



CITY OF HOUSTON
OFFICE
OF
BUSINESS OPPORTUNITY

**Goal Modification
Request Form**

1. Date: 4/19/18 2. Requesting Department: Houston Fire 3. Solicitation Number: 526683

4. Solicitation Name: Medical, Dental, Ambulatory Supplies and Pharmaceuticals 5. Estimated Dollar Amount: \$ 15,226,026.00

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

Solicitation is for the renewal and consolidation of several agreements which include online catalogs for medical, dental, ambulatory supplies, and pharmaceuticals used by Houston Fire, Police, Health, Administration and Regulatory Affairs, and Houston Airport System. Supplies are utilized daily to serve citizens in emergency situations, clinics, and other citywide public facilities. Renewal term is 36-months with two 1-year extension options.

PLEASE INDICATE WHETHER A PREVIOUS CONTRACT EXISTED FOR THIS SOLICITATION.

- A. Previous contract (if any): Yes ☒ No ☐ B. Previous contract number: 4600011883, 4600012898, 4600012887, 4600012814, 4600013854, 4600013431
- 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: Direct drop shipment to the City of Houston

C. Detailed explanation for Waiver Reason: ..

Drop shipment

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:



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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:

[Signature]
Requesting Department Initiator

4-19-18
Date

[Signature]
Department Director or Designee

4-19-18
Date

FOR OBO OFFICE USE ONLY:

APPROVED:

<u>[Signature]</u>	<u>4/26/18</u>	<u>Drop Ship</u>	<u>21-921</u>
OBO Deputy Director or Designee	Date	OBO Reason	Tracking #

DENIED:

OBO Deputy Director or Designee	Date	OBO Reason	Tracking #

COMMENTS: