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CITY OF HOUSTON OFFICE of BUSINESS OPPORTUNITY

Goal Modification Request Form

1. Date: 10/6/2016 2. Requesting Department: Fleet Management 3. Solicitation Number: N26022
4. Solicitation Name: Spartan Gladiator Ladder Truck 5. Estimated Dollar Amount: \$ 130,000.000

6. Description of Solicitation (attach specifications/supporting documents):
The specification call for genuine Original equipment manufacture (OEM) reconditioned replacement parts for a Spartan Gladiator Ladder Truck, by certified OEM Spartan technicians completing repair and warranty.

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: Spartan part is directly shipped from manufacturer to the City facility.

C. Detailed explanation for Waiver Reason:
The specification for and service required specialized technicians certified in OEM SPARTAN parts 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:



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:

Pamela Scott 10/6/2016
Requesting Department Initiator Date

Wayne King 10-06-16
Department Director or Designee Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
<u>Wanda King</u>		NO CERTIFIED MWSBE firms	W-659
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #