

**DEPARTMENT INPUT**

**CONSTRUCTION CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Check applicable Ordinance(s): ☒ Davis Bacon      ☐ 03-237 (formerly 03-1) Community Workforce Program

**PROJECT INFORMATION**      See attachment ☐

**Contract/Project/\*Work Order No.:** Emergency Spalling repairs RPO 5131 MCC 7360 Plan CICC 7360-0/08 \*Reference corresponding project number when submitting a work order

**Contract/Project Title:** MCC 7360 Plan-CICC7360-0/08 RPO 170297

**Description/Scope of Work:** Description of the Work (Project):

**General Description of the Work (Project):** Emergency Spalling repairs. The Contractor must provide all required documentation to obtain all required permits to perform the job. He/she shall supply all necessary labor, tools, materials and equipment needed for the completion of the Scope of Work as specified by MDPHA Bid Documents and/or Consultant plans and specifications. All work shall be in compliance with the latest edition of the Florida Building Code, including revisions and updates, and all applicable Federal, State, local regulations and ordinances referenced there in, and any other Code having jurisdiction on the project.

Address is 2024 NW 19 Ave.

**Approximate Construction Budget for this project is:** \$ 37,000.00

**Estimated Cost:** 37,000.00

**Funding Source:** US HUD

**Location of Project** (street address or beginning and ending points) i.e.  
**2024 NW 19 Ave**

**PROJECT ANALYSIS FOR GOAL RECOMMENDATION (CWP)**      See attachment ☐

Engineer/Department or Agency's estimated required workforce for Project ☐ Work Order ☐:

Trade/Skills Required	Est. # of workforce required per trade	Est. # of total days to complete job
General Contractor	<b>10</b>	<b>30</b>

Comments: \_\_\_\_\_  
\_\_\_\_\_

**PROJECT ANALYSIS FOR GOAL RECOMMENDATION (CSBE)**      See attachment ☐

Sub-Trade	Est. Cost	% of Item to Base Bid	Availability

**RECOMMENDATION**

**Set-Aside:** Level 1 ☐ Level 2 ☐ Level 3 ☐ Trade Set-Aside ☐ Sub-Contractor Goal ☐ Workforce Goal ☐ No Measure ☐

**Basis for Recommendation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date submitted to DBD:** 4/12/2017

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