



SHELTERED MARKET REVIEW FORM

Project Title: Phlebotomy and Testing Services **Agency Contact:** Omeed Rackal 954-732-7456

This form is to review projects estimated within the Sheltered Market Solicitation threshold :s \$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: \$120 000 1 Year(s) of contract
- Estimate Including Renewals: \$ 0 000 3 Year s of contract

Funding Source: County State Federal Penn 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: 21991

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:

See attached.

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

List Vendor Name(s) if previously supplied:

American Health Associates, Inc. GEN211852 B1): Non-SBE firm

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 Date: 6/24/21

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD Date: 2021.07.12 10:36:43 -0400