

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

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

1. Solicit to Sheltered Market Yes No (Review for procurement preference)

If a non-CBE is considered for award a 25% goal applies: Yes No

2. If no award is made to an SBE, CBE, or non-certified firm, in response to the Sheltered Market solicitation, then:

- No CBE goal will apply.
 REVIEW FOR PROCUREMENT PREFERENCE (do not check if state funding is used)
 A 25% CBE goal applies.

OESBD Approver (Name / Title): _____ Date: _____

OESBD Approver Signature: _____