

# SHELTERED MARKET REVIEW FORM

**Project Title:** Sloan Plumbing parts **Agency Contact:** Claudja Henry

This form is to review projects estimated within the Sheltered Market Solicitation threshold (:5 \$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](mailto: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: \$200,000.00 1 Year(s) of contract  
 Estimate Including Renewals: \$400,000.00 2 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:** 238220 326191 332913 332919

**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:

This solicitation is for the procurement and delivery of Sloan plumbing parts for standardized, sole brand Sloan toilets, urinals, vacuum breakers, faucets and various other supplies as may be required at the Fort Lauderdale - Hollywood International Airport and other County agencies.

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

List Vendor Name(s) if previously supplied:

Wool Plumbing Supply\* - BLD2114885B1\_1  
 Best Plumbing Specialist \*- Z1358704B1 and Z1358704B1  
 \*These firms are not SBE-certified - DTK.

## 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

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**◀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): \_\_\_\_\_ Date: \_\_\_\_\_

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD Date: 2020.09.17 16:58:12 -04'00'