



SHELTERED MARKET REVIEW FORM

Project Title: Gearbox MA Fabrication and Rehabilitation Services **Agency Contact:** Oscar Asgar

This form is to review projects estimated within the Sheltered Market Solicitation threshold (\leq \$250K fixed or initial term). This form **does not apply** for sole source projects, qualified vendor list projects, or for any federal, state, or other grant-funded projects. Please submit the completed form to sbcomp@broward.org.

Type of Contract: Check the type of contract; include dollar amount and the number of years.

- Fixed Contract Estimate: _____ Year(s) of contract
- Initial Contract Term Estimate: \$150,000.00 1 Year(s) of contract
- Estimate Including Renewals: \$350,000.00 3 Year(s) of contract

Funding Source: County State Federal Penny for Transportation

Type of Purchase: Check one and include all applicable **NAICS code(s)**.

- Commodity _____ Commodity and Service (e.g. supply and install)
- Contract Service Construction Project (e.g. supply and install, with licensing)

NAICS CODES: 333612 335312 333613 332216

Sole Brand Solicitation: Is this a Sole Brand solicitation? Yes No

If Yes, is there a limited distribution vendor list? Yes No If "Yes", **attach a list of sole brand vendors.**

Supporting Information for Review:

Scope of Work:

The Contractor shall furnish all labor and supervision, including tools, equipment, personal protective equipment, materials, supplies, manufactured, fabricated and machined articles needed for gear unit repair, complete overhaul of the unit and rehabilitation within Broward County Water and Wastewater Service areas.

Has this commodity/service been previously provided to the County? Yes No

List Vendor Name(s) if previously supplied:

Condo Electric Industrial Supply Inc.
3746 East 10th Court, Hialeah, FL 33013
Ph: 305-691-5400; Fax 305-691-6564

The following documents MUST be attached:

- Specifications Insurance Requirements Document from Risk Management
- Licensing Requirements* Additional Applicable Supporting Documentation**

*If Not Applicable, this must be stated in writing; **e.g. Sole Brand/Source Request, Sole Brand Vendors List

➔ THIS SECTION IS FOR OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT USE ONLY ➔

Solicit to **Sheltered Market***** Yes No (Review for Procurement Preference)

***If no SBE vendor applies or this is not awarded from the Sheltered Market solicitation, then:

- Solicit to **Non-Sheltered Market. No goals will apply** to this solicitation.
- REVIEW FOR PROCUREMENT PREFERENCE**
- Solicit to **Non-Sheltered Market. Goals may apply** to this solicitation. Using agency must submit a Request for Goal Assignment Form at that time.

OESBD Approver (Name / Title): Sandy M. McDaniel / Director Date: 11/12/19

OESBD Approver Signature: [Signature]

J.V.