

## GOAL DETERMINATION REQUEST FORM

<b>Buyer Name/Phone</b>	Sai Purcell/512-974-3058	<b>PM Name/Phone</b>	Diana Health/512-530-7204
<b>Sponsor/User Dept.</b>	Aviation	<b>Sponsor Name/Phone</b>	N/A
<b>Solicitation No</b>	PAX0142	<b>Project Name</b>	Records Digitation - Electronic Conversion
<b>Contract Amount</b>	\$300,000 annually	<b>Ad Date (if applicable)</b>	04/17/17
<b>Procurement Type</b>			
<input type="checkbox"/> AD – CSP <input type="checkbox"/> AD – Design Build Op Maint <input type="checkbox"/> IFB – IDIQ <input checked="" type="checkbox"/> Nonprofessional Services <input type="checkbox"/> Critical Business Need <input type="checkbox"/> Sole Source* <input type="checkbox"/> AD – CM@R <input type="checkbox"/> AD – JOC <input type="checkbox"/> PS – Project Specific <input type="checkbox"/> Commodities/Goods <input type="checkbox"/> Interlocal Agreement <input type="checkbox"/> AD – Design Build <input type="checkbox"/> IFB – Construction <input type="checkbox"/> PS – Rotation List <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Ratification			
<b>Provide Project Description**</b>			
Digitizing records services (paper, Mylar, and Vellum) including large-format drawings, reports, minutes, manuals, personnel files, and other similar documents			
<b>Project History: Was a solicitation previously issued; if so were goals established? Were subcontractors/subconsultants utilized? Include prior Solicitation No.</b>			
IFB-BV PAX0217. No Goal			
<b>List the scopes of work (commodity codes) for this project. (Attach commodity breakdown by percentage; eCAPRIS printout acceptable)</b>			
92030 98%, 96224 2%.			
Sai Purcell		04/06/2017	
<b>Buyer Confirmation</b>		<b>Date</b>	

\* Sole Source must include Certificate of Exemption

\*\*Project Description not required for Sole Source

<b>FOR SMBR USE ONLY</b>			
<b>Date Received</b>	4/10/2017	<b>Date Assigned to BDC</b>	4/10/2017
<b>In accordance with Chapter 2-9(A-D)-19 of the Austin City Code, SMBR makes the following determination:</b>			
<input type="checkbox"/> Goals	% MBE	% WBE	
<input type="checkbox"/> Subgoals	% African American	% Hispanic	
	% Asian/Native American	% WBE	
<input type="checkbox"/> Exempt from MBE/WBE Procurement Program		<input checked="" type="checkbox"/> No Goals	

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**This determination is based upon the following:**

- ☒ Insufficient availability of M/WBEs  
☒ Insufficient subcontracting opportunities  
☐ Sufficient availability of M/WBEs  
☐ Sole Source

- ☐ No availability of M/WBEs  
☐ No subcontracting opportunities  
☐ Sufficient subcontracting opportunities  
☐ Other

*If Other was selected, provide reasoning:*

### MBE/WBE/DBE Availability

4 certified firms for main scope, 0 certified firms for other scope.

### Subcontracting Opportunities Identified

There are insufficient subcontracting opportunities.

Cassidy Villegan

**SMBR Staff**

**Signature/ Date**

4.11.17

**SMBR Director or Designee**

**Date**

4-13-17

**Returned to/ Date:**