



**CITY OF HOUSTON**  
OFFICE  
of  
**BUSINESS OPPORTUNITY**

**Goal Modification  
Request Form**

1. Date: 8/17/18 2. Requesting Department: HITS 3. Solicitation Number: \_\_\_\_\_

4. Solicitation Name: AT&T Corp. Telecom Services 5. Estimated Dollar Amount: \$ 7,499,213.37

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

Spend authority for telecommunication services via Texas Department of Information Resources (DIR).

**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:

Spend authority for the payment of telecommunications services via Texas Department of Information Resources vendor AT&T Corp.

**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: Texas Dept. of Information Resources (DIR)

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:

The services provided are telecommunication services that can only be provided by the vendor; the work is not divisible.



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## 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:  
DocuSigned by:

*Roswell Dixon*

8/20/2018

Requesting Department Initiator

Date

DocuSigned by:

*Lisa Kent*

8/20/2018

Department Director or Designee

Date

### FOR OBO OFFICE USE ONLY:

#### APPROVED:

<i>Michael Henry</i>	<i>9/11/18</i>	<i>Non-Divisible</i>	<i>M-673</i>
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

#### DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #



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# Goal Modification Request Form

1. Date: 9/11/18 2. Requesting Department: Houston IT Services 3. Solicitation Number: NA  
4. Solicitation Name: LogRhythm Network Monitor 5. Estimated Dollar Amount: \$ 290,000.00

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

LogRhythm appliance and software provides detailed logging of network switches, routers and servers. The logging is then analyzed for abnormal behavior which triggers an alert to fix issues.

**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: Software/DIR

C. Detailed explanation for Waiver Reason:

This purchase is both hardware and software and will be purchased utilizing DIR.

**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: DIR-TSO-4116  
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:



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E. Will the project be re-advertised? Yes ☐ No ☒ F. Estimated dollar amount: \$ \_\_\_\_\_

G. Detailed reason for request: \_\_\_\_\_

Concurrence:

DocuSigned by:

Chris Mitchell

069AF5FC39374DC...

9/11/2018

Requesting Department Initiator

Date

DocuSigned by:

Lisa Kent

44FF8FE8CCB7481...

9/11/2018

Department Director or Designee

Date

### FOR OBO OFFICE USE ONLY:

#### APPROVED:

	9/17/18	Non-Divisible	W-678
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

#### DENIED:

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #