

Rev.: February 2019

## SHELTERED MARKET REVIEW FORM

Project Title: Fire Suppression System	ns Maintenance - Non Aqı	ueous Agency Co	ntact: Elias H Castillo Pachon
This form is to review projects estimate This form <u>does not apply</u> for sole sou funded projects. Please submit the con	urce projects, qualified	vendor list projects, or	
Type of Contract: Check the type  ☐ Fixed Contract Estimate:  ☐ Initial Contract Term Estimate: \$224,  ☐ Estimate Including Renewals: \$582,4	Year	(s) of contract	nber of years.
Funding Source:  County	☐ State ☐ Fe	ederal   Penny fo	or Transportation
Type of Purchase: Check one and ☐ Commodity ■ Contract Service	☐ Commodi	ty and Service (e.g. sup	oply and install) and install, with licensing)
NAICS CODES: 238220 5	541990		
Sole Brand Solicitation: Is this a	a Sole Brand solicitatio	n? □ Yes <b>围</b> No	
If Yes, is there a limited distribution ven	ndor list? 🛘 Yes 🖪 No	If "Yes", attach a li	st of sole brand vendors.
Supporting Information for Rev	/iew:		
Scope of Work:			
Furnish all labor, materials, equipment, personal protective equipment maintenance and repairs, as required to complete the services, in testing, Inspections, maintenance, and repairs for various system CONTRACTOR shall make repairs of violations on fire systems for may be required by the Project Coordinator or the AHJ. All maintenance is a constant of the contract of the contrac	ncluding inspections, certifications, and is consisting of (6) Halon fire extinguish bund by the Authority Having Jurisdictio	testing, unless otherwise noted on the ling systems, (26) FM200, (1) Inergen, a on (AHJ) and/or the Facilities Management	Contract. Fire Suppression (Non-Aqueous) services to include and (2) Novec 1230 (Sapphire) fire extinguishing Systems. The ent Division, to include system upgrades and expansions as
Has this commodity/service been previous	ously provided to the C	county? ☐Yes ☐ No	
List Vendor Name(s) if previously supp	lied: 		
National Fire Protection, LLC			
The following documents MUS  Specifications	■ Insurance	•	ent from Risk Management
■ Licensing Requirements*			
*If Not Applicable, this must be stated in writing; *	*e.g. Sole Brand/Source Red	quest, Sole Brand Vendors Li	st end of the state of the stat
i+THIS SECTION IS FOR OFFICE	OF ECONOMIC AN	D SMALL BUSINES	S DEVELOPMENT USE ONLY
Solicit to <b>Sheltered Market</b> *** □ Yes	■ No (Review for P	rocurement Preference	e)
***If no SBE vendor applies or this is no ■ Solicit to Non-Sheltered Mar ■ REVIEW FOR PROCUREME □ Solicit to Non-Sheltered Mar	rket. No goals will ap ENT PREFERENCE rket. Goals may apply	<b>ply</b> to this solicitation.	
Request for Goal Assignmen			
OESBD Approver (Name / Title): Salva			
OESBD Approver Signature: SANI	DY-MICHAEL MCDON	Digitally signed by SANDY-I Date: 2024.04.01 12:40:22	-04'00'

Compliance Form No. 001