

Contact the Office of Economic and Small Business Development (OESBD) at (954) 357-6400 for assistance or clarification regarding this form. NOTE: If additional space is required to complete your response than the form allows, please attach additional sheets as needed. Please submit the completed form to sbcomp@broward.org.

Date:
Department/Office/Division:
Project Name/Title:
Project Location (full address):
Reason for Goal Request: Description Request for Modification Contract Contract Contract Renewal Contract Contract
Solicitation Type: ☐ Bid ☐RLI ☐RFP ☐RFQ
This project will result in <i>(select one)</i> : □ □ an open-ended contract □ fixed contract
Do you intend to make multiple awards from a single solicitation? □Yes □No
s this project subject to CCNA requirements? □Yes □No
s this project subject to Federal Assistance? □Yes □No
f "yes", estimate percentage <i>and/or</i> dollar amount of project funded with Federal Assistance:
s this request in relation to an Airport Concession contract? ☐Yes ☐No
Please indicate the funding source by checking one of the following: Surtax
Project Manager Contact Information:
Name:
Title:
Telephone:

Rev.: December 2024 Compliance Form No. 002



1.	Total Estimated Project Value: \$					
	(a) Estimated contract term:					
	(b) Total estimated value of Optional Services: \$					
	Identify any costs or other reimbursements that the County is required to pay the prime. (e.g. permit fees): \$					
	(c) If the project is revenue producing, is there a Minimum Annual Guarantee (MAG)? □ Yes □ No If "yes", provide the estimated MAG: \$					
	Will you be using vendors approved as "sole source" or "most reasonable source", by the Broward County Purchasing Division, on this project? Yes Do (If yes, please provide proof of approval)					
	Please provide the name, description of scope of work, and corresponding percentage of the scope for each sole source/most reasonable source vendor that will be participating.					
2.	If contract amount is under \$250,000, was this project/contract solicited under the Sheltered Market Program? Yes No. If "yes", provide documentation. If "no", please complete requirements under the Sheltered Market program before requesting goal review.					
3.	Detailed Project Description: (Be as specific as possible as to the activities, participants, materials used, any known limitations/restrictions that make this project unique, and other information relevant to understanding the project)					
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4.	Explain any special licenses, certifications (including FDOT certifications) and equipment required for this contract. (i.e, General Contractor license, FDOT pre-qualifications such as highway design, signalization, etc.)					
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5.	Provide the total level of subcontracting on a similar project (similar scope of work, value, location, etc.) expressed as a percentage of the total project value. The similar project(s) may be currently ongoing or completed and may or may not have had an assigned small business goal. Provide the solicitation number, name of the project and the date of its completion (or if ongoing, the estimated date of completion). Include all subcontractors in the percentage given, regardless of race, gender or certification status of firm's owners.

6. Provide the percentage breakdown of each specialty involved in the scope of work. Identify the scopes of work required for the entire project. Be specific, provide detailed information to break down project segments into small components where possible. NOTE: This information, in conjunction with market availability information, will be used to assess the goal for the project. Visit Census.gov to find NAICS Codes. Please attach any supporting documentation.

Specialty	NAICS Code	Percentage
	Tota	l:



7.	Provide your best professional estimate as to the potential for subcontracting on this project. (The
	information in section 7 is a subset of the table in section 6 above.)

Specialty	NAICS Code	Percentage
	Total	
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This is the final project description and scope of work that will be published in the Purchasing Division solicitation document. I understand that I am required to submit a revised "Request for Goal Assignment Form" to the Office of Economic and Small Business Development should any substantive or material changes take place.

Project Manager Signature	Date
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Director's Signature	Date
Director's Signature	Dale