

# SHELTERED MARKET REVIEW FORM

**Project Title:** \_\_\_\_\_ **Agency Contact:** \_\_\_\_\_

This form is to review projects estimated within the Sheltered Market Solicitation threshold ( $\leq$  \$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. Please submit the completed form to OESBD as an attachment to your [BPRO Intake Form request](#).

**Type of Contract:** Check the type of contract; 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: \_\_\_\_\_ Year(s) of contract

**Funding Source:**  County  State  Federal  Penny for Transportation

**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:** \_\_\_\_\_

**Sole Brand Solicitation:** Is this 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:

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

List Vendor Name(s) and contract number(s) if previously supplied:

## The following documents **MUST** be attached:

- Specifications  Insurance Requirements Document from Risk Management  
 Licensing Requirements\*  Additional Applicable Supporting Documentation\*\*

\*If Not Applicable, this must be stated in writing; \*\*e.g. Sole Brand/Source Request, Sole Brand Vendors List

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**THIS SECTION IS FOR OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT USE ONLY** ←

- Solicit to Sheltered Market  Yes  No (Review for procurement preference)
- If no award is made to an SBE, CBE, or non-certified firm, in response to the Sheltered Market solicitation, then:
  - Solicit to **Open Market**. **No CBE goal will apply** to the re-solicitation.
  - REVIEW FOR PROCUREMENT PREFERENCE (do not check if state funding is used)**
  - Solicit to **Open Market**. **A 25% CBE goal applies** to the re-solicitation.

OESBD Approver (Name / Title): \_\_\_\_\_ Date: \_\_\_\_\_

OESBD Approver Signature: \_\_\_\_\_