

## OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

Governmental Center Annex 115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

## **MEMORANDUM**

DATE:

January 15, 2019

TO:

Lori E. Fortenberry, Investment & Finance Coordinator

Finance and Administrative Services Department (FASD)

THRU:

Sandy-Michael McDonald, Director 5 17

Office of Economic and Small Business Development

FROM:

Freddy Castillo, Small Business Development Manager

Office of Economic and Small Business Development

**SUBJECT:** No CBE Goal for Master Banking Services

Broward County will be soliciting proposals for a primary banking relationship with a financial institution to provide a wide range of services including: Deposit by Location, Electronic Deposit, Remote Deposit Capture, Image Cash Letter, Cash Vault Services, Electronic Lockbox, Controlled Disbursement Accounts, Online Reports/Search/Images, Online Positive Pay Decisioning, Online ACH Debit Decisioning, Online Stop Payments, Change Orders (Standing & Ad Hoc), Account Reconcilement (Partial & Full), Manual Additions/Deletions to Positive Pay File, Paid Check Image File, ACH Origination – Debits and Credits, Fraud Protection, Acceptance of Tax Payments, Electronic Payments, Electronic File Transfer, Dedicated Customer Service Contact, Line of Credit or Term Loan Capacity, and Benefit/Perk Programs available to County Employees.

A review of the Small Business Certified Firm Directory revealed that there are no certified County Business Enterprise (CBE) that can provide these services. Therefore, consistent with the Broward County Business Opportunity Act of 2012, as amended, Sec. 1-81.3 (a) (1), no CBE goal is applicable to this project.

However, in accordance with Sec. 1-81.10 (a) (1) of the Broward County Business Opportunity Act, as amended, if a responsive, responsible bid is received from a certified CBE or SBE firm that is within ten percent (10%) of the lowest bid received from a non-CBE or non-SBE firm, the CBE or SBE shall be offered the opportunity to match the lowest responsive, responsible bid. The CBE or SBE firm shall be deemed the lowest responsive, responsible bidder. In addition, Section 1-81.10 (a) (2) states, in part, that if the Evaluation Committee determines that a non-CBE proposer, who responds to a Request for Proposal (RFP), is the highest-ranked proposer, and a responsive, responsible CBE receives a score within five percent (5%) of the non-CBE's score, the highest-ranked CBE proposer shall be considered the highest-ranked proposer and shall have the opportunity to proceed to negotiations with the County for award of the contract.

This contract is not subject to the Broward County Workforce Investment Program.

Eligibility for the CBE program is based on economic/size standards; the program does not utilize race or gender criteria for either certification or goal methodology purposes. The above assigned goal for County Business Enterprises is based on our examination of the scope of work and cost estimate as submitted to the Office of Economic and Small Business Development by the using agency. If you have any concerns regarding subcontracting opportunities which may be available, please contact our office at (954) 357-6400.

cc: Maribel Feliciano, Assistant Director, OESBD
Oswaldo Casco, Small Business Development Specialist, OESBD



## SHELTERED MARKET REVIEW FORM

Project Title: Inird-Party Custodian/Satekeep	Agency Contact: Lori Fortenberry	
	the Sheltered Market Solicitation threshold (< \$250K fixed or initial term). ects, qualified vendor list projects, or for any federal, state, or other grant-	
Type of Contract: Check the type of contra	act; include dollar amount and the number of years.	
☐ Fixed Contract Estimate:	Year(s) of contract	
☐ Initial Contract Term Estimate:	Year(s) of contract	
■ Estimate Including Renewals: \$100,000.00	Year(s) of contract	
Funding Source:  ☐ County ☐ State		
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: 523991		
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 Review:		
Scope of Work:		
Broward County is seeking the services of a qualified firm to provide Third-Party Custodian/ Safekeeping Services for the County's fixed-income securities purchased in accordance with the County's investment policy and settled on a Delivery-versus-Payment (DVP) basis. Services shall include the receipt and holding of securities, collection and distribution of investment income and sales/maturities of investments, wiring funds to the account on a same-day basis and reporting.		
Has this commodity/service been previously pro List Vendor Name(s) if previously supplied: Wells Fargo Securities- (A Non-SBE fir	The control of the co	
THE FOLLOWIN	IG DOCUMENTS MUST BE ATTACHED	
☐ Specifications	☐ Insurance Requirements Document from Risk Management	
☐ Licensing Requirements* *If Not Applicable, this must be stated in writing; **E.g. Sole	☐ Additional Applicable Supporting Documentation**  Brand/Source Request, Sole Brand Vendors List	
This Section to be completed by the	e Office of Economic and Small Business Development only:	
Solicit to Sheltered Market*** ☐ Yes ■ No (	Review for Procurement Preference)	
***If no SBE vendor applies or this is not awards  Solicit to Non-Sheltered Market. No  REVIEW FOR PROCUREMENT PRE  Solicit to Non-Sheltered Market. Gos Request for Goal Assignment Form as	goals will apply to this solicitation.  FERENCE  als may apply to this solicitation. Using agency must submit a	
Signature: Slice		
Name / Title: SANDY H	McJona/d Date: 17/19	
Rev.: June 2018	Compliance Form No. 001	

J.V.



## SHELTERED MARKET REVIEW FORM

Project Title: LockBox Bank Services - RTT & V	Agency Contact: Gary Mehringer 954-357-5440
This form is to review projects estimated within the This form <u>does not apply</u> for sole source project funded projects.	the Sheltered Market Solicitation threshold (< \$250K fixed or initial term) cts, qualified vendor list projects, or for any federal, state, or other grant-
Type of Contract: Check the type of contract	ct; include dollar amount and the number of years.
☐ Fixed Contract Estimate:	
■ Initial Contract Term Estimate: \$250,000.00	\$ 3 Year(s) of contract
☐ Estimate Including Renewals:	Year(s) of contract
Funding Source: ■ County □ State	□ Federal
Type of Purchase: Check one and include a	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: 522110 522190	
Sole Brand Solicitation: Is this is a Sole B	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:	
Has this commodity/service been previously prov List Vendor Name(s) if previously supplied:	vided to the County? ■ Yes □ No  Inking Services contract, Wells Fargo. — NON-SBE
Services currently included in overall ba	Tiking Services contract, wells rargo.
THE FOLLOWING	G DOCUMENTS MUST BE ATTACHED
☐ Specifications	☐ Insurance Requirements Document from Risk Management
☐ Licensing Requirements* *If Not Applicable, this must be stated in writing; **E.g. Sole to the stated in	☐ Additional Applicable Supporting Documentation**  Brand/Source Request, Sole Brand Vendors List
the state of the s	Office of Economic and Small Business Development only:
Solicit to Sheltered Market***  Yes No (I	Review for Procurement Preference)
***If no SBE vendor applies or this is not awarde Solicit to Non-Sheltered Market. No service FOR PROCUREMENT PREI Solicit to Non-Sheltered Market Goal Request for Goal Assignment Form at	goals will apply to this solicitation.  FERENCE  als may apply to this solicitation. Using agency must submit a
Signature: 5 11C	1
Name / Title: Sawly M	M4) ONA (2 Date: 11/20/18
Rev.: June 2018	Compliance Form No. 001