



REQUEST FOR GOAL ASSIGNMENT-SURTAX PROJECTS AND SERVICES (CITY/MUNICIPALITY)

Contact the Office of Economic and Small Business Development (OESBD) at 954-357-6400 for assistance or clarification regarding this form. 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 sbsurtax@broward.org.

IMPORTANT NOTE: This form is intended for the review of **ONLY eligible** Surtax-funded projects that are approved by the Surtax Oversight Board and the Broward County Board of County Commissioners.

Date: _____

City/Municipality Name: _____

Project Title: _____

Surtax Project ID #: _____

Project Location Zip Code(s) (if applicable): _____

Project Location City(ies) (if applicable): _____

Solicitation Type: New Contract (Capital/R&M) Continuing Service Agreement
 Piggybacking

Is this project subject to Federal Assistance? Yes No

NOTE: It is the responsibility of the municipality to inform OESBD of any funds other than Surtax that will apply to this project.

Project Manager Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Webpage where solicitation will be posted: _____

1. Estimated Project Value for Initial Term: \$ _____

(a) Length of initial contract term: _____

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

(c) Total amount reimbursable to prime (e.g. permit fees): \$ _____

REQUEST FOR GOAL ASSIGNMENT (Cont'd)

2. Detailed Project Description: (Be as specific as possible as to the activities, participants, materials used and other information relevant to understanding the project.)

3. Explain any licenses, certification, experience and/or specialized equipment required for this contract.

4. Provide the percentage breakdown of each specialty 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 |
|---------------|------------|------------|
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| | | % |
| Total: | | % |

5. Please submit the specifications/scope of work with your submission.

This is the final project description and scope of work that will be published in the 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: _____