



1. Date: 4/27/2017 2. Requesting Department: PWE 3. Solicitation Number: n/a  
4. Solicitation Name: Prescription Safety Glasses for PWE. 5. Estimated Dollar Amount: \$ 573,751.25

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

To provide safety glasses for employees of PWE according to OSHA regulation requirements that conform to American National Standards Institute (ANSI) standards.

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

- A. Previous contract (if any): Yes  No  B. Previous contract number: S25234  
C. Goal on last contract 0% 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:

Employees will drop off their prescription for the safety glasses then go back to pick them up from the vendor when they are ready. Therefore, there is no opportunity for MWBE participation for deliveries.

**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

### 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:

Requesting Department Initiator

4/27/2017

Date

Department Director or Designee

4/27/17

Date

| FOR OBO OFFICE USE ONLY:        |        |               |            |
|---------------------------------|--------|---------------|------------|
| APPROVED:                       |        |               |            |
|                                 | 5/8/17 | Non-Divisible | W-750      |
| OBO Deputy Director or Designee | Date   | OBO Reason    | Tracking # |
| DENIED:                         |        |               |            |
|                                 |        |               |            |
| OBO Deputy Director or Designee | Date   | OBO Reason    | Tracking # |

COMMENTS: