

SHELTERED MARKET REVIEW FORM

Project Title: Drug Testing Supplies	Agency Contact: Polly Cacurak
	ithin the Sheltered Market Solicitation threshold (< \$250K fixed or initial term). rojects, qualified vendor list projects, or for any federal, state, or other grant-
TYPE OF CONTRACT : Check one and in	clude dollar amount
☐ Fixed Contract Estimate: \$	
■ Initial Contract Term Estimate: \$100	0,000.00 (amount per year/initial term, not including renewals)
TYPE OF PURCHASE: Check one and in	
Commodity	Commodity and Service (ex. supply and install)
☐ Contract Service	☐ Construction Project (ex. supply and install, with licensing)
NAICS CODES: 621511	
SOLE BRAND SOLICITATION:	
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.	
Supporting Information for REVI Scope of Work: Purchase test kits for urine dr	EW: rug testing including cups and dip sticks. Also purchase drug test saliva kits.
Has this commodity/services been previou List Vendor Name/Names if previously sup	sly provided to the County? Yes No plied: Pharmacare is currently supplying
THE FOL	LOWING DOCUMENTS MUST BE ATTACHED
Specifications	Insurance Requirements Document from Risk Management
Licensing Requirements* *If Not Applicable, this must be stated in writing **e.g. Sol	Additional Applicable Supporting Documentation** Brand/Source Request, Sole Brand Vendors List, etc.
This Section to be complete	d by Office of Economic and Small Business Development only:
Solicit to Sheltered Market*** Yes	
Compared to the compared to th	warded from the Sheltered Market solicitation, then:
	et. No goals will apply to this solicitation.
Solicit to Non-Sheltered Marke	et. Goals may apply to this solicitation. Using agency must submit a
Request for Goals at that t	ime.
Approved by:	
Sally	MMC) ON N/d Date: 2/13/18
Print Name and Title: Office of Ecor	nomic and Small Business Development