



Small Business Development Division Project Worksheet

Project/Contract Title: MACFARLANE HOMESTEAD HISTORIC DISTRICT - REHABILITATION
OF THREE SINGLE FAMILY RESIDENCES
Project/Contract No: W160003
Department: INTERNAL SERVICES
Estimated Cost of Project/Bid: \$295,000.00

Received Date: 10/20/2015

Funding Source:
CDBG AND HOME

Resubmittal Date(s):

Description of Project/Bid: To establish a contract that consists of, but is not limited to, furnishing all materials, labor, services, supervision, tools, equipment, permits and all other safety measures and items necessary for the restoration of three historically designated wood-frame houses within the MacFarlane Homestead District, a neighborhood that is listed in the National Register of Historic Places and is a locally designated historic district in the City of Coral Gables.

Contract Measures Recommendation

<u>Measure</u>	<u>Program</u>	<u>Goal Percent</u>
No Measure		

Reasons for Recommendation

NO MEASURE – Federally Funded - Community Development Block Grant (CDBG) and Investment Partnerships Program (HOME).

Funding Sources preclude the application of local small business measures.

CWP Not Applicable: Due to funding source.

Small Business Contract Measure Recommendation

Subtrade	Cat.	Estimated Value	% of Items to Base Bid	Availability
				0

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