless prohibited by federal or state law or disallowed by a governmental funding source, the HIGHER wage between Davis Bacon and Responsible Wages and Benefits shall apply.

REVIEW RECOMMENDATION			
Tier 1 Set Aside _____		Tier 2 Set Aside _____	
Set Aside _____	Level 1 _____	Level 2 _____	Level 3 _____
Trade Set Aside (MCC) _____		Goal _____	Bid Preference _____
No Measure _____		Deferred _____	Selection Factor _____
CWP _____		SBD Director	Date _____