



**CITY OF HOUSTON**  
OFFICE  
of  
**BUSINESS OPPORTUNITY**

**Goal Modification  
Request Form**

1. Date: 06/06/2015 2. Requesting Department: Health Dept. 3. Solicitation Number: S21-525881  
 4. Solicitation Name: Hemoglobin Analyzers and Microcuvettes 5. Estimated Dollar Amount: \$ 416,850.00  
 6. Description of Solicitation (Attach Specifications/Supporting Documents): Hemoglobin Analyzers and Microcuvette Test  
The purpose is to test the blood of patients participating in the Women, Infant and Children (WIC) program at health clinics.

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

A. Previous Contract (if any): Yes  No  B. Previous Contract #: S21-23933 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.**

**I. 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: Sole Source: Pursuant to Texas Local Government Code Chapter 252, Section 23(a)(7)(A)

C. Detailed Explanation for Waiver Reason: Stanbio is the Sole manufacture, and the sole supplier for the HemoPoint H2 System including all its accessories and consumables throughout the United States. The equipment will be shipped directly to the City of Houston from the medical supply who holds the patents/ rights of this type of commodity.

**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: N/A

Concurrence:

[Signature]  
Requesting Department Initiator

06/06/2016

Date

[Signature]  
Department Director or Designee

6/6/16  
Date

FOR OBO OFFICE USE ONLY:

APPROVED:

<u>[Signature]</u>	<u>6/7/16</u>	<u>Sole Source</u>	<u>W-598</u>
OBO Assistant Director or Designee <u>Deputy</u>	Date	OBO Reason	Tracking #

DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

JUN - 6 2016