



# 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 the form allows, please attach additional sheets as needed. Please submit the completed form as an attachment to your [BPRO Intake Form request](#).

Date: \_\_\_\_\_

Department/Office/Division: \_\_\_\_\_

Project Name/Title: \_\_\_\_\_

Project Location (full address): \_\_\_\_\_

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

Solicitation Type:     Bid     RLI     RFP     RFQ

This project will result in (*select one*):     an open-ended contract     fixed contract

Do you intend to make multiple awards from a single solicitation?     Yes     No

Is this project subject to CCNA requirements?     Yes     No

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 request in relation to an Airport Concession contract?     Yes     No

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

- Surtax \_\_\_\_\_ % (estimated percentage of project funded by Broward County's surtax)
- County                       State
- USDOT FAA     USDOT FTA     USDOT FHWA
- ARRA                       ARPA
- Other (e.g. FEMA, DHS, etc.) If "Other", identify the funding source below. **A copy of the grant agreement will be required, for all non-Broward County funds, along with this completed form.**

### Project Manager Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_



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1. Total Estimated Project Value: \$ \_\_\_\_\_

(a) Estimated contract term: \_\_\_\_\_

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

**Identify any costs or other reimbursements that the 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)?

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

Will you be using vendors approved as "sole source" or "most reasonable source", by the Broward County Purchasing Division, on this project? Yes No *(If yes, please provide proof of approval)*

Please provide the name, description of scope of work, and corresponding percentage of the scope for each sole source/most reasonable source vendor that will be participating.

**2. If 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 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, any known limitations/restrictions that make this project unique, and other information relevant to understanding the project)

4. Explain any special licenses, certifications (including FDOT certifications) and equipment required for this contract. *(i.e., General Contractor license, FDOT prequalifications such as highway design, signalization, etc.)*



