



**CITY OF HOUSTON**  
OFFICE  
BUSINESS OPPORTUNITY

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**Goal Modification  
Request Form**

1. Date: 01/26/2018 2. Requesting Department: HEALTH 3. Solicitation Number: TBD

4. Solicitation Name: Determine HIV-1/2 Test Kits 5. Estimated Dollar Amount: \$ 1,037,500.00

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

Alere Determine® HIV-1/2 is an in vitro, visually read, qualitative immunoassay for the detection of antibodies to HIV-1 and HIV-2 in human serum, plasma or whole blood. The test is intended as an aid to detect antibodies to HIV-1/HIV-2 from infected individuals.

**PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.**

A. Previous contract (if any): Yes  No  B. Previous contract number: N/A

C. Goal on last contract N/A 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: There is not any divisible work elements to be performed by an MWBE.

C. Detailed explanation for Waiver Reason:

Per the Contract Specific Goal Request Form the goal for work element is 0%.  
(Attached)

**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: N/A

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



**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: N/A C. Proposed new goal: N/A D. Advertisement date: N/A

E. Will the project be re-advertised? Yes  No  F. Estimated dollar amount: \$ N/A

G. Detailed reason for request:  
N/A

Concurrence:

W. Matthews  
Requesting Department Initiator

01/26/2018  
Date

Muehler  
Department Director or Designee

01/26/2018  
Date

FOR OBO OFFICE USE ONLY:			
<b>APPROVED:</b>			
<u>CDW</u>	<u>2/5/18</u>	<u>CONTRACT SPECIFIC GOAL REQUEST</u>	<u>W-181</u>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #
<b>DENIED:</b>			
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #



RECEIVED

**Purchasing & Professional Services**

**STEP 1: PROVIDE SOLICITATION / PROJECT INFORMATION.**

1. Date: January 26, 2018      2. Department: Houston Health Dept.      3. Solicitation #: **TBD**
4. Solicitation /Project Name: Determine Combo HIV Test Kits      6. Contract Value: **\$1,037,500.00**
5. Description of Project: Alere Determine® HIV-1/2 is an in vitro, visually read, qualitative Immunoassay for the detection of antibodies to HIV-1 and HIV-2 in human serum, plasma or whole blood. The test is intended as an aid to detect antibodies to HIV-1/HIV-2 from infected individuals.

**STEP 2: CALCULATE CONTRACT-SPECIFIC GOAL.**

*Please see Instructions for assistance with calculations.*

A	B	C	D	E	F	G	H
Work Element Description	NAICS Code	Cost for Each Work Element	% Cost of Contract	# of MWBE Firms (B2G)	# of All Firms	MWBE Availability	Goal % for Work Element
HIV test kits manufacturing	325413	\$ 1,017,500.00	98.07%	0	3	0.00%	0.00%
Delivery service (except as part of intercity courier network, U.S. Postal)	492210	\$ 20,000.00	1.93%	11	110	10.00%	0.19%
<b>Totals</b>		<b>\$ 1,037,500.00</b>	<b>100%</b>				<b>0.19%</b>

**STEP 3: PROVIDE GOAL CALCULATION INFORMATION FOR ITEMS # 7 - 10.**

7. List method used to calculate # of All Firms in Column F: U.S. Census Bureau for Houston Area
8. Calculated Contract-Specific Goal (Column H): 0.19%
9. If contract goal should be more or less than calculated Contract-Specific Goal, please explain further goal adjustments:

10. List Proposed Contract Goal: MWBE 0.00%

**STEP 4: SIGN AND DATE FORM.**

Michele Austin  
Department Director / Designee

Michele Austin  
Signature

Division Manager  
Title

01/26/2018  
Date

FOR OBO OFFICE USE ONLY:			
APPROVED:		DENIED:	
<u>OPW</u>	<u>2/5/18</u>		
OBO Assistant Director or Designee	Date	OBO Assistant Director or Designee	Date