



SHELTERED MARKET REVIEW FORM

Project Title: Pressure Washing Services

Agency Contact: Deborah Kraft, 954-468-0185

This form is to review projects estimated within the Sheltered Market Solicitation threshold (< \$250K fixed or initial term). **This form does not apply 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: \$ 75,000.00
(amount per year/initial term, not including renewals)

TYPE OF PURCHASE: Check one and include the applicable NAICS code(s):

- Commodity
- Contract Service
- Commodity and Service (ex. supply and install)
- Construction Project (ex. supply and install, with licensing)

NAICS CODES¹: 333912 561790 333318

¹<http://www.census.gov/eos/www/naics>

SOLE BRAND SOLICITATION: If this is a Sole Brand solicitation, is there a limited distribution vendor list?
If yes, attach a list of sole brand vendors.

SUPPORTING INFORMATION FOR REVIEW:

Scope of Work: attached.

Yes No Has this commodity/services been previously provided to the County?

List Vendor Name/Names if previously supplied:

****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 No

**If no SBE vendor applies or this is not awarded from the Sheltered Market solicitation, then:

- Solicit to **Non-Sheltered Market. No goals will apply** to this solicitation.
- Solicit to **Non-Sheltered Market. Goals may apply** to this solicitation. Using agency must submit a Request for Goals at that time.

Approved by: [Signature]

Print Name and Title: Sandy McDonald
Office of Economic and Small Business Development

Date: 8/8/14