Small Business Development Division

Project Worksheet

Project/Contract Title: THERMAL ID LABELS
Project/Contract No: AAA-10-11-2017-D
Department: AMERICAN AIRLINES ARENA
Estimated Cost of Project/Bid: $0.00
Description of Project/Bid: Thermal ID labels

Funding Source: 
Received Date: 10/11/2017
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>
</tr>
</tbody>
</table>

Reasons for Recommendation

An analysis of the factors contained in Implementing Order 3-41, as well as, an analysis of the project package indicates a No Measure is appropriate for this project.

There are seven (7) SBE Certified firms under these commodity codes, however none responded as being able to meet the project requirements.

Commodity Code: 61000-Office Supplies: Carbon Paper And Ribbons, All Types, 66542-Laminating Presses, Film, Id Pouches, And Supplies

Small Business Contract Measure Recommendation

<table>
<thead>
<tr>
<th>Subtrade</th>
<th>Cat.</th>
<th>Estimated Value</th>
<th>% of Items to Base Bid</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laminating Presses, Film, ID Pouches, and Supplies</td>
<td>SBE/GS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Living Wages: YES ☐ NO X
Responsible Wages: YES ☐ NO X

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: [Signature]
Date: 10-17-17