



REQUEST FOR GOAL ASSIGNMENT

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: New Contract Request for Modification
 Contract Extension Contract Renewal

Solicitation Type: Bid RLI RFP RFQ

This project will result in (*select one*): an open-ended contract fixed contract

Do you intend to make multiple awards from a single solicitation? Yes No

Is this project subject to CCNA requirements? Yes No

Is this project subject to Federal Assistance? Yes No

If "yes", estimate percentage *and/or* dollar amount of project funded with Federal Assistance:
_____ % \$ _____

Is this request in relation to an Airport Concession contract? Yes No

Please indicate the funding source by checking one of the following:

- Surtax _____% (estimated percentage of project funded by Broward County's surtax)
- County State
- USDOT FAA USDOT FTA USDOT FHWA
- ARRA ARPA
- Other (e.g. FEMA, DHS, etc.) If "Other", identify the funding source below. **A copy of the grant agreement will be required, for all non-Broward County funds, along with this completed form.**

Project Manager Contact Information:

Name: _____

Title: _____

Telephone: _____



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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 No *(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)

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.)*
