



CITY OF HOUSTON
OFFICE
OF
BUSINESS OPPORTUNITY

**Goal Modification
 Request Form**

To: Assistant Director
 Office of Business Opportunity

Solicitation Number: S25142

Estimated Dollar Amount: \$ _____

From: Sonja Otero/Administration Manager
 Requestor's Name/Title
Houston Fire - EMS Division
 Department

Type of Solicitation: Bid Proposal Other

Name and Intent of this Solicitation: Medical Equipment and Accessories

PREVIOUS CONTRACT (if any): Yes No

Goal on Last Contract: 0% Was Goal Met: Yes No

If goal was not met, what percentage did the vendor achieve? _____

Why wasn't goal achieved: _____

PLEASE SELECT THE TYPE OF GOAL MODIFICATION REQUESTED FROM THE OPTIONS BELOW (Waiver, Reduced Goal, Goal Revision After Advertisement, OR Cooperative or Inter-Local Agreement)

WAIVER

I am requesting a waiver of the MWBE Goal: Yes No

Reason for waiver:

- A public or administrative emergency exists which requires the goods or services to be provided with unusual immediacy;
- The service or goods requested are of such a specialized, technical or unique nature as to require the City department to be able to select its contractor without application of MWSBE provisions (such as contracts for expert witnesses, certain financial advisors or technical consultants);
- If application of MWSBE provisions would impose an unwarranted economic burden or risk on the City or unduly delay acquisition of the goods or services, or would otherwise not be in the best interest of the City; or



If the possible MWSBE participation level based on MWSBE availability would produce negligible MWSBE participation.

Other: Sole Source Provider

Detailed Explanation of waiver reason: _____

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

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 Setting Worksheet and submit with this form.

GOAL REVISION AFTER ADVERTISEMENT

I am requesting a **revision** of the MWBE Goal: Yes No

Original Goal: _____ New Proposed Goal: _____

Advertisement Date: _____ Number of Solicitations Received: _____ Estimated Dollar Amount: \$ _____

Detailed reason for request: _____

COOPERATIVE OR INTER-LOCAL AGREEMENT

Is this a Cooperative/Inter-Local Purchasing Agreement? Yes No Goal Requested: _____

If yes, what type: _____ Yes No

Did Department explore opportunities for using certified firms? Yes No N/A

If no, please explain why not: _____

Concurrence:

[Signature]
Department Initiator

5-27-14
Date

[Signature]
Department Director or Designee

9-23-14
Date

Approved by:

[Signature]
OBO Assistant Director or Designee

10/8/14
Date

OBO Tracking #: W-239

OBO Reason: Sole Source / Non-Divisible