CITY OF HOUSTON
OFFICE of
BUSINESS OPPORTUNITY

Goal Modification Request Form

1. Date: 11/9/2016 2. Requesting Department: ARA/BARC 3. Solicitation Number: TBD S26068

4. Solicitation Name: Veterinary Supplies 5. Estimated Dollar Amount: 1,663,450.43

6. Description of Solicitation *(Attach Specifications/Supporting Documents)*: To provide veterinary clinic supplies, drugs, pharmaceuticals and vaccines for the ARA Bureau of Animal Regulation and Controls Shelter & Adoptions facilities.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous Contract (if any): Yes ■ No ☐ B. Previous Contract #: S21-S23952 C. Goal on Last Contract: 0%

D. Was Goal Met? Yes ☐ No ☐ E. If goal was not met, what percentage did the vendor achieve? N/A

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:

C. Detailed Explanation for Waiver Reason: Sourced distributors of veterinary clinic supplies, drugs, pharmaceuticals and vaccines work with over 500 manufacturers and licensed to distribute federally regulated controlled substances. Distributors order directly from manufacturer and products are shipped direct to destination which limits MWBE partners.

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: N/A

E. Please explain why the Department did not explore opportunities for using certified firms: N/A

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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	Date	Department Director or Designee	Date
	11/9/2016		11/10/2016

FOR OBO OFFICE USE ONLY:			
APPROVED:			
OBO Assistant Director or Designee (Deputy)	11/14/16 Date	Non-Divisible OBO Reason	11-688 Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #