



SHELTERED MARKET REVIEW FORM

Project Title: Crowd Control Stanchions and Accessories **Agency Contact:** Michal Durden

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: \$86,728 3 Year(s) of contract
- Estimate Including Renewals: \$441,524 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: 423990

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:

To create an open end contract for an initial term of three (3) years with an option to renew for two (2) additional one-year periods in the initial estimated amount of \$86,728 for a total estimated amount of \$441,524 for crowd control stanchions and Accessories, see attached list of 15 items. Note: This contract will include a price escalation clause, see attached memorandum.

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

List Vendor Name(s) if previously supplied:

OPN2122868Q1_1, Crowd Control Stanchions and Accessories which expires May 5, 2024.

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 Date: _____

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD Date: 2024.02.27 10:15:51 -05'00'