



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

**Goal Modification  
Request Form**

1. Date: 02/12/19 2. Requesting Department: Health Dept. 3. Solicitation Number: PR 10257297  
4. Solicitation Name: G2307 Series Analyzers 5. Estimated Dollar Amount: \$ 91,000.00  
6. Description of Solicitation (attach specifications/supporting documents):  
Two G2307 Formaldehyde Analyzers

**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 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: There are no divisible elements for this purchase.

C. Detailed explanation for Waiver Reason:

The analyzers will ship directly from the manufacturer.

**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:



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

**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: \_\_\_\_\_

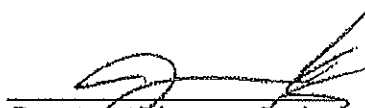
E. Will the project be re-advertised? Yes ☐ No ☒ F. Estimated dollar amount: \$ \_\_\_\_\_

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

Concurrence:

  
Requesting Department Initiator

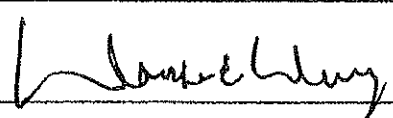
02/13/19  
Date

  
Department Director or Designee

2/13/19  
Date

**FOR OBO OFFICE USE ONLY:**

**APPROVED:**

	<u>2/15/19</u>	Sole Source. Non-Divisible	W-1057
OBO Assistant Director or Designee	Date	OBO Reason	Tracking #

**DENIED:**

OBO Assistant Director or Designee	Date	OBO Reason	Tracking #