



CITY OF HOUSTON
OFFICE
BUSINESS OPPORTUNITY

Goal Modification Request Form

1. Date: 1/6/2017 2. Requesting Department: Houston Fire 3. Solicitation Number: 521-526133
4. Solicitation Name: Medical Oxygen Regulators and Flowmeters 5. Estimated Dollar Amount: \$ 196,000.00
6. Description of Solicitation (Attach Specifications/Supporting Documents): Contract renewal for purchase of EMS equipment - Ingage Regulator, RW series, Pressure Reducer, and RW Flowmeter

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous Contract (if any): Yes ☒ No ☐ B. Previous Contract #: 4600011787 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.

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: Supplies to be purchased direct from manufacture

C. Detailed Explanation for Waiver Reason: _____
Buying patented products direct from manufacturer who is out of state. Supplies will be dropped shipped to the City

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:

Requesting Department Initiator

1-6-17
Date

Department Director or Designee

1/10/17
Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
	<u>1/18/17</u>	<u>DropShip</u>	<u>W1-704</u>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #