Project/Contract Title: SIGN LANGUAGE INTERPRETING AND TRANSLATION
Project/Contract No: RQID1400128
Department: INTERNAL SERVICES DEPARTMENT
Estimated Cost of Project/Bid: $500,000.00
Description of Project/Bid: To establish a contract for the provision of sign language services for several Miami-Dade County Departments.

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</td>
<td></td>
</tr>
<tr>
<td>Bid Preference</td>
<td>SBE</td>
<td></td>
</tr>
</tbody>
</table>

Reasons for Recommendation

BID PREFERENCE

NO MEASURE (Contracts issued by Departments that are "Federally Funded").

This project meets all the criteria set forth in LO. # 3-41 - There are two (2) SBE firms certified in the required Commodity Code.

Commodity Code: 96167-Sign Language Services For The Hearing Impaired; 96175-Translation Services

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>SBE</td>
<td></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 _______________ Date 9/3/14

Received Date: 08/29/2014
Funding Source: VARIOUS
Resubmittal Date(s):