Small Business Development Division

Project Worksheet

Project/Contract Title: SPOTLIGHTS
Project/Contract No: AAA-06-01-2017-A
Department: AMERICAN AIRLINES ARENA
Estimated Cost of Project/Bid: $0.00

Received Date: 06/01/2017
Funding Source: AMERICAN AIRLINES ARENA
Resubmittal Date(s):

Contract Measures Recommendation

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program</th>
<th>Goal Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Measure</td>
<td>SBE/GS</td>
<td></td>
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</tbody>
</table>

Reasons for Recommendation

A review of the criteria set forth in Implementing Order 3-41, an analysis of the project documents and the Verification to Bid process indicates a SBE/GS "No Measure" is appropriate for this project.

Verifications of Availability to Bid Letters were sent to the thirty-six (36) firms certified in the applicable Commodity Codes and none responded as being able to meet the project's requirements.

Commodity Code: 285-Electrical Equipment And Supplies (Except Ca) SBE/GS

Small Business Contract Measure Recommendation

<table>
<thead>
<tr>
<th>Subtrade</th>
<th>Cat.</th>
<th>Estimated Value to Base Bid</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Equipment And Supplies (except Ca)</td>
<td>SBE/GS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Living Wages: [ ] YES [X] NO
Responsible Wages: [ ] YES [X] NO

Responsible Wages and Benefits applies to all construction projects over $100,000 that do not utilize federal funds. 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 _______________