



CITY OF HOUSTON
OFFICE
BUSINESS OPPORTUNITY

RECEIVED

**Goal Modification
Request Form**

1. Date: 11-16-17 2. Requesting Department: Police 3. Solicitation Number: TBD
4. Solicitation Name: Navigation Augmented Reality Mapping System for HPD 5. Estimated Dollar Amount: \$ 642,500.00

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

Procurement of (5) five airborne moving map systems for HPD Air Support MD 500B model helicopters. These modern mapping systems provide a radical improvement in situational awareness in the cockpit by overlaying addresses, street names, parcel information, business names and any other data of interest directly on top of real-time sensor video which increases crew efficiency and simplifies their workload since all information they need is available on a single display. (12" High Definition Monitor). These new moving map systems will save time and may likely save lives, with faster response time from air crews.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous contract (if any): Yes ☐ No ☒ B. Previous contract number: _____
C. Goal on last contract _____ D. Was goal met? Yes ☐ No ☐
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:

C. Detailed explanation for Waiver Reason:

HPD Air Support Division already owns and operates the Churchill Mapping System. The Churchill mapping system is installed and currently in use in three (3) of their aircraft. Operating and maintaining more than one (1) distinct mapping system is problematic and unreasonable for the end user. Consistency with these complicated systems is crucial to the police mission and can only be accomplished by utilizing the same system throughout the aircraft fleet. If more than one (1) system is installed throughout the fleet, the operation becomes difficult and convoluted for the air crew certainly creating inadvertent confusion in an already high stress environment. Due to the fact that the necessary aerial camera systems work directly in conjunction with the mapping systems, having multiple mapping systems would further complicate and inhibit the recalibration process of the cameras to the mapping systems when the Air Support division is required to move the camera systems from aircraft to aircraft, often times on a frequent basis.

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:



Goal Modification Request Form

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.

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:


Requesting Department Initiator

11/16/17
Date

Department Director or Designee 11/16/17
Date

FOR OBO OFFICE USE ONLY:

APPROVED:

| | | | |
|---------------------------------|-----------------|----------------------|--------------|
| <i>W. Mark E. Lewis</i> | <i>11/21/17</i> | <i>NON-divisible</i> | <i>W-842</i> |
| OBO Deputy Director or Designee | Date | OBO Reason | Tracking # |

DENIED:

| | | | |
|---------------------------------|------|------------|------------|
| | | | |
| OBO Deputy Director or Designee | Date | OBO Reason | Tracking # |

COMMENTS: