

SHELTERED MARKET REVIEW FORM

Project Title: Temporary IT Personnel Services

Agency Contact: Jay Royer

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: \$219,000 1 Year(s) of contract

☒ Estimate Including Renewals: 1,095,000 5 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: 561320

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:

Temporary Information Technology Personnel Services including Desktop Support, Application Support, Network Analyst, Supervisory Control and Data Acquisition (SCADA) Analyst and Junior SCADA Analyst.

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

List Vendor Name(s) if previously supplied:

4 Best Business Corp (GEN2121156B1_1)

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-Michael McDonald - Director of OESBD Date: _____

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD
Date: 2023.06.07 13:53:29 -04'00'