

**Project/Contract Title:** 

**Project/Contract No:** 

Department:

## **Small Business Development Division**

## Project Worksheet

Received Date: 2/9/2021

**Funding Source:** 

<b>Estimated Cost of Proje</b>	ct/Bid: \$0.00					
Description of Project/	Bid: EMT Conduit	Path Installatio	n			
		Conti	ract Measures			
	<u>Meas</u>	<u>Measure</u>		Goal Pe	Goal Percent	
	No M	leasure	SBE/GS			
		Reasons fo	or Recommendation			
An analysis of the factor <b>No Measure</b> is appropri		nenting Order 3-	-41, as well as, an analys	sis of the project package i	ndicates a	
There are nineteen (19) project requirements.	SBE certified firms un	der this commo	dity code, and two (2) c	f them responded as being	g able to meet the	
NIGP 28000 ELECTRICAL	. CABLE AND WIRE, NO	OT ELECTRONIC				
Living Wages:	res NO X	Highway:	YES NO X	Heavy Construction:	YES NO X	
Responsible Wages: \	YES NO X	Building:	YES NO X			
	SAA			2/16/21		
	SBD Director			Date		

**EMT Conduit Path Installation** 

AAA-02-09-2021-C

**American Airlines Arena**