



SHELTERED MARKET REVIEW FORM

Project Title: Automatic Door Repairs and Maintenance **Agency Contact:** Claudja Henry

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: \$200,000.00 1 Year(s) of contract
- Estimate Including Renewals: \$600,000.00 3 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: 238290

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:

This is a solicitation for the establishment of an open-end contract for Automatic Door Repairs and Maintenance services to be provided at the Fort Lauderdale-Hollywood International Airport and other Broward County agencies. Maintenance includes keeping all automatic doors operational by cleaning, lubrication, reconditioning worn equipment, adjustments, calibrations, and providing replacement parts and repairs. The successful bidder is to furnish all labor, tools, equipment, materials, supplies, and travel required for all work in accordance with these specifications.

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

List Vendor Name(s) if previously supplied:

J Newton Enterprises, Inc.
Dash Door & Closer Service

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): _____ Date: _____

OESBD Approver Signature: SANDY-MICHAEL MCDONALD Digitally signed by SANDY-MICHAEL MCDONALD Date: 2020.12.07 17:29:34 -05'00'