



SHELTERED MARKET REVIEW FORM

Project Title: _____ **Agency Contact:** _____

This form is to review projects estimated within the Sheltered Market Solicitation threshold (< \$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.

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

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 is 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) 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 to be completed by the Office of Economic and Small Business Development only:

Solicit to **Sheltered Market***** Yes No (**Review for Procurement Preference**)

***If no SBE vendor applies or this is not awarded from the Sheltered Market solicitation, then:

- Solicit to **Non-Sheltered Market. No goals will apply** to this solicitation.
- REVIEW FOR PROCUREMENT PREFERENCE**
- Solicit to **Non-Sheltered Market. Goals may apply** to this solicitation. Using agency must submit a Request for Goal Assignment Form at that time.

Signature: _____

Name / Title: _____ Date: _____