

SHELTERED MARKET REVIEW FORM

Project Title: Aggregates	Agency Contact: Angela Byers, 954-357-5948
This form is to review projects estimated within the Sheltered Market Solicitation threshold (< \$250K fixed or initial term). This form <u>does not apply</u> for sole source projects, qualified vendor list projects, or for any federal, state, or other grant-funded projects.	
TYPE OF CONTRACT:	
Fixed Contract Estimate: \$	OR Initial Contract Term Estimate: \$225,000.00 (amount per year/initial term, not including renewals)
TYPE OF PURCHASE: Check one and include the applicable NAICS code(s):	
✓ Commodity	☐ Commodity and Service (ex. supply and install)
☐ Contract Service	☐ Construction Project (ex. supply and install, with licensing)
NAICS CODES ¹ : 75056 75077	423320 423840
¹ http://www.census.gov/eos/www/naics	
If yes, attach a list of sole brand vendors. SUPPORTING INFORMATION FOR REVIEW:	
	ists of furnish and deliver Aggregates to various locations within ay and Bridge Maintenance Division and other agencies as
Yes No Has this commodity/services been previously provided to the County?	
List Vendor Name/Names if previously supplied: ABC Transfer, Inc.	
ATTACH ANY SUPPORTING DOCUMENTATION / INFORMATION TO THIS FORM	
This Section to be completed by Office of Economic and Small Business Development only:	
Solicit to Sheltered Market** Yes Wo	
	ed from the Sheltered Market solicitation, then:
Solicit to Non-Sheltered Market.	
☐ Solicit to Non-Sheltered Market. Request for Goals at that time	Goals may apply to this solicitation. Using agency must submit a
Approved by:	
Print Name and Title: ANA / M Office of Economic and	d Small Business Development
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J.V.