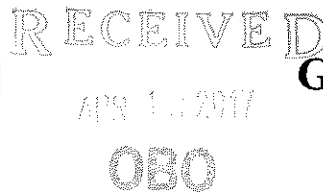




CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY



**Goal Modification
Request Form**

1. Date: 4/13/2017 2. Requesting Department: HITS 3. Solicitation Number: _____
4. Solicitation Name: ESRI GIS renewal 5. Estimated Dollar Amount: \$ 3,480,000

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

ESRI GIS products provide mapping and spacial analytics tools that allow city departments to overlay data onto maps of geographic areas. GIS is used to improve decision making, service delivery, and citizen engagement by applying and sharing location-based analysis of city services, transactions, and processes. The City pays for licenses and maintenance services.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous contract (if any): Yes ☒ No ☐ B. Previous contract number: 4600010898
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 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:

ESRI is the sole source provider of this service. Vendor Sole Source letter is attached

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:
There are no other firms certified to provide this service.
E. Please explain why the Department did not explore opportunities for using certified firms:



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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.

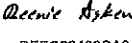
4. GOAL REVISION AFTER ADVERTISEMENT

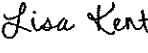
A. I am requesting a revision of the MWSBE Goal that has already been advertised: Yes ☐ No ☐

B. Original goal: _____ C. Proposed new goal: _____ D. Advertisement date: _____

E. Will the project be re-advertised? Yes ☐ No ☐ F. Estimated dollar amount: \$ _____

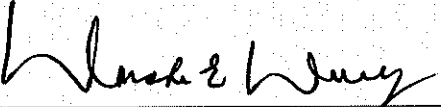
G. Detailed reason for request: _____

Concurrence: DocuSigned by:

BEEC22409CA94A2... 4/18/2017
 Requesting Department Initiator Date

DocuSigned by:

44FF8FE8CCB7481... 4/18/2017
 Department Director or Designee Date

FOR OBO OFFICE USE ONLY:

APPROVED:

	4/18/2017	SOLE SOURCE	W-749
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #