



1. Date: 2/10/16 2. Requesting Department: HDHHS/HFD 3. Solicitation Number: N/A
4. Solicitation Name: N/A 5. Estimated Dollar Amount: \$ 600,000

6. Description of Solicitation (attach specifications/supporting documents):
Contract for services for the Emergency Telehealth and Navigation Program (ETHAN)

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous contract (if any): Yes No B. Previous contract number: N/A
C. Goal on last contract N/A D. Was goal met? Yes No
E. If goal was not met, what percentage did the vendor achieve? _____ %
F. Why wasn't goal achieved?
N/A

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:

Greater Houston Healthconnect, Inc. (GHH) will be subcontracting with medical providers (Federally Qualified Health Centers or FQHCs) and Harris County Rides. There are no MWBEs that provide the required services with whom GHH can contract and the services are not divisible in nature.

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:
Contractor will subcontract with FQHCs; there are none that are certified MWBEs.
E. Please explain why the Department did not explore opportunities for using certified firms:
Contractor will contract with Harris County Rides, a governmental entity which provides transportation at a reduced rate.



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:

Diana Akhoushian 2/11/2016
Requesting Department Initiator Date

M. [Signature] 2/11/16
Department Director or Designee Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
<u>[Signature]</u>	<u>3/4/16</u>	<u>Unavailable MWSBE</u> <u>Non-Divisible</u>	<u>U-526</u>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #