



# Goal Modification Request Form

1. Date: 9/1/2015 2. Requesting Department: SPD/Finance 3. Solicitation Number: L25294  
 4. Solicitation Name: Cleaning, Decontamination & Repair Services 5. Estimated Dollar Amount: \$ 3,800,000.  
 6. Description of Solicitation (*Attach Specifications/Supporting Documents*): Cleaning, Decontamination & Repair Services for Fire Protective Ensembles for Various Departments

**PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.**

A. Previous Contract (if any): Yes  No  B. Previous Contract #: L22665 C. Goal on Last Contract: 0%  
 D. Was Goal Met? Yes  No  E. If goal was not met, what percentage did the vendor achieve? \_\_\_\_\_  
 F. Why wasn't goal achieved: \_\_\_\_\_

**SELECT ONE TYPE OF GOAL MODIFICATION REQUEST FROM THE FOUR OPTIONS BELOW.**

**1. WAIVER**

A. I am requesting a waiver of the MWBE Goal: Yes  No   
 B. Reason for waiver: (Check One)  
 A public or administrative emergency exists which requires the goods or services to be provided with unusual immediacy  
 If goods and services are specialized, technical or unique nature as to require the City department to select its contractor without application of MWSBE provisions (such as contracts for expert witnesses, certain financial advisors or technical consultants);  
 MWSBE provisions impose an unwarranted economic burden or risk on the City or unduly delay acquisition of the goods or services, or is not in the best interest of the City; or  
 Level of MWSBE availability would produce minimal MWSBE participation.  
 Other: \_\_\_\_\_  
 C. Detailed Explanation for Waiver Reason: Personal Protective Ensembles (PPE) worn by firefighters require close control & monitoring, for homeland security reasons. Contractor req'd to maintain possession & full responsibility of garments to meet strict safety & time requirements of HFD. Ensembles are bar-coded, tracked & periodically inspected per NFPA 1851, 2008ed.

**2. COOPERATIVE OR INTER-LOCAL AGREEMENT**

A. Is this a Cooperative/Inter-Local Agreement? Yes  No   
 B. If yes, please specify the name of the Agreement: \_\_\_\_\_  
 C. Did the Department explore opportunities for using certified firms? Yes  No   
 D. Please explain how the Department explored opportunities for using certified firms: \_\_\_\_\_  
 E. Please explain why the Department did not explore opportunities for using certified firms: \_\_\_\_\_



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**3. REDUCED GOAL** (To be completed by the department prior to advertisement)

A. I am **requesting** a MWBE contract-specific goal below the following citywide goals:

Construction (34%); Professional Services (24%); Purchasing (11%)

Yes  No  If yes, complete a Contract-Specific Goal Request Form and submit with this form.

**4. GOAL REVISION AFTER ADVERTISEMENT**

A. I am requesting a **revision** of the MWBE Goal that has already been advertised: Yes  No

B. Original Goal: \_\_\_\_\_ C. New Proposed Goal: \_\_\_\_\_ D. Advertisement Date: \_\_\_\_\_

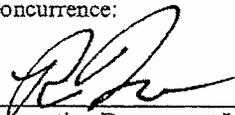
E. Will Project be Re-Advertised: Yes  No  F. Estimated Dollar Amount: \$ \_\_\_\_\_

G. Detailed reason for request: \_\_\_\_\_

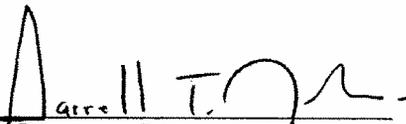
\_\_\_\_\_

\_\_\_\_\_

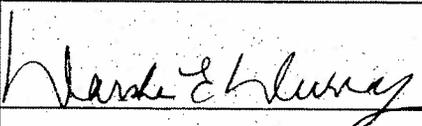
Concurrence:

  
Requesting Department Initiator

9/1/2015  
Date

  
Department Director or Designee

9.2.15  
Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
	12/31/15	non-divisible	W-457
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #