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Goal Modification Request Form

1. Date: 8/21/2015 2. Requesting Department: SPD/Finance 3. Solicitation Number: L25291
 4. Solicitation Name: Inspection,Maintenance,Repairs&Testing Svcs. 5. Estimated Dollar Amount: \$ 830,000.00
 6. Description of Solicitation (*Attach Specifications/Supporting Documents*): Inspection,Maintenance,Repairs&Testing on Self Contained Breathing Apparatus (SCBA). Contractor to perform preventive & remedial maintenance to insure air safety

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous Contract (if any): Yes No B. Previous Contract #: L23398 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: The services require a certified technician to maintain warranties on SCBA. Any materials are directly purchased from the original equipment mfr. (OEM) Repair parts are brought with technician or directly shipped to City maintenance facility from outside state. Warrantied repairs & logistical scope exclude any MWBE participatior

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:

Casey Cassner
Requesting Department Initiator

8/24/2015
Date

[Signature]
Department Director or Designee

8/24/15
Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
<u>Wanda E. King</u>	<u>9/21/15</u>	<u>Specialized</u>	<u>10-450</u>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #