





## Goal Modification Request Form

1. Date: 6/20/2016 2. Requesting Department: Fleet Management 3. Solicitation Number: S25864			
4. Solicitation Name: Toro, Kholer and Kawasaki Mower OEM Replacement Parts 5. Estimated Dollar Amount: \$2,045,043.00			
6. Description of Solicitation (attach specifications/supporting documents): The specification call for genuine original (OEM) or equal replacement parts. Trained technicians shall complete parts build/rebuild or repair.			
PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITIATION.			
A. Previous contract (if any): Yes O 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 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: Mower Parts are direct shipped from the manufacturer to the City's facility.			
C. Detailed explanation for Waiver Reason:			
The specification for service require specialized technicians certified in OEM Toro, Kholer, Kawasaki mower repair. The review revealed there is no divisible work. FMD does not see any opportunity for divisibility, therefor, no subcontracting opportunities for MWBE participation.			
2. COOPERATIVE OR INTER-LOCAL AGREEMENT			
A. Is this a Cooperative/Inter-Local agreement? Yes O No O			
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:



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3. REDUCED GOAL (to be comple A. I am requesting a MWSBE contra	ct-specific goal bele	ow the following city wide goals:	
Construction (34%) Professional Services No No If yes, please comple	, ,	• , ,	with this form.
4. GOAL REVISION AFTER ADV	APP THE CONTRACT OF THE CONTRA	·	
			. N. C
A. I am requesting a revision of the M. B. Original goal: C. Pr			
E. Will the project be re-advertised?			
G. Detailed reason for request:	TES O NO O	r. Estimated donar aniount; p	
G. Detailed reason for request.			
Requesting Department Initiator	20   2016 Date OR OBO OFFICE	<i>V V</i>	Date Date
June & Howay	6/27/16	NON-Clivisible	W-410
DBO Assistant Director or Designee	Date	OBO Reason	Tracking#
NIED:			
BO Assistant Director or Decigner	Date	OPO Bassan	Territor #