BROWARD COUNTY FLORIDA
OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

SHELTERED MARKET REVIEW FORM

Project Title: WIRE ROPE FOR ALL CRANES, PORT EVERGLADES **Agency Contact:** WANDA DEVINE

This form is to review projects estimated within the Sheltered Market Solicitation threshold (≤ $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: 225,000.00 1 Year(s) of contract
☐ Estimate Including Renewals: _____ _____ 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
☐ Contract Service
☐ Commodity and Service (e.g. supply and install)
☐ Construction Project (e.g. supply and install, with licensing)

NAICS CODES: 423830 _____ _____ _____ _____

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 PURCHASE OF WIRE ROPE FOR ALL THE CRANES AT PORT EVERGLADES

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

List Vendor Name(s) if previously supplied:

CONSOLIDATED RIGGING & MARINE SUPPLY - Non SBE
MIAMI CORDAGE -Non SBE

The following documents MUST be attached:

■ Specifications
☐ Licensing Requirements*
■ Insurance Requirements Document from Risk Management
☐ 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-Michael McDonald, Director Date: _____

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD Date: 2021.11.01 18:44:36 -04'00'

Rev.: February 2019 **Compliance Form No. 001**

M.F.

SVS