



CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

**Goal Modification
Request Form**

1. Date: 3-28-16 2. Requesting Department: Police 3. Solicitation Number: PRM 10215513

4. Solicitation Name: Bell 412 Helicopter Pilot & Maintenance Training 5. Estimated Dollar Amount: \$ 129,940.00

6. Description of Solicitation (attach specifications/supporting documents):

Factory authorized helicopter pilot recurrent training for five (5) pilots, and initial pilot training for two (2) pilots of the Bell 412EP twin engine multi-mission aircraft. Also factory authorized turbine engine maintenance training.

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:

Sole Source professional services training. The vendor is the manufacturer of the aircraft and the sole source for factory-authorized pilot and maintenance training conducted by FAA certified flight instructors. No other training provider.

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:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
<i>Deborah Murray</i>	3/30/16	Sole Source	11-507
APPROVED:			
FOR OBO OFFICE USE ONLY:			

Requesting Department Initiator: *[Signature]* Date: 3-28-16
 Department Director or Designee: *[Signature]* Date: 3-28-16
 Concur: *[Signature]*

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: _____

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.