

Project/Contract Title:

Project/Contract No:

Small Business Development Division

Project Worksheet

Received Date: 3/4/2021

Funding Source:

Date

Department: American Airlines Arena						
Estimated Cost of Project	ct/Bid: \$0.00	: \$0.00				
Description of Project/B	scription of Project/Bid: COVID-19 PPE - KN95 Respirator Masks					
		Con	tract Measures			
	Meas	<u>Measure</u>		<u>Program</u> <u>Goal Percent</u>		
	No M	No Measure				
			or Recommendation			
An analysis of the factors Measure is appropriate to		enting Order 3	3-41, as well as, an analy	sis of the project package i	ndicates a No	
There are seven (7) SBE of project requirements.	certified firms under t	hese commod	ity codes, and two (2) of	them responded as being a	able to meet the	
NIGP 05240 Masks, NIGF Breathers, Masks, etc., N			ist and Gas, NIGP 93878	Respiratory Equipment, Inc	cluding Air Tanks,	
Living Wages: Y	ES NO X	Highway:	YES NO X	Heavy Construction:	YES NO X	
Responsible Wages: Y	ES NO X	Building:	YES NO X			
				3/9/21		

COVID-19 PPE - KN95 Respirator Masks

AAA-03-04-2021

SBD Director