

Goal Modification
Request Form

1. Date: 5-29-15 2. Requesting Department: Police 3. Solicitation Number: PR # 10203769
 4. Solicitation Name: iRobot System/Spare Repair Kits-HPD SWAT 5. Estimated Dollar Amount: \$ 79,519.60
 6. Description of Solicitation (Attach Specifications/Supporting Documents): Purchase of four (4) iRobot 110 First Look Robotic System used by HPD SWAT. Purchase through the Inter-local Agreement US Communities Contract.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous Contract (if any): Yes No B. Previous Contract #: _____ C. Goal on Last Contract: _____
 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: _____

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: US Communities Contract # 4400001839 - SafeWare Mallory

C. Did the Department explore opportunities for using certified firms? Yes No

D. Please explain how the Department explored opportunities for using certified firms: The specifications in the Cooperative Purchasing Agreement(s) for the equipment being purchased were reviewed to determine if there was any divisible work. The review revealed there is no divisible work. The equipment will be shipped directly from the manufacture to the City.

E. Please explain why the Department did not explore opportunities for using certified firms: _____



Goal Modification Request Form

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


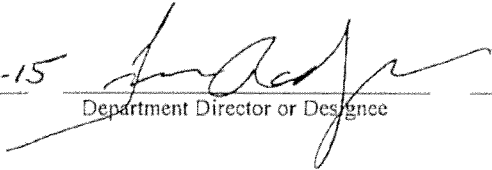
A. I am requesting a **revision** of the MWBE Goal that has already been advertised: Yes No

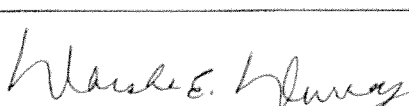
B. Original Goal: _____ C. New Proposed Goal: _____ D. Advertisement Date: _____

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

G. Detailed reason for request: _____

Concurrence:


5-29-15

5-29-15
 Requesting Department Initiator Date Department Director or Designee Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
	6/18/15	NON-Divisible	W-400
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

RECEIVED



CITY OF HOUSTON
OFFICE
BUSINESS OPPORTUNITY

15-049.05



Goal Modification Request Form

1. Date: 5-29-15 2. Requesting Department: Police 3. Solicitation Number: PR # 10204000
 4. Solicitation Name: Ballistic Shields for Houston Police Dept 5. Estimated Dollar Amount: \$ 49,940.32
 6. Description of Solicitation (*Attach Specifications/Supporting Documents*): Purchase quantity of (458) BS-2 Ballistic Riot Shields for events involving HPD SRG. Purchase through the Inter-local Agreement US Communities Contract.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous Contract (if any): Yes No B. Previous Contract #: _____ C. Goal on Last Contract: _____
 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);
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 Other: _____
 C. Detailed Explanation for Waiver Reason: _____

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: US Communities Contract # 4400001839 - SafeWare Mallory
 C. Did the Department explore opportunities for using certified firms? Yes No
 D. Please explain how the Department explored opportunities for using certified firms: The specifications in the Cooperative Purchasing Agreement(s) for the equipment being purchased were reviewed to determine if there was any divisible work. The review revealed there is no divisible work. The equipment will be shipped directly from the manufacture to the City.
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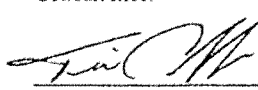
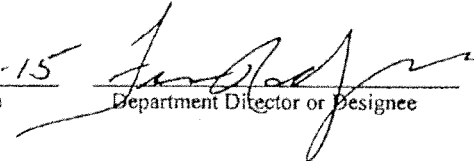
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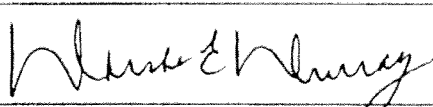
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FOR OBO OFFICE USE ONLY:			
APPROVED:			
	6/18/15	NON DIVISIBLE	0-401
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
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RECEIVED



CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

MAY 29 2015

OBO

Goal Modification Request Form

1. Date: 5-29-15 2. Requesting Department: Police 3. Solicitation Number: PR # 10203013
4. Solicitation Name: (PPE) XRT Suits for Houston Police Dept 5. Estimated Dollar Amount: \$ 21,018.80
6. Description of Solicitation (*Attach Specifications/Supporting Documents*): Purchase quantity of (40) Personal Protective Equipment (PPE) XRT Suits for HPD. Purchase through the Inter-local Agreement US Communities Contract.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

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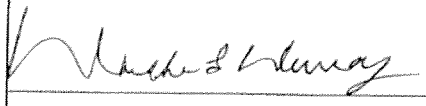
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Requesting Department Initiator

5-29-15 
Date Department Director or Designee

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Date

FOR OBO OFFICE USE ONLY:			
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