



**Goal Modification
Request Form**

1. Date: 05/10/2017 2. Requesting Department: Health Dept 3. Solicitation Number: S21-S23634

4. Solicitation Name: QuantIFERON TB Gold in Test Tube Products 5. Estimated Dollar Amount: \$ 382,182.00

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

These reagents allow the Bureau of Laboratory Services to test patient samples for tuberculosis, respiratory virus pathogens, enteric pathogens and bioterrorism threat pathogens

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous contract (if any): Yes No B. Previous contract number: S21-S23634

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?

N/A

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: Pursuant to Texas Local Gov't Code Chapter 252, Section 22(a)(7)(A)

C. Detailed explanation for Waiver Reason:

Qiagen is the sole manufacturer, supplier & distributor of these reagents. The reagents will be shipped directly from the manufacturer to the Houston Laboratory. Therefore, no portion of the contract is divisible.

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:

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



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:

WB Matthews 05/10/2017
Requesting Department Initiator Date

Ngwenke Anoth 5/10/17
Department Director or Designee Date

FOR OBO OFFICE USE ONLY:			
APPROVED:			
<u>Carl</u>	<u>5/11/17</u>	<u>Drop Shipment</u>	<u>W-704</u>
OBO Director Director or Designee	Date	OBO Reason	Tracking #
DENIED:			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #