



## Small Business Development Division Project Worksheet

**Project/Contract Title:** MISCELLANEOUS PRINTER PRODUCTS FOR I.T. DEPARTMENT  
**Project/Contract No:** AAA-10-05-2017  
**Department:** AMERICAN AIRLINES ARENA  
**Estimated Cost of Project/Bid:** \$0.00  
**Description of Project/Bid:** Miscellaneous Printer Products for I.T. Department

**Received Date:** 10/05/2017

**Funding Source:**

**Resubmittal Date(s):**

Contract Measures Recommendation		
Measure	Program	Goal Percent
No Measure	SBE/GS	

**Reasons for Recommendation**

A review of the criteria set forth in Implementing Order 3-41, an analysis of the of the project documents and the Verification to Bid process indicates a SBE-GS "No Measure" is appropriate for this project.

Verifications of Availability to Bid Letters were sent to the ten (10) firms certified in the applicable Commodity Codes and no firms responded as being able to meet the project's requirements.

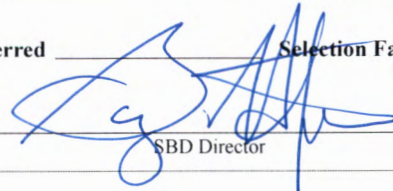
Commodity Code: 20413-Cables: Printer, Disk, Network, Etc.; 20475-Printers, Dot Matrix; 20476-Printers, Inkjet; 20479-Printers, Digital; 20502-Cables, Computer, Premade: Printer, Terminal; 20529-Controllers, Peripheral: Plotters, Printers; 20547-Printers And Plotters: Workstation Printers,

Small Business Contract Measure Recommendation				
Subtrade	Cat.	Estimated Value	% of Items to Base Bid	Availability
Printers, Inkjet	SBE/GS			
<b>Total</b>				

**Living Wages:** YES  NO

**Responsible Wages:** 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 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 or _____	
CWP _____	 SBD Director		10-10-17 Date