

# SHELTERED MARKET REVIEW FORM

**Project Title:** Transportation services for Airports, Convention Center & Tri-County Destinations **Agency Contact:** Tony Cordo

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](mailto:sbcomp@broward.org).

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

- Fixed Contract Estimate: \$125,000 1 Year(s) of contract
- Initial Contract Term Estimate: \_\_\_\_\_ Year(s) of contract
- Estimate Including Renewals: 2 one year renewals 3 total 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:** 485113 485220 485999

**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:

Transportation services for the Greater Fort Lauderdale Convention and Visitors Bureau(GFLCVB) and various other Broward County agencies that may need of these services for Airports (Fort Lauderdale, Miami, West Palm Beach), Convention Center and Tri-County Destinations.

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

List Vendor Name(s) if previously supplied:

Florida Tours  
USA Transportation

**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): SANDY M McSorrell Date: 1/24/20  
 OESBD Approver Signature: [Signature]