



Goal Modification Request Form

1. Date: 7-8-15 2. Requesting Department: Police 3. Solicitation Number: PR# 10205779
4. Solicitation Name: Gemini/Trunac Explosive Detector-HPD 5. Estimated Dollar Amount: \$ 113,567.20

6. Description of Solicitation (attach specifications/supporting documents):
Equipment primarily to assist HPD Bomb Squad by identifying explosive materials and which type of explosive is being encountered. This information guides the tech in which render safe method is most likely to succeed.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous contract (if any): Yes No B. Previous contract number: _____
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 MWSBE 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: H-GAC Contract # EP11-14
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 for the equipment being purchased were reviewed to determine if there was any divisible work.
E. Please explain why the Department did not explore opportunities for using certified firms:
The review revealed there is no divisible work. The equipment will be shipped directly from the manufacturer to the City.



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

A. I am requesting a MWSBE contract-specific goal below the following city wide goals:
Construction (34%) Professional Services (24%) Purchasing (11%)

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

4. GOAL REVISION AFTER ADVERTISEMENT

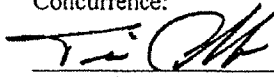
A. I am requesting a revision of the MWSBE Goal that has already been advertised: Yes No

B. Original goal: _____ C. Proposed new goal: _____ D. Advertisement date: _____

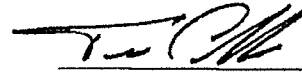
E. Will the project be re-advertised? Yes No F. Estimated dollar amount: \$ _____

G. Detailed reason for request:

Concurrence:


Requesting Department Initiator

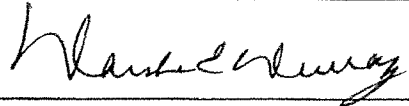
7-8-15
Date


Department Director or Designee

7-8-15
Date

FOR OBO OFFICE USE ONLY:

APPROVED:

	<u>7/9/15</u>	Non-Divisible	W-422
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #