

RECEIVED



CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

31
020

Goal Modification
Request Form

1. Date: 3/15/2016 2. Requesting Department: Fleet Management 3. Solicitation Number: S25708 525929

4. Solicitation Name: Allison Transmission 5. Estimated Dollar Amount: \$ 1,154,977.44

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

The specification call for genuine original equipment manufacturer (OEM) parts and genuine OEM reconditioned replacement parts and certified OEM Allison technicians completing repair and warranty work.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous contract (if any): Yes No B. Previous contract number: 4600009288

C. Goal on last contract 0% D. Was goal met? Yes No

E. If goal was not met, what percentage did the vendor achieve? 0 %

F. Why wasn't goal achieved?

SELECT ONE TYPE OF GOAL MODIFICATION REQUEST FROM THE FOUR OPTIONS BELOW.

I. 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: The Allison good & service are specialized & assigned to author. dealers.

C. Detailed explanation for Waiver Reason:

The specification fro and service require specialized technicians certified in OEM Heavy Duty Allison transmission repair. The review revealed there is no divisible work. FMD does not see any opportunity for divisibility, therefore, no subcontracting opportunities for MWBE participation.

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:



CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

**Goal Modification
Request Form**

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:

Camela Scott 3/15/2016
Requesting Department Initiator Date

Wayne Chney 03-15-16
Department Director or Designee Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
<u>Mark E. Harvey</u>	<u>3/31/16</u>	<u>NON DIVISIBLE</u> <u>CHIEFSHIP</u>	<u>W560</u>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #