Small Business Development Division
Project Worksheet

Project/Contract Title: ADVANCE PUBLIC SAFETY HARDWARE, SOFTWARE LICENSES, AND MAINTENANCE & SUPPORT SERVICES
Received Date: 03/08/2012

Project/Contract No: RQID1200039
Funding Source: GENERAL FUNDS

Department: MIAMI DADE POLICE DEPARTMENT
Resubmittal Date(s):

Estimated Cost of Project/Bid: $75,000.00
Description of Project/Bid: The purpose of this bid is to establish a contract for MDPD to obtain Advance Public Safety, Inc (APS) software licenses, maintenance and support services. The selected bidder will be responsible for providing maintenance and support services for existing APS software used by MDPD.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program</th>
<th>Goal Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Preference</td>
<td>SBE</td>
<td></td>
</tr>
</tbody>
</table>

Reasons for Recommendation

BID PREFERENCE
This project meets all the criteria set forth in the I.O. #3-41. This project was originally reviewed as RQPD1200007.

There are no SBE firms certified in the required Commodity Code.

Commodity Code: 68034-Citation Issuance Devices And Supplies

Analysis for Recommendation of a Goal

<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>
</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 [x]

No Measure ___________ Deferred ___________ Selection Factor ___________

CWP ___________

SBD Director: [Signature] Date: [Date]