



# 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](mailto:sbsurtax@broward.org).

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

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

City/Municipality Name: \_\_\_\_\_

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

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): \$ \_\_\_\_\_

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.



## REQUEST FOR GOAL ASSIGNMENT (Cont'd)

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](http://Census.gov) to find NAICS Codes. **Please attach any supporting documentation.**

Specialty	NAICS Code	Percentage
<b>Total:</b>		<b>%</b>

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: \_\_\_\_\_