



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 this form allows, please attach additional sheets as needed. Please submit the completed form to sbcomp@broward.org.

Date: _____

Department/Office/Division: _____

Project Name/Title: _____

Capital Improvement Project #: _____

Requisition #: _____ Folder #: _____

Reason for Goal Request: New Contract Request for Modification
 Contract Extension Contract Renewal

Solicitation Type: Bid RLI RFP Quote

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 project an Airport Concession Contract? Yes No

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

- County** **State**
- Penny for Transportation** **USDOT FAA**
- ARRA-USDOT FAA** **USDOT FTA**
- ARRA-USDOT FTA**
- Other** (e.g. FEMA, DHS) If "Other", identify the funding source(s) below **and** provide a copy of the grant agreement along with your completed form.

Project Manager Contact Information:

Name: _____

Title: _____

Phone: _____



REQUEST FOR GOAL ASSIGNMENT (Cont'd)

1. Total Estimated Project Value: \$ _____

(a) Estimated contract term: _____

(b) Total estimated value of Optional Services: \$ _____

Identify any costs or other reimbursements that Broward 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) on this project?

Yes No If "Yes", provide the estimated MAG: \$ _____

2. **If the 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 the 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 and other information relevant to understanding the project.)

4. Explain any special licenses, certification and equipment required for this contract.

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 of that project. Provide the 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.



REQUEST FOR GOAL ASSIGNMENT (Cont'd)

6. Provide the percentage breakdown of each specialty involved in the scope of work. Identify the scopes of work required for the 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
Potential for Subcontracting		
Total must add up to 100%		Total: %

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.

Signature: _____
Project Manager

Date: _____

Signature: _____
Director

Date: _____