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CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

APR 1

030

**Goal Modification
Request Form**

1. Date: 03/14/2018 2. Requesting Department: Houston Health Dept 3. Solicitation Number: _____
4. Solicitation Name: Harmony House, Inc 5. Estimated Dollar Amount: \$ 1,200,000.00

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

Harmony House, Inc. - A five year professional service agreement to provide a facility with isolation rooms to house infectious TB patients under supervision.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

A. Previous contract (if any): Yes ☒ No ☐ B. Previous contract number: 4600012164

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:

C. Detailed explanation for Waiver Reason:

The vendor is a sole source vendor because the vendor is the only homeless service provider with 24 hour/7 days a week/ 365 days a year isolation rooms facility equipped to house infectious homeless individuals with tuberculosis. Therefore, the competitive bids were not required to be taken for this service.

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:

This is a sole source vendor with specialized services.



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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:

Barkana Newman
Requesting Department Initiator

4/16/2018
Date

Michelle Austin
Department Director or Designee

4/14/18
Date

FOR OBO OFFICE USE ONLY:

APPROVED:

No Available MWSBE firms

Michael Wang

4/23/18

non-divisible

W-904

OBO Deputy Director or Designee

Date

OBO Reason

Tracking #

DENIED:

OBO Deputy Director or Designee

Date

OBO Reason

Tracking #

COMMENTS: