



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

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

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

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

Surtax Project ID # (if applicable): \_\_\_\_\_

Project Location Zip Code(s) (if applicable): \_\_\_\_\_

Project Location City(ies) (if applicable): \_\_\_\_\_

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(s) by checking **ALL** of the following that apply:

- Surtax \_\_\_\_\_% (estimate percentage of project funded by Surtax)
- County  State  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 (including FDOT certifications) and equipment required for this contract. (*i.e. General Contractor license, FDOT pre-qualifications such as highway design, signalization, etc.*)

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

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

7. Provide your best professional estimate as to the **potential for subcontracting** on this project.

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

**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: \_\_\_\_\_