



# Goal Modification Request Form

1. Date: 2/01/2015 2. Requesting Department: SPD/Finance 3. Solicitation Number: L25398  
 4. Solicitation Name: Training & Online Access for Blue Card for Fire 5. Estimated Dollar Amount: \$ \$797,650.00  
 6. Description of Solicitation (*Attach Specifications/Supporting Documents*): Specialized training to obtain Blue Card Certification for Fire Command Training, all Annual Online Access, Instructor Support Pkg and Continuing Education Renew

**PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.**

- A. Previous Contract (if any): Yes  No  B. Previous Contract #: \_\_\_\_\_ 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 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: There are no other agencies capable of providing the specified training and certification. This training is sole source & unique for Fire Department classified employees to obtain Blue Card certification. This certification allows classified staff to meet National Incident Mgt. System (NIMS) standards.

**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 Crossner*  
Requesting Department Initiator

*2/4/2015*  
Date

*S. P. [Signature]*  
Department Director or Designee

*2-5-15*  
Date

#### FOR OBO OFFICE USE ONLY:

#### APPROVED:

<i>[Signature]</i>	<i>2/10/15</i>	<i>Sole Source / Non divisible</i>	<i>W-338</i>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

#### DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #