



## Dept. of Small Business Development Project Worksheet

**Project/Contract Title:** ARRA MUNICIPALITIES GROUP A: CITY OF HOMESTEAD, NORTH MIAMI, MIAMI LAKES  
**Project/Contract No:** RPQ NO. 193823 **Funding Source:**  
**Department:** MIAMI DADE TRANSIT **FTA**  
**Estimated Cost of Project/Bid:** \$741,000.00 **Resubmittal Date(s):**

**Description of Project/Bid:** THE SELECTED CONTRACTOR WILL PROCURE & INSTALL NEW BUS SHELTERS, CONCRETE SLAB & CURBS, INSTALLATION OF NEW CONCRETE SIDEWALK, PROVIDE MAINTENANCE OF TRAFFIC AS REQUIRED, REMOVAL & INSTALLATION OF LANDSCAPING & REPAIR/REHABILITATION OF EXISTING ASPHALT PAVEMENT. THIS PROJECT CONSISTS OF THE INSTALLATION OF BUS SHELTERS IN THE CITY OF HOMESTEAD, NORTH MIAMI & MIAMI LAKES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY LICENSES & PERMITS & ALL WORK MUST BE COMPLETED IN COMPLIANCE WITH FEDERAL, STATE, DADE COUNTY BUILDING CODES & REGULATIONS & ADA.

Contract Measures Recommendation		
Measure	Program	Goal Percent
Goal	DBE	20.00%

Reasons for Recommendation
This is a federally funded project. CWP Not Applicable: Funding source precludes the application of a CWP goal.

Analysis for Recommendation of a Goal				
Subtrade	Cat.	Estimated Value	% of Items to Base Bid	Availability
	DBE	\$148,200.00	20.00%	852
<b>Total</b>		\$148,200.00	20.00%	

**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 COMMITTEE RECOMMENDATION			
Tier 1 Set Aside _____			
Set Aside _____	Level 1 _____	Level 2 _____	Level 3 _____
Trade Set Aside (MCC) _____	Goal _____	Bid Preference _____	
No Measure _____	Deferred _____	Selection Factor _____	
_____ Chairperson, Review Committee	_____ Date	_____ County Manager / Designee	_____ Date