

## Goal Modification Request Form

1. Date: 5/17/2016 2. Requesting Department: HFD	3. Solicitation Number: N/A
4. Solicitation Name: CDW-G	5. Estimated Dollar Amount: \$399,968.00
6. Description of Solicitation (attach specifications/supporting CDW-G replacement of Panasonic Mobility Tablet	-
PLEASE INDICATE WHETHER A PREVIOUS CONTRA	CT EXISTED FOR THIS SOLICITIATION.
A. Previous contract (if any): Yes O No O B. Previous	s contract number:
C. Goal on last contract D.	Was goal met? Yes O No O
E. If goal was not met, what percentage did the vendor achie	eve?%
F. Why wasn't goal achieved?	
SELECT ONE TYPE OF GOAL MODIFICATION REQUI	EST FROM THE FOUR OPTIONS BELOW.
1. WAIVER	
A. I am requesting a waiver of the MWSBE Goal: Yes   B. Reason for waiver: (Check one)	No O
A public or administrative emergency exists which with unusual immediacy	equires the goods or services to be provided
If goods and services are specialized, technical, or u to select its contractor without application of MWSI witnesses, certain financial advisors or technical cor	BE provisions (such as contracts for expert
MWSBE provisions impose an unwarranted econon acquisition of the goods or services, or is not in the	nic burden or risk on the City or unduly delay
<ul><li>Level of MWSBE availability would produce minin</li><li>Other:</li></ul>	
C. Detailed explanation for Waiver Reason:	
The Panasonic Mobility Tablets are uniques and edispatch operations.	ssential for the HFD to support and
2. COOPERATIVE OR INTER-LOCAL AGREEMENT	
A. Is this a Cooperative/Inter-Local agreement? Yes N	
B. If yes, please specify the name of the agreement: DIR: T	SO-2520
C. Did the Department explore opportunities for using certif	ied firms? Yes O No O
D. Please explain how the department explored opportunities	s for using certified firms:
E. Please explain why the Department did not explore oppor	<del>-</del>
CDW-G offers Panasonic Mobility tablets that are	specialized equipment required to

support the Fire Dept. emergency units to properly dispatch operations. The tablets will be purchased from CDW-G and shipped directly to the Houston Fire Department.



OBO Assistant Director or Designee

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	Construction (34%) Professional Serv Yes No • If yes, please complete	•		with this form.	
4. GOAL REVISION AFTER ADVERTISEMENT					
	A. I am requesting a revision of the MWSBE Goal that has already been advertised: Yes No   No				
	B. Original goal: C. Proposed new goal: D. Advertisement date:				
	E. Will the project be re-advertised? Yes O No O F. Estimated dollar amount: \$				
	G. Detailed reason for request:				
Concurrence:  Assice Watters 5/17/16  Requesting Department Initiator Date Department Director or Designee D					
	F	OR OBO OFFICE	USE ONLY:		
AI	PPROVED:				
	Variate Dung	3/20/16	Drop Ship/ Non-Divisible	W-589	
	OBO Assistant Director or Designee	Date	OBO Reason	Tracking #	
DI	ENIED:				
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Date

OBO Reason

Tracking#