

RECEIVE Goal Modification Request Form

1. Date: 3/9/2017 ₂ . Requesting Department: Finance 3. Solicitation Number:
4. Solicitation Name:5. Estimated Dollar Amount: \$5
6. Description of Solicitation (attach specifications/supporting documents): To provide the Houston Area Forecasts of Employment, Inflation, Interest Rates and Sales Tax Receipts and the Mid Fiscal Year Update Sales Tax Revenue Forecast.
PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITIATION.
A. Previous contract (if any): Yes No O B. Previous contract number:
C. Goal on last contract D. Was goal met? Yes O No O
E. If goal was not met, what percentage did the vendor achieve?%
F. Why wasn't goal achieved?
SELECT <u>ONE</u> TYPE OF GOAL MODIFICATION REQUEST FROM THE <u>FOUR</u> 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:
C. Detailed explanation for Waiver Reason:
C.T. Bauer College of Business/Institute for Regional Forecasting was chosen due to the extensive knowledge related to forecasting sales tax revenue applicable to the City of Houston. The model provided by C.T. Bauer College of Business/Institute for Regional Forecasting is utilized by Finance for sales tax forecasting. The Finance Department deems the services provided as non-divisible and having no opportunities for sub-contracting.
2. COOPERATIVE OR INTER-LOCAL AGREEMENT
A. Is this a Cooperative/Inter-Local agreement? Yes No No
B. If yes, please specify the name of the agreement:
C. Did the Department explore opportunities for using certified firms? Yes No O
D. Please explain how the department explored opportunities for using certified firms:
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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 MWSBE contract-specific goal below the following city wide goals: Construction (34%) Professional Services (24%) Purchasing (11%) Yes O No O 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 O No O B. Original goal: _______ C. Proposed new goal: ______ D. Advertisement date: ______ E. Will the project be re-advertised? Yes O No O F. Estimated dollar amount: \$_____ G. Detailed reason for request: Concurrence: Requesting Department Initiator FOR OBO OFFICE USE ONLY: APPROVED: **OBO** Reason Tracking # Date OBO Deputy Director or Designee **DENIED:** Tracking# **OBO** Reason OBO Deputy Director or Designee Date COMMENTS: