BROWARD COUNTY SHELTERED MARKET REVIEW FORM

Project Title:	MAGNETIC SWIPE BUS PASSES	Agency Contact: TERRY WILBAR - (954) 357-6788
This form is to a This form <u>does</u> funded project	not apply for sole source projects, qu	Sheltered Market Solicitation threshold (< \$250K fixed or initial termularity values of the second state of the second state, or other grant state, or oth
TYPE OF CON	TRACT: Check one and include do	ollar amount
☐ Fixed Co	ntract Estimate: \$	
Initial Co	ontract Term Estimate: \$ 125,000.00	(amount per year/initial term, not including renewals)
TYPE OF PUR	CHASE: Check one and include all	applicable NAICS code(s):
■ Commo		Commodity and Service (ex. supply and install)
☐ Contrac	t Service	Construction Project (ex. supply and install, with licensing)
	SOLICITATION: 334613	334)12 b No
Is this is 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.
Scope of Work Has this comm	information for review: indity/services been previously proviously supplied:	ded to the County? Yes No
Specification		Insurance Requirements Document from Risk Management
Licensing F	Requirements* this must be stated in writing **e.g. Sole Brand/Sou	Additional Applicable Supporting Documentation** urce Request, Sole Brand Vendors List, etc.
NAMES ARROWS ARROWS TAXABLE TO ARROWS	/	ice of Economic and Small Business Development only:
	tered Market*** Yes No	
		from the Sheltered Market solicitation, then:
	olicit to Non-Sheltered Market. No go	
□ sc	이 없는 것이 그리고 있는 것은 것이 없었다. 그런 이번 사람들은 이 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면 없다면 없다면 없다면 없다면 다른 것이다.	s may apply to this solicitation. Using agency must submit a
	Request for Goals at that time	
Approved by:	< N	1 5) mal d Date: 8/15/17
Print Name a	Office of Economic and	Small Business Development
V		

SMRF 7-27-17 FINAL