

1. Date: 4/27/2017 2. Requesting Department: HPL 3. Solicitation Number:				
4. Solicitation Name: Houston Center for Literacy 5. Estimated Dollar Amount: \$_650,000				
<ol> <li>Description of Solicitation (attach specifications/supporting documents):</li> <li>Please see attached supporting documents (scope of work, HPL Justification letter and HCL Soul Source letter).</li> </ol>				
PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITIATION.				
A. Previous contract (if any): Yes No D B. Previous contract number: 4600011572				
C. Goal on last contract 0% D. Was goal met? Yes O No O				
was not met, what percentage did the vendor achieve?				
PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITIATION.  A. Previous contract (if any): Yes  No  B. Previous contract number: 4600011572  C. Goal on last contract  D%  D. Was goal met? Yes  No  3. 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.  I. WAIVER  A. I am requesting a waiver of the MWSBE Goal: Yes  No  3. 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  MWSBE availability would produce minimal MWSBE participation.  Other:  C. Detailed explanation for Waiver Reason:  The vendor is a component unit of the City and they are considered a sole source provider. Houston Center for Literacy work with literacy providers that provide literacy programs. The providers hire and manage their own instructors that they deploy at HPL locations and other literacy centers across the city.				
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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 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:



## Goal Modification Request Form

A. I am requesting a revision of the B. Original goal:C. F. E. Will the project be re-advertised	MWSBE Goal that l	D. Advertisement date:	
G. Detailed reason for request:  Concurrence:	5/3/17	Roseul Web	र्वश्रीत
Requesting Department Initiator	Date FOR OBO OFFICE	Department Director or Design	nee b Date
PPROVED:		Sole Source	
Carles July	5/11/2	non-divisible	W-759
OBO Deputy Director or Designee	Date	OBO Reason	Tracking#
ENIED:			
OBO Deputy Director or Designee	Date	OBO Reason	Tracking #