

**Full Board Meeting**

June 23, 2021

9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
  - A. Approve Minutes of the Board of Trustees Meeting Held on Wednesday, May 26, 2021  
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
  - A. Resource Committee Report and/or Action  
(*G. Womack, Chair*)
    1. FY'21 Year-to-Date Budget Report-June  
(*EXHIBIT F-2 Sean Kim*)
  - B. Quality Committee Report and/or Action  
(*G. Santos, Chair*)
  - C. Program Committee Report and/or Action  
(*B. Hellums, Chair*)
  - D. Governance Committee Report and/or Action  
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
  - A. Approve FY'21 Year-to-Date Budget Report-June  
(*EXHIBIT F-3 Sean Kim*)
  - B. June 2021 New Contract Over 50K  
(*EXHIBIT F-4 Silvia Tiller*)
  - C. June 2021 Contract Amendments Over 50K  
(*EXHIBIT F-5 Silvia Tiller*)
  - D. June 2021 Contract Ratifications  
(*EXHIBIT F-6 Silvia Tiller*)
  - E. June 2021 Contract Renewals Over 50K  
(*EXHIBIT F-7 Silvia Tiller*)
  - F. June 2021 Interlocal Agreements  
(*EXHIBIT F-8 Silvia Tiller*)
  - G. Compliance Plan  
(*EXHIBIT F-9*)
  - H. Infection Control Plan  
(*EXHIBIT F-10*)

- I. \*Agency Abbreviations  
(EXHIBIT F-11)
- J. \*Breach Notification  
(EXHIBIT F-12)
- K. \*Check Signing  
(EXHIBIT F-13)
- L. \*Compliance Department  
(EXHIBIT F-14)
- M. \*Faxing Patient Identifying Information  
(EXHIBIT F-15)
- N. \*Improvement of Consumer Care Committee  
(EXHIBIT F-16)
- O. \*Infection Control  
(EXHIBIT F-17)
- P. \*Return to Inpatient Care of Furloughed Patient  
(EXHIBIT F-18)
- Q. \*Sanctions for Breach of Security and/or Privacy Violations of Health Information  
(EXHIBIT F-19)
- R. \*Security of Patient/ Individual Identifying Information  
(EXHIBIT F-20)
- S. Center Related Meeting Expense  
(EXHIBIT F-21)
- T. Confidentiality and Disclosure of Patient/Individual Health Information  
(EXHIBIT F-22)
- U. Consents and Authorizations  
(EXHIBIT F-23)
- V. Content of Patient Records  
(EXHIBIT F-24)
- W. Correcting Documentation and Coding Errors  
(EXHIBIT F-25)
- X. Court Ordered Outpatient Mental Health Services  
(EXHIBIT F-26)
- Y. Declaration of Mental Health Treatment  
(EXHIBIT F-27)
- Z. Development and Maintenance of Center Policies  
(EXHIBIT F-28)
- AA. Least Restrictive Interventions and Management of Aggressive Behavior  
(EXHIBIT F-29)
- AB. Medication Administration  
(EXHIBIT F-30)

- AC. Patient Record Administration  
(EXHIBIT F-31)
- AD. Patient/ Individual Access to Medical Records  
(EXHIBIT F-32)
- AE. Property Inventory  
(EXHIBIT F-33)
- AF. Referral, Transition and Discharge  
(EXHIBIT F-34)
- AG. Request for New Revised Deleted Patient Record Forms  
(EXHIBIT F-35)
- AH. Requisitioning Vehicle Repairs and Maintenance  
(EXHIBIT F-36)
- AI. Retention of Patient-Individual Record  
(EXHIBIT F-37)
- AJ. Safety Drills  
(EXHIBIT F-38)
- AK. Service Assistance Animals  
(EXHIBIT F-39)
- AL. Signature for Authorization  
(EXHIBIT F-40)

## VII. REVIEW AND COMMENT

- A. Legislative Update  
(Wayne Young/Amanda Jones)
- B. Current Strategic Plan Update  
(Wayne Young)

## VIII. EXECUTIVE SESSION

- In accordance with §551.072 of the Texas Government Code,  
Discussion about the purchase of real property to replace  
and/or expand Southeast Clinic located at 5901 Long Drive,  
Houston, TX-Silvia Tiller, Director of Contracts

- In accordance with §551.072 of the Texas Government Code,  
Discussion about the purchase of real property to replace  
and/or expand Northeast Clinic located at 7200 North Loop  
East, Houston, TX- Silvia Tiller, Director of Contracts

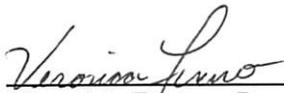
## IX. RECONVENE INTO OPEN SESSION

## X. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

## XI. INFORMATION ONLY

- A. June 2021 New Contracts Under 50K  
(EXHIBIT F-41)
- B. June 2021 Affiliation Agreements, Grants, MOUs and Revenues  
(EXHIBIT F-42)
- C. June 2021 Amendments Under 50K  
(EXHIBIT F-43)
- D. June 2021 Renewals Under 50K  
(EXHIBIT F-44)
- E. Abbreviation List  
(EXHIBIT F-45)

**XII. ADJOURN**



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Veronica Franco, Board Liaison  
Shaukat Zakaria, Chair, Board of Trustees  
The Harris Center for Mental Health and IDD



# **EXHIBIT F-1**

**THE HARRIS CENTER *for*  
Mental Health and IDD**

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

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This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

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**PLACE OF MEETING:** Conference Room 104  
9401 Southwest Freeway  
Houston, Texas 77074

**TYPE OF MEETING:** Regular

**DATE:** May 26, 2021

**TRUSTEES  
IN ATTENDANCE:** Dr. George Santos, Vice Chairperson  
Dr. Lois Moore, Vice Chairperson  
Mr. Gerald Womack  
Judge Bonnie Hellums  
Dr. Robin Gearing  
Mr. Jim Lykes-Phone  
Mr. Taseer Badar-Phone

**TRUSTEES ABSENT:** Mr. Shaukat Zakaria, Chairperson  
Elizabeth McIngvale  
Sheriff Ed Gonzalez, Ex Officio

**1. Declaration of Quorum**

Dr. George Santos, Vice Chair, called the meeting to order at 9:33 a.m. noting that a quorum of the Board was in attendance.

**2. Public Comments**

Dr. George Santos announced the floor is open for public comments. There were no public comments made.

**3. Approval of Minutes**

**MOTION BY: MOORE**

**SECOND: HELLUMS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Wednesday, April 28, 2021 as presented under Exhibit F-1, are approved.

- 4. Chief Executive Officer’s Report** was provided by CEO Wayne Young  
Mr. Young provided a Chief Executive Officer report to the Board.
- 5. Committee Reports and Action were presented by the respective chairs:**
  - A. Resource Committee Report and/or Action- G. Womack, Chair
    - 1. FY’21 Year-to-Date Budget Report- May (Sean Kim)
  - B. Quality Committee Report and/or Action- G. Santos, Chair
  - C. Program Committee Report and/or Action- B. Hellums, Chair
- 6. Consent Agenda**

**MOTION: Mr. Womack moved to approve Consent Agenda items A through P.  
SECOND: B. Hellums seconded the motion.**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through P were approved.**

- A. Approve FY’21 Year-to-Date Budget Report-May
- B. Authorization to pay TMC 2021 Maintenance and Security Assessment
- C. May 2021 Amendments Over 50K
- D. May 2021 Renewals Over 50K
- E. May 2021 Amendments Over 50K
- F. Risk Management Plan
- G. Pharmaceutical and Patient Assistance Program (PAP) Agency Policy
- H. Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services
- I. Telecommuting Policy
- J. Workforce Member Network and Internet Use Policy
- K. Information Security Policy

L. Asset Tracking and Depreciation Policy

M. Disposal of Fixed Assets Policy

N. Adding and Receiving Equipment Policy

O. Developing and Management for Mental Health and IDD Services Interest List

P. Moonlighting Policy

## 7. Consider and Recommend Action

### A. 6160 South Loop East-HVAC System

Mr. Young reported there is an emergency need to replace both the HVAC system and the generator at the 6160 South Loop East location. The HVAC system has failed twice in the last week and the mother board is not functioning properly. Mr. Young reported given the hot weather and the ongoing COVID-19 pandemic, the HVAC system should be replaced as soon as possible to prevent the spread of COVID-19 and other illnesses and to mitigate any expenses associated with relocating patients or employees becoming ill. The approximate cost of the replacement of the HVAC system and the generator is \$800,000. Possible funding sources for the purchase of the new HVAC system and generator are the remaining funding related to the purchase, repair and renovation of the property, a proportionate share of the Jail Diversion funding based on program occupancy and federal funding. The Board of Trustees requested a follow-up report about the process the Harris Center utilized during the emergency procurement process and the funding utilized to purchase the HVAC system and generator.

**MOTION to authorize the purchase a new HVAC system and generator under the emergency procurement provisions under state law: GEARING**

**SECOND: HELLUMS**

**BE IT RESOLVED, WITH UNANIMOUS AFFIRMATIVE VOTE, The Harris Center is authorized to purchase a new HVAC system and generator for the 6160 South Loop East location under the emergency procurement provisions of the law.**

## 8. Review and Comment

### A. Legislative Update

Amanda Jones presented on Legislative Session

***BREAK: The Harris Center Board of Trustees took a break at 10:26am-10:29am to resolve a technology issue.***

B. EPIC Update

Mustafa Cochinwala and Jennifer Martin presented on EPIC launch update

**10. Board Chair's Report**

***BREAK: The Harris Center Board of Trustees took a break at 10:39am-10:50am.***

**11. Executive Session-**

At 10:52 a.m. Vice Chair Dr. George Santos announced the Board would enter into Executive Session for the following reasons:

- In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property for the replacement of Northeast Clinic located at 7200 North Loop East, Houston, TX-Silvia Tiller, Director of Contracts
- In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to expand Southeast Clinic located at 5901 Long Drive, Houston, TX-Silvia Tiller, Director of Contracts

**10. Reconvene into Open Session and Take Action**

At 11:27am, the Board of Trustees reconvened into open session.

**11. Consider and Take Action as a Result of the Executive Session**

No action taken as a result of the Executive Session.

**12. Adjournment- 11:27 a.m.**

Respectfully submitted,

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Veronica Franco, Board Liaison  
**Shaukat Zakaria, Secretary, Board of Trustees**  
*The HARRIS CENTER for Mental Health and IDD*

# **EXHIBIT F-2**



The Harris Center for Mental Health and IDD

Financial Report  
For the Ninth Month and Year to Date Ended May 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on June 15, 2021

## The Harris Center for Mental Health & IDD

June 15, 2021

Resource Committee  
Board of Trustees  
The Harris Center for Mental Health and IDD

The monthly financial report for May 31, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

The Authority's accounting records for general operations are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial statement submitted herewith has not been audited by an independent auditor.



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Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD  
Financial Summary  
For the Ninth Month and Year to Date Ended May 31, 2021**

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,369	\$ 20,956	\$ 412
Expenditures	23,480	23,790	309
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,112)</u>	<u>\$ (2,833)</u>	<u>\$ 722</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 19,373</u>	<u>\$ (949)</u>	<u>\$ 20,322</u>

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenue and Expenses - Actual to Budget**  
**For the Ninth Month and Year to Date Ended May 31, 2021**

	Month Ended May 31, 2021				Nine Months Ended May 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable	or (Unfavorable)			Favorable	or (Unfavorable)
		\$	%			\$	%	
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,273,205	\$ 4,315,514	\$ (42,309)	-1%	\$ 42,423,080	\$ 38,782,399	\$ 3,640,681	9%
PAP / Samples	979,851	1,583,323	(603,472)	-38%	11,070,295	14,249,907	(3,179,612)	-22%
Interest	6,209	41,666	(35,457) c	-85%	107,317	374,994	(267,677)	-71%
State General	9,836,437	9,642,313	194,124	2%	86,485,809	86,780,788	(294,979)	0%
State Grants	1,292,120	920,529	371,591 d	40%	8,387,094	8,112,278	274,816	3%
Federal Grants	1,179,350	1,063,105	116,245	11%	15,425,073	9,567,942	5,857,131	61%
3rd party billings	3,801,334	3,389,763	411,571 e	12%	28,091,758	30,434,835	(2,343,077)	-8%
<b>Total Revenue</b>	<b>21,368,506</b>	<b>20,956,213</b>	<b>412,293 f</b>	<b>2%</b>	<b>191,990,426</b>	<b>188,303,143</b>	<b>3,687,283</b>	<b>2%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	16,342,616	15,925,147	(417,469) g	-3%	145,110,718	143,334,595	(1,776,123)	-1%
Travel	49,775	193,701	143,926	74%	418,646	1,492,914	1,074,268	72%
Contracts and Consultants	1,724,878	1,811,163	86,285	5%	14,676,076	16,268,746	1,592,670	10%
HCPC Contract	2,327,336	2,379,794	52,458	2%	21,089,261	21,338,146	248,885	1%
Supplies and Drugs	1,347,210	1,902,053	554,843	29%	13,931,726	17,130,803	3,199,077	19%
Equipment (Purch, Rent, Maint)	546,850	377,651	(169,199) h	-45%	11,254,730	3,407,900	(7,846,830)	-230%
Building (Purch, Rent, Maint)	482,729	283,274	(199,455) i	-70%	10,212,900	2,547,687	(7,665,213)	-301%
Vehicle (Purch, Rent, Maint)	7,701	28,249	20,548	73%	94,065	255,316	161,251	63%
Telephone and Utilities	209,450	222,999	13,549	6%	1,870,280	2,006,842	136,562	7%
Insurance, Legal, Audit	102,634	137,844	35,210	26%	1,450,114	1,240,375	(209,739)	-17%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	300,635	460,231	159,596	35%	3,591,864	4,210,650	618,786	15%
Claims Denials	38,509	67,533	29,024	43%	563,903	607,785	43,882	7%
Reserve for Bad Debt	-	-	-	0%	-	-	-	0.0%
<b>Total Expenses</b>	<b>23,480,323</b>	<b>23,789,639</b>	<b>309,316 j</b>	<b>1%</b>	<b>224,816,707</b>	<b>214,430,356</b>	<b>(10,386,351)</b>	<b>-5%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(2,111,817) a	(2,833,426)	721,609		(32,826,281)	(26,127,213)	(6,699,068)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	504,848	-	504,848		7,047,506	-	7,047,506	
Use of fund balance - COVID-19	-	-	-		3,568,270	-	3,568,270	
Fund Balance DSRIP	1,510,479	630,081	880,398		5,670,201	5,670,730	(529)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		19,507,377	19,507,374	3	
DSRIP Transition	928,163	-	928,163		15,403,454	-	15,403,454	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ 2,999,157	\$ (35,859)	\$ 3,035,016		\$ 19,373,082 b	\$ (949,109)	\$ 20,322,191	

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For The Month Ended May 31, 2021**

Month Ended May 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 5,257,777	\$ 5,935,695	\$ 1,488	\$ 4,808	-	-
State General Revenue	9,818,484	9,624,360	17,953	17,953	-	-
State Grants	1,292,120	920,529	-	-	-	-
Federal Grants	1,179,350	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,095,647	1,705,260	-	-
3rd party billings	3,704,851	3,292,190	96,483	97,573	-	-
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Total Revenue	21,252,582	20,835,879	3,211,571	1,825,594	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	15,202,928	14,534,714	1,139,688	1,390,433	-	-
Travel	48,884	180,920	891	12,781	-	-
Contracts and Consultant	1,601,523	1,693,625	123,355	117,538	-	-
HGPC Contract	2,327,336	2,379,794	-	-	-	-
Supplies and Drugs	1,337,382	1,879,380	9,828	22,673	-	-
Equipment (Purch, Rent, Maint)	207,659	194,368	3,333	78,606	335,858	104,677
Building (Rent, Maint)	304,767	127,528	9,242	135,240	168,720	20,506
Vehicle (Purch, Rent, Maint)	5,773	16,539	1,928	11,710	-	-
Telephone and Utilities	205,777	183,269	3,673	39,730	-	-
Insurance, Legal, Audit	75,612	107,736	27,022	30,108	-	-
Note Payments	-	-	-	-	-	-
Other	284,731	436,587	15,634	23,644	-	-
Claims Denials	38,287	67,038	222	495	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	21,640,659	21,801,498	1,334,816	1,862,958	504,578	125,183
Excess of Revenues over (under)						
Expenditures before Other Sources	(388,077)	(965,619)	1,876,755	(37,364)	(504,578)	(125,183)
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	504,578	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	1,510,479	630,081	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,122,402	\$ (335,538)	\$ 1,876,755	\$ (37,364)	\$ -	\$ (125,183)
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**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For the Year to Date Ended May 31, 2021**

Nine Months Ended May 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 53,570,165	\$ 53,364,028	\$ 30,527	\$ 43,272	\$ -	\$ -
State General Revenue	86,324,232	86,619,211	161,577	161,577	-	-
State Grants	8,387,094	8,112,278	-	-	-	-
Federal Grants	15,425,073	9,567,942	-	-	-	-
Federal Revenue - DSRIP	-	-	34,910,831	15,347,339	-	-
3rd party billings	27,177,461	29,560,158	914,297	874,677	-	-
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Total Revenue	190,884,025	187,223,617	36,017,232	16,426,865	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	133,662,187	130,704,526	11,448,531	12,630,069	-	-
Travel	408,409	1,384,506	10,237	108,408	-	-
Contracts and Consultant	13,944,745	15,210,904	731,331	1,057,842	-	-
HCPC Contract	21,089,261	21,338,146	-	-	-	-
Supplies and Drugs	13,823,394	16,921,039	108,332	209,764	-	-
Equipment (Purch, Rent, Maint)	4,842,543	2,705,521	552,525	702,379	5,859,662	-
Building (Purch,Rent, Maint)	7,977,838	1,181,173	1,047,218	1,366,514	1,187,844	-
Vehicle (Purch, Rent, Maint)	71,499	151,926	22,566	103,390	-	-
Telephone and Utilities	1,733,673	1,649,279	136,607	357,563	-	-
Insurance, Legal, Audit	1,196,397	969,236	253,717	271,139	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	3,445,929	3,998,687	145,935	211,963	-	-
Claims Denials	550,508	603,330	13,395	4,455	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	202,746,383	196,818,273	15,022,818	17,575,910	7,047,506	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(11,862,358)	(9,594,656)	20,994,414	(1,149,045)	(7,047,506)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	7,047,506	-
Use of fund balance - COVID-19	3,568,270	-	-	-	-	-
Fund Balance DSRIP	5,670,201	5,670,730	-	-	-	-
Insurance Proceeds	979,570	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,623,192)	\$ (3,923,926)	\$ 20,996,274	\$ (1,149,045)	\$ -	\$ -
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**The Harris Center for Mental Health and IDD**  
**Comparative Balance Sheet**  
**As of May 31, 2021**

	Ending Balance		Increase/(Decrease) May	
	April 30, 2021	May 31, 2021		
<b>Assets</b>				
Cash and Cash Equivalents	\$ 119,643,264	\$ 107,068,947	\$ (12,574,317)	<b>a</b>
Inventory - includes RX	309,738	308,972	(766)	<b>b</b>
Prepaid Expenses	4,580,448	2,036,699	(2,543,749)	<b>c</b>
A/R Medicaid, Medicare, 3rd Party	9,946,812	13,175,303	3,228,491	
Less Bad Debt Reserve	(3,192,006)	(3,926,086)	(734,080)	
A/R Other	23,521,260	23,143,131	(378,129)	<b>d</b>
A/R DSRIP	30,424,722	34,401,618	3,976,896	<b>e</b>
Total Current Assets	<u>185,234,238</u>	<u>176,208,583</u>	<u>(9,025,654)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,863,609	-	
Furniture and Fixtures	9,918,071	9,918,071	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	9,558,616	11,370,876	1,812,260	
Total Property, Plant & Equipment	<u>72,747,433</u>	<u>74,559,693</u>	<u>1,812,260</u>	
<b>TOTAL ASSETS</b>	<u>\$ 257,981,671</u>	<u>\$ 250,768,276</u>	<u>\$ (7,213,394)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 48,683,238	\$ 37,016,471	\$ (11,666,767)	<b>f</b>
Accrued Payroll and Accounts Payables	21,488,474	22,860,253	1,371,779	<b>g</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>70,171,712</u>	<u>59,876,724</u>	<u>(10,294,988)</u>	
State Escheatment Payable	39,888	36,372	(3,516)	
Total Non Current Liabilities	<u>39,888</u>	<u>36,372</u>	<u>(3,516)</u>	
<b>TOTAL LIABILITIES</b>	<u>70,211,600</u>	<u>59,913,097</u>	<u>(10,298,504)</u>	
General Fund Balance	19,793,089	20,082,605	289,516	<b>h</b>
Nonspendable				
Investment in Inventories	309,738	308,972	(766)	
Investment In Fixed Assets	72,747,433	74,559,693	1,812,260	
Assigned:				
Current Capital Projects	23,938,960	23,434,381	(504,579)	<b>i</b>
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	43,579,278	42,068,799	(1,510,479)	
COVID-19 eFMAP Reserve	2,445,788	2,445,788	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>171,396,146</u>	<u>171,482,097</u>	<u>85,952</u>	
Year to Date Excess Revenues over (under) Expenditures	16,373,925	19,373,082	2,999,157	
<b>TOTAL FUND BALANCE</b>	<u>187,770,071</u>	<u>190,855,179</u>	<u>3,085,109</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 257,981,671</u>	<u>\$ 250,768,276</u>	<u>\$ (7,213,395)</u>	

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Reports  
For Month and Year to Date Ended May 31, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of May 2021, the ninth month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$2,111,817.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$19,373,082 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, insurance proceeds and DSRIP transition are considered.
- c. **Interest** is unfavorable to budget by \$35,457 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
- d. **State Grants** is favorable to budget by \$371,591 primarily due to timing of ECI revenues.
- e. **Third Party Billings** is favorable to budget by \$411,571.
- f. **Total Revenue** is favorable to budget by \$412,293.
- g. **Salaries and Fringe Benefits** are unfavorable to Original budget as presented by \$417,469 due to positions included in grants awarded after approval of the Original budget.
- h. **Equipment** is unfavorable to Original budget by \$169,199 due to equipment related expenses included in grants awarded after approval of the Original budget.
- i. **Building** is unfavorable to Original budget by \$199,455 due to building related expenses included in grants awarded after approval of the Original budget.
- j. **Total Expenses** are favorable to budget by \$309,316.

## II. Comparative Balance Sheet

- a. **Cash and Cash Equivalents** The agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents decreased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Cash - General Fund Bank Of America	\$ 2,666,799	\$ 2,665,824	\$ (975)
Cash - General Fund Chase	10,317,500	12,344,983	2,027,483
Cash - BOA ACH Vendor	699,751	588,697	(111,054)
Cash - FSA - Discovery	139,981	144,099	4,118
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,540	1,001,549	9
Investments - Texpool Self Insurance	2,288,839	2,288,859	20
Investments - Texpool Prime	56,303,472	41,806,476	(14,496,996)
Investments - Texas Class	46,216,082	46,219,160	3,078
<b>Total Cash and Cash Equivalents</b>	<b>\$ 119,643,264</b>	<b>\$ 107,068,947</b>	<b>\$ (12,574,317)</b>

## II. Comparative Balance Sheet (continued)

- b. **Inventory** normally does not significantly change from month to month. The balance is normally only updated annually at the time of the year end physical inventory. PAP/Drug Samples are not included in inventory, as this inventory does not belong to the Center. Inventory consists of the following:

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(15,997)	(16,763)	(766)
Inventory - Drugs	293,096	293,096	-
Total Inventory	<u>\$ 309,737</u>	<u>\$ 308,971</u>	<u>\$ (766)</u>

- c. **Prepaid Expenses** decreased because of HCPC activity.

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** decreased in May.

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Villas At Bayou Park	\$ 53,533	\$ 53,533	-
Pear Grove	19,814	19,814	-
Pasadena Cottages	76,309	71,559	(4,750)
Employee	-	-	-
Acres Homes Garden	63,856	63,856	-
General Accounts Receivable	892,017	1,304,436	412,419
Building Rents	11,000	12,500	1,500
Harris County Juvenile Probation	501,005	651,208	150,203
Harris County Community Supervision & Correct	506,696	718,082	211,386
Harris County Sheriff Dept.	4,688,012	2,765,604	(1,922,408)
ICFMR	179,342	191,741	12,399
ECI Administrative Claiming	146,783	184,864	38,081
TCOOMMI -Special Needs	688,281	865,867	177,586
TDCJ - Parole	64,150	102,500	38,350
TDCJ - Substance Abuse	71,400	71,400	-
TCOOMMI- Juvenile	126,261	183,892	57,631
Jail Diversion	3,221,510	3,044,852	(176,658)
ECI	459,992	835,604	375,612
ECI Respite	1,640	82	(1,558)
ECI SNAP	19,801	19,801	-
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	218,281	218,329	48
MH Block Grant	5,235,913	5,492,730	256,817
MH Block Grant - Coordinated Specialty Care	121,038	121,658	620

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** (continued)

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Title XX Social Services	\$ 967,361	\$ 1,015,729	48,368
TANFF to Title XX Block Grant	2,818,328	2,959,245	140,917
DSHS SAPT Block Grant - SA/OSR	104,449	44,232	(60,217)
Enhanced Community Coordinator	86,970	87,679	709
DSHS Mental Health First Aid	28,272	22,382	(5,890)
HHSC ZEST - Zero Suicide	45,230	108,921	63,691
HCC Open Door	554,435	204,875	(349,560)
HCS	22,416	22,416	-
TX Home Living Waiver	(134,733)	(128,841)	5,892
Federal DSHS Disaster Assistance	1,170,338	1,284,702	114,364
Helpline Contracts	65,756	73,009	7,253
City of Houston - CCSI	25,268	50,536	25,268
City of Houston - DMD	10,331	10,331	-
City of Houston - 911 CCD Amended	18,468	22,266	3,798
	<u>\$ 23,521,260</u>	<u>\$ 23,143,131</u>	<u>\$ (378,129)</u>

e. **A/R DSRIP** increased as the Center adjusted for DSRIP funding owed to the Center.

- f. **Unearned Income** decreased due to expenditure of State GR and County Funds.
- g. **Accrued Payroll and Accounts Payable** increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General Fund Balance** increased as a result of operations.
- i. **Current Capital Projects** decreased as a result of funding various Board approved capital projects for fiscal year 2021.
- j. **Days of Operation in Reserve for Total Agency** is 157 days and for **Core Business** is 93 days versus 151 and 88 days for the prior month, respectively.

### III. Investment Portfolio

- a. Total investments as of May 31, 2021, is \$91,316,042 of which 100% is in government pools (Texas Class 50% and TexPool 50%).
- b. Investments this month yielded interest income of \$6,209.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
 INVESTMENT PORTFOLIO  
 May 31, 2021

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
<b>GOVERNMENT POOLS</b>												
TEXAS CLASS - GF G/L 120700		46,216,082	-	-	3,077		46,219,159		50.61%		0.0725%	
TEXPOOL ISF G/L 120610		2,288,839	-	-	20		2,288,859		2.51%		0.0135%	
TEXPOOL GF G/L 120600		1,001,540	-	-	9		1,001,549		1.10%		0.0135%	
TEXPOOL PRIME G/L 120620		56,303,472	-	(14,500,000)	3,004		41,806,476		45.78%		0.0830%	
Subtotal Texpool		43,086,969	-	(14,500,000)	3,033		45,096,883		49.39%			
<b>Subtotal Government Pools</b>		<b>95,795,588</b>	<b>-</b>	<b>(14,500,000)</b>	<b>6,110</b>		<b>91,316,042</b>		<b>100.00%</b>			
<b>TOTAL INVESTMENTS</b>		<b>\$ 95,795,588</b>	<b>\$ -</b>	<b>\$ (14,500,000)</b>	<b>\$ 6,110</b>	<b>\$ -</b>	<b>\$ 91,316,042</b>		<b>100.00%</b>			

Total Investment Interest G/L 409000 & 409005

Depository Bank Interest G/L 409000

Total Interest

6,110

99

\$ 6,209

3 Month Weighted Average Maturity (Days)

3 Month Weighted Average Yield

3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)

1.00

0.0829%

0.0162%

The Harris Center for Mental Health and IDD  
 Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits

Report for May 2021

Vendor	Description	Monthly Not-To-Exceed*	May 2021	YTD Total (Apr + May 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,148,666	\$1,529,754
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$197,153	\$395,469
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,035,077	\$4,096,012
Cigna Dental	Dental Insurance	\$100,000	\$78,241	\$156,913

\* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective April 28, 2021

Note: Non-employee portion of May 2021 Payments of Liabilities for Employee Benefits = 10% of Expenditures.

# **EXHIBIT F-3**



The Harris Center for Mental Health and IDD

Financial Report  
For the Ninth Month and Year to Date Ended May 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on June 15, 2021

## The Harris Center for Mental Health & IDD

June 15, 2021

Resource Committee  
Board of Trustees  
The Harris Center for Mental Health and IDD

The monthly financial report for May 31, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

The Authority's accounting records for general operations are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial statement submitted herewith has not been audited by an independent auditor.



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Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD  
Financial Summary  
For the Ninth Month and Year to Date Ended May 31, 2021**

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,369	\$ 20,956	\$ 412
Expenditures	23,480	23,790	309
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,112)</u>	<u>\$ (2,833)</u>	<u>\$ 722</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 19,373</u>	<u>\$ (949)</u>	<u>\$ 20,322</u>

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenue and Expenses - Actual to Budget**  
**For the Ninth Month and Year to Date Ended May 31, 2021**

	Month Ended May 31, 2021				Nine Months Ended May 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable	or (Unfavorable)			Favorable	or (Unfavorable)
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,273,205	\$ 4,315,514	\$ (42,309)	-1%	\$ 42,423,080	\$ 38,782,399	\$ 3,640,681	9%
PAP / Samples	979,851	1,583,323	(603,472)	-38%	11,070,295	14,249,907	(3,179,612)	-22%
Interest	6,209	41,666	(35,457)	c -85%	107,317	374,994	(267,677)	-71%
State General	9,836,437	9,642,313	194,124	2%	86,485,809	86,780,788	(294,979)	0%
State Grants	1,292,120	920,529	371,591	d 40%	8,387,094	8,112,278	274,816	3%
Federal Grants	1,179,350	1,063,105	116,245	11%	15,425,073	9,567,942	5,857,131	61%
3rd party billings	3,801,334	3,389,763	411,571	e 12%	28,091,758	30,434,835	(2,343,077)	-8%
<b>Total Revenue</b>	<b>21,368,506</b>	<b>20,956,213</b>	<b>412,293</b>	<b>f 2%</b>	<b>191,990,426</b>	<b>188,303,143</b>	<b>3,687,283</b>	<b>2%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	16,342,616	15,925,147	(417,469)	g -3%	145,110,718	143,334,595	(1,776,123)	-1%
Travel	49,775	193,701	143,926	74%	418,646	1,492,914	1,074,268	72%
Contracts and Consultants	1,724,878	1,811,163	86,285	5%	14,676,076	16,268,746	1,592,670	10%
HCPC Contract	2,327,336	2,379,794	52,458	2%	21,089,261	21,338,146	248,885	1%
Supplies and Drugs	1,347,210	1,902,053	554,843	29%	13,931,726	17,130,803	3,199,077	19%
Equipment (Purch, Rent, Maint)	546,850	377,651	(169,199)	h -45%	11,254,730	3,407,900	(7,846,830)	-230%
Building (Purch, Rent, Maint)	482,729	283,274	(199,455)	i -70%	10,212,900	2,547,687	(7,665,213)	-301%
Vehicle (Purch, Rent, Maint)	7,701	28,249	20,548	73%	94,065	255,316	161,251	63%
Telephone and Utilities	209,450	222,999	13,549	6%	1,870,280	2,006,842	136,562	7%
Insurance, Legal, Audit	102,634	137,844	35,210	26%	1,450,114	1,240,375	(209,739)	-17%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	300,635	460,231	159,596	35%	3,591,864	4,210,650	618,786	15%
Claims Denials	38,509	67,533	29,024	43%	563,903	607,785	43,882	7%
Reserve for Bad Debt	-	-	-	0%	-	-	-	0.0%
<b>Total Expenses</b>	<b>23,480,323</b>	<b>23,789,639</b>	<b>309,316</b>	<b>j 1%</b>	<b>224,816,707</b>	<b>214,430,356</b>	<b>(10,386,351)</b>	<b>-5%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(2,111,817) a	(2,833,426)	721,609		(32,826,281)	(26,127,213)	(6,699,068)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	504,848	-	504,848		7,047,506	-	7,047,506	
Use of fund balance - COVID-19	-	-	-		3,568,270	-	3,568,270	
Fund Balance DSRIP	1,510,479	630,081	880,398		5,670,201	5,670,730	(529)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		19,507,377	19,507,374	3	
DSRIP Transition	928,163	-	928,163		15,403,454	-	15,403,454	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ 2,999,157	\$ (35,859)	\$ 3,035,016		\$ 19,373,082 b	\$ (949,109)	\$ 20,322,191	

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For The Month Ended May 31, 2021**

Month Ended May 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 5,257,777	\$ 5,935,695	\$ 1,488	\$ 4,808	-	-
State General Revenue	9,818,484	9,624,360	17,953	17,953	-	-
State Grants	1,292,120	920,529	-	-	-	-
Federal Grants	1,179,350	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,095,647	1,705,260	-	-
3rd party billings	3,704,851	3,292,190	96,483	97,573	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	21,252,582	20,835,879	3,211,571	1,825,594	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	15,202,928	14,534,714	1,139,688	1,390,433	-	-
Travel	48,884	180,920	891	12,781	-	-
Contracts and Consultant	1,601,523	1,693,625	123,355	117,538	-	-
HCPIC Contract	2,327,336	2,379,794	-	-	-	-
Supplies and Drugs	1,337,382	1,879,380	9,828	22,673	-	-
Equipment (Purch, Rent, Maint)	207,659	194,368	3,333	78,606	335,858	104,677
Building (Rent, Maint)	304,767	127,528	9,242	135,240	168,720	20,506
Vehicle (Purch, Rent, Maint)	5,773	16,539	1,928	11,710	-	-
Telephone and Utilities	205,777	183,269	3,673	39,730	-	-
Insurance, Legal, Audit	75,612	107,736	27,022	30,108	-	-
Note Payments	-	-	-	-	-	-
Other	284,731	436,587	15,634	23,644	-	-
Claims Denials	38,287	67,038	222	495	-	-
Reserve for Bad Debt	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	21,640,659	21,801,498	1,334,816	1,862,958	504,578	125,183
<b>Excess of Revenues over (under)</b>						
Expenditures before Other Sources	(388,077)	(965,619)	1,876,755	(37,364)	(504,578)	(125,183)
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	504,578	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	1,510,479	630,081	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
<b>Excess of Revenues over (under)</b>						
Expenditures after Other Sources	\$ 1,122,402	\$ (335,538)	\$ 1,876,755	\$ (37,364)	\$ -	\$ (125,183)
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For the Year to Date Ended May 31, 2021**

Nine Months Ended May 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 53,570,165	\$ 53,364,028	\$ 30,527	\$ 43,272	\$ -	\$ -
State General Revenue	86,324,232	86,619,211	161,577	161,577	-	-
State Grants	8,387,094	8,112,278	-	-	-	-
Federal Grants	15,425,073	9,567,942	-	-	-	-
Federal Revenue - DSRIP	-	-	34,910,831	15,347,339	-	-
3rd party billings	27,177,461	29,560,158	914,297	874,677	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	190,884,025	187,223,617	36,017,232	16,426,865	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	133,662,187	130,704,526	11,448,531	12,630,069	-	-
Travel	408,409	1,384,506	10,237	108,408	-	-
Contracts and Consultant	13,944,745	15,210,904	731,331	1,057,842	-	-
HCPC Contract	21,089,261	21,338,146	-	-	-	-
Supplies and Drugs	13,823,394	16,921,039	108,332	209,764	-	-
Equipment (Purch, Rent, Maint)	4,842,543	2,705,521	552,525	702,379	5,859,662	-
Building (Purch,Rent, Maint)	7,977,838	1,181,173	1,047,218	1,366,514	1,187,844	-
Vehicle (Purch, Rent, Maint)	71,499	151,926	22,566	103,390	-	-
Telephone and Utilities	1,733,673	1,649,279	136,607	357,563	-	-
Insurance, Legal, Audit	1,196,397	969,236	253,717	271,139	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	3,445,929	3,998,687	145,935	211,963	-	-
Claims Denials	550,508	603,330	13,395	4,455	-	-
Reserve for Bad Debt	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	202,746,383	196,818,273	15,022,818	17,575,910	7,047,506	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(11,862,358)	(9,594,656)	20,994,414	(1,149,045)	(7,047,506)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	7,047,506	-
Use of fund balance - COVID-19	3,568,270	-	-	-	-	-
Fund Balance DSRIP	5,670,201	5,670,730	-	-	-	-
Insurance Proceeds	979,570	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,623,192)	\$ (3,923,926)	\$ 20,996,274	\$ (1,149,045)	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparative Balance Sheet**  
**As of May 31, 2021**

	Ending Balance		Increase/(Decrease) May	
	April 30, 2021	May 31, 2021		
<b>Assets</b>				
Cash and Cash Equivalents	\$ 119,643,264	\$ 107,068,947	\$ (12,574,317)	<b>a</b>
Inventory - includes RX	309,738	308,972	(766)	<b>b</b>
Prepaid Expenses	4,580,448	2,036,699	(2,543,749)	<b>c</b>
A/R Medicaid, Medicare, 3rd Party	9,946,812	13,175,303	3,228,491	
Less Bad Debt Reserve	(3,192,006)	(3,926,086)	(734,080)	
A/R Other	23,521,260	23,143,131	(378,129)	<b>d</b>
A/R DSRIP	30,424,722	34,401,618	3,976,896	<b>e</b>
Total Current Assets	<u>185,234,238</u>	<u>176,208,583</u>	<u>(9,025,654)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,863,609	-	
Furniture and Fixtures	9,918,071	9,918,071	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	9,558,616	11,370,876	1,812,260	
Total Property, Plant & Equipment	<u>72,747,433</u>	<u>74,559,693</u>	<u>1,812,260</u>	
TOTAL ASSETS	<u>\$ 257,981,671</u>	<u>\$ 250,768,276</u>	<u>\$ (7,213,394)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 48,683,238	\$ 37,016,471	\$ (11,666,767)	<b>f</b>
Accrued Payroll and Accounts Payables	21,488,474	22,860,253	1,371,779	<b>g</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>70,171,712</u>	<u>59,876,724</u>	<u>(10,294,988)</u>	
State Escheatment Payable	39,888	36,372	(3,516)	
Total Non Current Liabilities	<u>39,888</u>	<u>36,372</u>	<u>(3,516)</u>	
TOTAL LIABILITIES	<u>70,211,600</u>	<u>59,913,097</u>	<u>(10,298,504)</u>	
General Fund Balance	19,793,089	20,082,605	289,516	<b>h</b>
Nonspendable				
Investment in Inventories	309,738	308,972	(766)	
Investment In Fixed Assets	72,747,433	74,559,693	1,812,260	
Assigned:				
Current Capital Projects	23,938,960	23,434,381	(504,579)	<b>i</b>
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	43,579,278	42,068,799	(1,510,479)	
COVID-19 eFMAP Reserve	2,445,788	2,445,788	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>171,396,146</u>	<u>171,482,097</u>	<u>85,952</u>	
Year to Date Excess Revenues over (under) Expenditures	16,373,925	19,373,082	2,999,157	
TOTAL FUND BALANCE	<u>187,770,071</u>	<u>190,855,179</u>	<u>3,085,109</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 257,981,671</u>	<u>\$ 250,768,276</u>	<u>\$ (7,213,395)</u>	

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Reports  
For Month and Year to Date Ended May 31, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of May 2021, the ninth month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$2,111,817.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$19,373,082 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, insurance proceeds and DSRIP transition are considered.
- c. **Interest** is unfavorable to budget by \$35,457 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
- d. **State Grants** is favorable to budget by \$371,591 primarily due to timing of ECI revenues.
- e. **Third Party Billings** is favorable to budget by \$411,571.
- f. **Total Revenue** is favorable to budget by \$412,293.
- g. **Salaries and Fringe Benefits** are unfavorable to Original budget as presented by \$417,469 due to positions included in grants awarded after approval of the Original budget.
- h. **Equipment** is unfavorable to Original budget by \$169,199 due to equipment related expenses included in grants awarded after approval of the Original budget.
- i. **Building** is unfavorable to Original budget by \$199,455 due to building related expenses included in grants awarded after approval of the Original budget.
- j. **Total Expenses** are favorable to budget by \$309,316.

## II. Comparative Balance Sheet

- a. **Cash and Cash Equivalents** The agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents decreased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Cash - General Fund Bank Of America	\$ 2,666,799	\$ 2,665,824	\$ (975)
Cash - General Fund Chase	10,317,500	12,344,983	2,027,483
Cash - BOA ACH Vendor	699,751	588,697	(111,054)
Cash - FSA - Discovery	139,981	144,099	4,118
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,540	1,001,549	9
Investments - Texpool Self Insurance	2,288,839	2,288,859	20
Investments - Texpool Prime	56,303,472	41,806,476	(14,496,996)
Investments - Texas Class	46,216,082	46,219,160	3,078
<b>Total Cash and Cash Equivalents</b>	<b>\$ 119,643,264</b>	<b>\$ 107,068,947</b>	<b>\$ (12,574,317)</b>

## II. Comparative Balance Sheet (continued)

- b. **Inventory** normally does not significantly change from month to month. The balance is normally only updated annually at the time of the year end physical inventory. PAP/Drug Samples are not included in inventory, as this inventory does not belong to the Center. Inventory consists of the following:

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(15,997)	(16,763)	(766)
Inventory - Drugs	293,096	293,096	-
Total Inventory	<u>\$ 309,737</u>	<u>\$ 308,971</u>	<u>\$ (766)</u>

- c. **Prepaid Expenses** decreased because of HCPC activity.

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** decreased in May.

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Villas At Bayou Park	\$ 53,533	\$ 53,533	-
Pear Grove	19,814	19,814	-
Pasadena Cottages	76,309	71,559	(4,750)
Employee	-	-	-
Acres Homes Garden	63,856	63,856	-
General Accounts Receivable	892,017	1,304,436	412,419
Building Rents	11,000	12,500	1,500
Harris County Juvenile Probation	501,005	651,208	150,203
Harris County Community Supervision & Correct	506,696	718,082	211,386
Harris County Sheriff Dept.	4,688,012	2,765,604	(1,922,408)
ICFMR	179,342	191,741	12,399
ECI Administrative Claiming	146,783	184,864	38,081
TCOOMMI -Special Needs	688,281	865,867	177,586
TDCJ - Parole	64,150	102,500	38,350
TDCJ - Substance Abuse	71,400	71,400	-
TCOOMMI- Juvenile	126,261	183,892	57,631
Jail Diversion	3,221,510	3,044,852	(176,658)
ECI	459,992	835,604	375,612
ECI Respite	1,640	82	(1,558)
ECI SNAP	19,801	19,801	-
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	218,281	218,329	48
MH Block Grant	5,235,913	5,492,730	256,817
MH Block Grant - Coordinated Specialty Care	121,038	121,658	620

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** (continued)

	Ending Balance		Increase/(Decrease)
	April 30, 2021	May 31, 2021	May
Title XX Social Services	\$ 967,361	\$ 1,015,729	48,368
TANFF to Title XX Block Grant	2,818,328	2,959,245	140,917
DSHS SAPT Block Grant - SA/OSR	104,449	44,232	(60,217)
Enhanced Community Coordinator	86,970	87,679	709
DSHS Mental Health First Aid	28,272	22,382	(5,890)
HHSC ZEST - Zero Suicide	45,230	108,921	63,691
HCC Open Door	554,435	204,875	(349,560)
HCS	22,416	22,416	-
TX Home Living Waiver	(134,733)	(128,841)	5,892
Federal DSHS Disaster Assistance	1,170,338	1,284,702	114,364
Helpline Contracts	65,756	73,009	7,253
City of Houston - CCSI	25,268	50,536	25,268
City of Houston - DMD	10,331	10,331	-
City of Houston - 911 CCD Amended	18,468	22,266	3,798
	<u>\$ 23,521,260</u>	<u>\$ 23,143,131</u>	<u>\$ (378,129)</u>

e. **A/R DSRIP** increased as the Center adjusted for DSRIP funding owed to the Center.

- f. **Unearned Income** decreased due to expenditure of State GR and County Funds.
- g. **Accrued Payroll and Accounts Payable** increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General Fund Balance** increased as a result of operations.
- i. **Current Capital Projects** decreased as a result of funding various Board approved capital projects for fiscal year 2021.
- j. **Days of Operation in Reserve for Total Agency** is 157 days and for **Core Business** is 93 days versus 151 and 88 days for the prior month, respectively.

### III. Investment Portfolio

- a. Total investments as of May 31, 2021, is \$91,316,042 of which 100% is in government pools (Texas Class 50% and TexPool 50%).
- b. Investments this month yielded interest income of \$6,209.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
 INVESTMENT PORTFOLIO  
 May 31, 2021

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
<b>GOVERNMENT POOLS</b>												
TEXAS CLASS - GF G/L 120700		46,216,082	-	-	3,077		46,219,159		50.61%		0.0725%	
TEXPOOL ISF G/L 120610		2,288,839	-	-	20		2,288,859		2.51%		0.0135%	
TEXPOOL GF G/L 120600		1,001,540	-	-	9		1,001,549		1.10%		0.0135%	
TEXPOOL PRIME G/L 120620		56,303,472	-	(14,500,000)	3,004		41,806,476		45.78%		0.0830%	
Subtotal Texpool		43,086,969	-	(14,500,000)	3,033		45,096,883		49.39%			
<b>Subtotal Government Pools</b>		<b>95,795,588</b>	<b>-</b>	<b>(14,500,000)</b>	<b>6,110</b>		<b>91,316,042</b>		<b>100.00%</b>			
<b>TOTAL INVESTMENTS</b>		<b>\$ 95,795,588</b>	<b>\$ -</b>	<b>\$ (14,500,000)</b>	<b>\$ 6,110</b>	<b>\$ -</b>	<b>\$ 91,316,042</b>		<b>100.00%</b>			

Total Investment Interest G/L 409000 & 409005  
 Depository Bank Interest G/L 409000  
 Total Interest

6,110
99
6,209

3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	0.0829%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	0.0162%

## The Harris Center for Mental Health and IDD

## Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits

Report for May 2021

Vendor	Description	Monthly Not-To-Exceed*	May 2021	YTD Total (Apr + May 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,148,666	\$1,529,754
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$197,153	\$395,469
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,035,077	\$4,096,012
Cigna Dental	Dental Insurance	\$100,000	\$78,241	\$156,913

\* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective April 28, 2021

Note: Non-employee portion of May 2021 Payments of Liabilities for Employee Benefits = 10% of Expenditures.

# **EXHIBIT F-4**

**June 2021**

**NEW CONTRACTS OVER 50k**

			FY21 NEW CONTRACTS *CROSS FISCAL YEAR CONTRACTS *MULTI-YEAR CONTRACTS						
	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
	CPEP								
	CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH SERVICES								
1	The Council on Recovery	No	Substance Abuse Services for DSHS's OSAR Program	\$793,354.27	\$793,354.27	09/01/21- 08/31/22	State Funds	N/A	No Renewal Options Remaining. New contract is in progress.
	PROGRAM MANAGEMENT								
	<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>								
	ADMINISTRATION								
2	Baylor College of Medicine Department of Psychiatry	No	Psychiatric Residential Forensic Services: Outpatient		\$63,794.16	07/01/21- 06/30/22	State Funds	N/A	Replacement Contract for Contract ID#6639. Last year for automatic renewal.



	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
4	A-Rocket Moving & Storage, Inc.	Yes	Agency Moving and Relocation Services		\$70,000.00	09/01/21- 08/31/26	Tag-On to Choice Partners	Tag-On	<p>A Tag-On for Agency Moving and Relocation Services was received on Tuesday, April 27, 2021. A formal RFP was not performed due to Facilities have a large volume of projects occurring at the same time and requested if Purchasing could find a vendor with a Tag-on contract. Purchasing found seven (7) vendors with contracts the Agency could tag-on. The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, and Sarah Harper, Facilities Services Project Coordinator. Seven (7) vendors were contacted that have contracts with Harris County, Choice Partners and Buyboard. Two (2) vendors were HUB and one (1) pending a HUB certification. Purchasing only contacted vendors with tag-on contracts. Received five (5) responses. Five (5) responses were deemed responsive and evaluated by the project team. Two (2) responses were a HUB vendor, and one (1) responses had a HUB pending certification. The response was more than our previous RFP that had only one deemed response. All vendor responses were reviewed by the Facilities Services team. As a result of the process, A-Rocket Moving &amp; Storage was selected. They were chosen based on pricing that is the best value to the Agency. They are a HUB vendor that has serviced the Agency for many years and have a record of accomplishment of excellent service and dependability. The Total NTE for five (5) years is \$350,000.00 to be funded annually subject to availability of the budget each year.</p> <p>FY22: \$70,000.00 FY23: \$70,000.00 FY24: \$70,000.00 FY25: \$70,000.00 FY26: \$70,000.00</p>
5	Automated Logic Contracting Services, Inc.	No	Multi-Facility Building Automation System		\$629,705.00	06/01/21- 08/31/24	FM21.1126.21	RFP	<p>A Request for Proposal for Multi-Facility Building Automation System was held on Tuesday, March 23, 2021. Eleven (11) vendors were contacted and advertisements were placed in three local newspapers, The Agency's website, the State of Texas ESBD website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. One HUB vendor was located. Four (4) proposals were received, deemed responsive and evaluated by the Project Team. No "Notice Not to Participate" was received. The vendors who submitted a proposal were ACRI Services and Consulting, Automated Logic, HCL Mechanical Services and Johnson Controls Inc. The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Karen Hurst, Project Manager 2, Oscar Garcia, Project Manager 2 and Lisa Cantu-Espinoza, Facility Services Coordinator. Based on the Project Team's evaluation of responses received, it is recommended to award Automated Logic. This recommendation is based on the Project Team's belief that the vendor is the greatest value coupled with the ease of use and graphic user interface, will better suit the Agency needs and bring the best long-term value to the Agency. This vendor is not a HUB but 40% of subcontractor work will be provided by a HUB vendor. The Total NTE requested for the three years is \$745,705.00, funded annually contingent upon board approval.</p> <p>FY21: NTE \$548,000.00 + Contingency \$81,705.00 for a Total NTE: \$629,705.00 FY22: NTE \$111,000.00 + Contingency \$0.00 for a Total NTE: \$111,000.00 FY23: NTE \$15,000.00 + Contingency \$0.00 for a Total NTE \$15,000.00</p>



**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6474
Contractor Name:	The Council on Recovery
Interlocal Agreement:	No
Service (brief description):	Substance Abuse Services for DSHS's OSAR program
Term for Off-Cycle Only:	Note: No Renewal Options Remaining. New Contract Needed.
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$793,354.27
Rate(s)/Rate(s) Description:	\$793,354.27
Unit(s) Served:	2200
G/L Code(s):	543061
FY21 Purchase Order Number:	CT140485
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

RECEIVED MAY 24 2021  
1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*No changes*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: ~~\$1,793,355~~ *\$193,354.27*

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
- 2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.  
\_\_\_\_\_
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days *net*  
[i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the \_\_\_\_\_ name of the Contract Owner for this Contract *M Downey*

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract *D Shelby*

APPROVALS:

Budget Manager: *Debbie Chambers Shelby* (Printed Name)  
*D Shelby* (Signature). REQUIRED

Contract Owner: *M Downey* (Printed Name)  
*M Downey* (Signature). REQUIRED

**PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.**



## Executive Contract Summary

### Contract Section



**Contractor\***

Baylor College of Medicine Department of Psychiatry

**Contract ID #\***

2021-0143

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

Baylor College of Medicine Department of Psychiatry and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other **New Agreement needed, renewing existing contract**

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other **Last year for automatic renewal**

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

7/1/2021

**Contract Term End Date\* (?)**

6/30/2022

**If contract is off-cycle, specify the contract term (?)**

07/01/21-08/31/21 and 09/01/21-06/30/22

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 11,000.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 52,794.16

**Funding Source \***

State

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Psychiatric Residential Forensic Services: Outpatient  
Replacing ID#6639

**Contract Owner\***

Dr. Sylvia Muzquiz

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

07/01/2020 - 06/30/2021 Psychiatric Residential Services:  
Forensics

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Daryl Shorter, MD

**Address\***

Street Address

One Baylor Plaza

Address Line 2

BCM 350

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

USA

**Phone Number\***

713-798-4870

**Email\***

Shorter@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 63,794.16	540504
Budget Manager SHELBY, DEBBIE C		Secondary Budget Manager LOERA, ANGELICA D

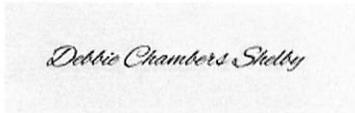
Provide Rate and Rate Descriptions if applicable\* (?)  
\$63.54 per hour

Project WBS (Work Breakdown Structure\* (?)  
N/A

Requester Name LOERA, ANGELICA D	Submission Date 5/19/2021
-------------------------------------	------------------------------

Budget Manager Approval(s)

Approved by



Approval Date  
5/19/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



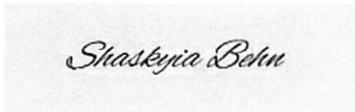
Approval Date  
5/21/2021

Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*



Approval Date\*  
5/24/2021



## Executive Contract Summary

### Contract Section



#### Contractor\*

P-Nursing

#### Contract ID #\*

2021-0149

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

6/15/2021

#### Parties\* (?)

HARRIS HEALTH and The Harris Center for Mental Health and IDD

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input checked="" type="checkbox"/> Tag-On         |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

03/11/2021

#### Contract Term End Date\* (?)

03/10/2022

If contract is off-cycle, specify the contract term (?)

#### Fiscal Year\* (?)

2021

#### Amount\* (?)

\$ 129,600.00

#### Funding Source\*

General Revenue (GR)

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Provides Temporary Nursing Personnel

**Contract Owner\***

Deborah Sweat

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

HCHD-415 Ironside Human Resources.pdf	4.71MB
HCHD-425 Arch Staffing & Consulting.pdf	262.73KB
HCHD-446_Angel_Staffing.pdf	425.52KB

**Vendor/Contractor Contact Person**

**Name\***

Francisco Del Aguila

**Address\***

Street Address

Harris Health

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

**Phone Number\***

346-426-1375

**Email\***

francisco.delaguila@harrishealth.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1158	\$ 47,600.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
BROWN, ERICA S.	CAMPBELL, RICARDO	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2212	\$ 20,500.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2213	\$ 20,500.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2214	\$ 20,500.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2215	\$ 20,500.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

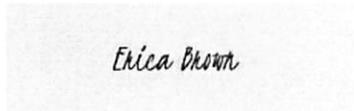
Provide Rate and Rate Descriptions if applicable\* (?)  
N/A

Project WBS (Work Breakdown Structure\* (?)  
For unit 1158, please add project code EHR21.1158.04

<b>Requester Name</b>	<b>Submission Date</b>
ARCENEUX, LINDA M.	5/21/2021

**Budget Manager Approval(s)**

Approved by



**Approval Date**

5/24/2021

Approved by



**Approval Date**

5/24/2021

**Procurement Approval**

Approved by

*Sharon Brauner*

Approval Date

5/24/2021

Contract Owner Approval



Approved by

*Deborah Sweet*

Approval Date

6/1/2021

Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskya Belu*

Approval Date\*

6/1/2021



## DUE DILIGENCE NURSING CONTRACTS

An urgent request from Nursing to search for nursing contracts through our interlocal agreements with Harris County and Harris Health was received in May 2021. This request was to find nursing contracts with Harris County and/or Harris Health that provide LVNs (Licensed Vocational Nurses) and MAs (Medical Assistants).

Three (3) contracts were located that can be utilized from Harris Health:

- Arch Staffing and Consulting – HCHD-425
- Ironside Human Resources – HCHD-415
- Angel Staffing, Inc. – HCHD-446

Two (2) contracts were located that can provide LVNs and one (1) was found that can provide both LVNs and MAs. It is the recommendation of the Chief Nursing Officer to proceed with the following providers.

- LVNs – Ironside Human Resources and Angel Staffing, Inc.
- LVNs and MAs - Arch Staffing and Consulting

Budget for MAs:

FY21 NTE: Approximately \$47,600.00

Funding Source: EHR Project (1158)

Budget for LVNs:

FY21NTE: Approximately \$82,000.00

Funding Source: Split between the four (4) main clinics, Northwest Clinic, (2212), Northeast Clinic (2213), Southeast Clinic (2214) and Southwest Clinic (2215)

\_\_\_\_\_  
Frances Otto, CTCD  
Buyer II

\_\_\_\_\_  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

\_\_\_\_\_  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer



## Executive Contract Summary

### Contract Section



**Contractor\***

A Rocket Moving & Storage, Inc.

**Contract ID #\***

2021-0138

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

A Rocket Moving and Storage and The Harris Center

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2021

**Contract Term End Date\* (?)**

8/31/2026

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 70,000.00

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 70,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 70,000.00
2025	\$ 70,000.00
2026	\$ 70,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                        |
| <input type="checkbox"/> Consumer Driven Contract       | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract    |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance    |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement     |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                             |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other                             |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Contracting with A-Rocket Moving and Storage thru the Choice Partner Tag-On 17/019JN-01 for the agency's moving relocation and storage needs.

Contract annual total for each fiscal year is \$70,000.00 while the breakdown amounts are:  
 unit 1124 - \$5,000.00  
 unit 1899 - \$65,000.00

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

09/01/2011 to present - moving and storage

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Please provide the HUB status\***

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

ARocket\_Harris Center Moving Relocation Services Bid Response.pdf 3.61MB

**Vendor/Contractor Contact Person**

**Name\***

A Rocket Moving & Storage, Inc / Deandre Sam

**Address\***

Street Address

3401 Corder Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77021-5545

Country

US

**Phone Number\***

7137486024

**Email\***

dmsam@arocket.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 5,000.00	571000

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 65,000.00	571000

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

**Provide Rate and Rate Descriptions if applicable\* (?)**

see bid proposal for breakdown of rates for services

Contract annual total for each fiscal year is \$70,000.00 while

the breakdown amounts are:

unit 1124 - \$5,000.00

unit 1899 - \$65,000.00

**Project WBS (Work Breakdown Structure\* (?)**

n/a

**Requester Name**  
HARPER, SARAH A

**Submission Date**  
5/19/2021

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**  
5/19/2021

**Procurement Approval**

Approved by

*Sharon Brauner*

Approval Date

5/19/2021

Contract Owner Approval



Approved by

*Todd McCorquodale*

Approval Date

5/19/2021

Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskeyia Behm*

Approval Date\*

5/25/2021



**Award Recommendation  
Agency Moving and Relocation Services  
Project# PUR-FY21-0122**

The Request for Pricing from tag-on for Agency Moving and Relocation Services was received on Tuesday, April 27, 2021. A formal RFP was not performed because Facilities has a large volume of projects occurring at the same time and requested if Purchasing could find a vendor with a tag-on contract. Purchasing found seven vendors with contracts the Agency could tag-on.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, and Sarah Harper, Facilities Services Project Coordinator.

Seven (7) vendors were contacted that have contracts with Harris County, Choice Partners and Buyboard. Two (2) vendors were HUB and one (1) pending a HUB certification. Purchasing only contacted vendors with tag-on contracts.

Received five (5) responses. Five (5) responses were deemed responsive and evaluated by the project team. Two (2) responses were a HUB vendor, and one (1) responses had a HUB pending certification. The response was more than our previous RFP that had only one deemed response.

**Recommended Vendor:**

A-Rocket Moving & Storage, Inc. (HUB and Choice Partners' vendor)

**Vendors not selected:**

Pioneer Contract Services (Buy Board vendor)

Wald Relocation Services, LTD (HUB, pending certification and Harris County vendor)

Roadrunner Moving & Storage (Buy Board vendor)

East End Transfer (HUB and Buy Board vendor)

All vendor responses were reviewed by the Facilities Services team. As result of the process, A-Rocket Moving & Storage was selected. They were chosen based on pricing that is the best value to the Agency. They are a HUB vendor that has serviced the Agency for many years and have a record of accomplishment of excellent service and dependability.

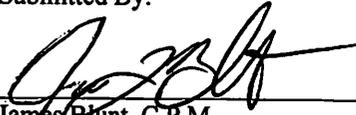
The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence September 1, 2021 and end on August 31, 2022 subject to Fiscal Year 2022 budget, and shall remain in effect unless terminated, canceled or extended.

The total NTE (Not to Exceed) for five (5) years is \$350,000.00 to be funded annually subject to availability of the budget each year.

FY22 - \$70,000 (Unit# 1124, \$5,000.00, Unit# 1899, \$65,000.00)  
FY23 - \$70,000 (Unit# 1124, \$5,000.00, Unit# 1899, \$65,000.00)  
FY24 - \$70,000 (Unit# 1124, \$5,000.00, Unit# 1899, \$65,000.00)  
FY25 - \$70,000 (Unit# 1124, \$5,000.00, Unit# 1899, \$65,000.00)  
FY26 - \$70,000 (Unit# 1124, \$5,000.00, Unit# 1899, \$65,000.00)

Funding Source: Unit# 1124 – Maintenance/Construction, Unit# 1899 – Agency Wide Facilities.

Submitted By:

  
James Blunt, C.P.M.  
Buyer II

Recommended By:

  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer



## Executive Contract Summary

### Contract Section

**Contractor\***

Automated Logic

**Contract ID #\***

2021-0124

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

Automated Logic and The Harris Center

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

8/31/2024

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 629,705.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 111,000.00

Fiscal Year\* (?)

2023

Amount\* (?)

\$ 5,000.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

to upgrade the building automation system at several locations and to add on buildings with a three year contract, the initial implementation cost is \$629,705.00

FY21 - \$629705.00 = software \$15,000.00, materials \$248,000.00, labor \$280,000.00, software updates \$5,000.00 and contingency \$81,705.00

FY22 - \$111,000.00 = maintenance, software and to add 6160 S Loop East to the BAS

FY23 - \$5,000.00 = software license and update

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Please provide an explanation\*

does not meet criteria

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Automated Logic BAS.pdf

8.02MB

Vendor/Contractor Contact Person

Name\*

Automated Logic / Karl Henson

Address\*

Street Address

290 Beltway Green Boulevard, Ste 600

Address Line 2

City

Pasadena

Postal / Zip Code

77503

State / Province / Region

TX

Country

US

Phone Number\*

2818242168

Email\*

karl.henson@carrier.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 629,705.00	900040
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

see attached proposal

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.21

Requester Name

HARPER, SARAH A

Submission Date

5/4/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/4/2021

Procurement Approval

Approved by

*Sharon Brauner*

Approval Date

5/4/2021

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

5/5/2021

Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by \*

*Shasthya Bahu*

Approval Date \*

5/5/2021



## **Award Recommendation**

### **MULTI-FACILITY BUILDING AUTOMATION SYSTEM**

A Proposal Opening for Multi-Facility Building Automation System was held on Tuesday, March 23, 2021.

Eleven (11) vendors were contacted and advertisements were placed in three local newspapers, The Harris Center's website, the State of Texas ESD website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. One HUB vendor was located. Four (4) proposals were received, deemed responsive and evaluated by the project team. No "Notice Not to Participate" was received. The vendors who submitted a proposal are ACRI Services and Consulting, Automated Logic, HCL Mechanical Services and Johnson Controls Inc.

The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Karen Hurst, Project Manager 2 and Oscar Garcia, Project Manager 2 and Lisa Cantu-Espinoza, Facility Services Coordinator.

Four (4) areas were evaluated; Ease and Use of Graphics, Price, Ability to Upgrade/Add, and Service and Support.

All four (4) vendors that submitted proposals presented online demonstrations to the team.

Based on the project team's evaluation of responses received, it is recommended to award Automated Logic. This recommendation is based on the team's belief that Automated Logic is the greatest value coupled with the ease of use and graphic user interface will better suit agency needs and bring the best long-term value to The Harris Center. Automated Logic is not a HUB vendor but 40% of subcontractor work will be provided by a HUB vendor.

The initial contract period is anticipated to begin upon award of contract for Two (2) base years with one (1) optional annual renewal at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The first contract year will begin upon award of contract and end on August 31, 2023 subject to Fiscal Year budget approval.

The Fiscal Year 2021 budget requested is \$629,705.00, the Fiscal Year 2022 budget requested is \$111,000.00 and the Fiscal year 2023 budget requested is \$15,000.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the three years is \$755,705.00, funded annually. The full breakdown by Fiscal Year is below. The Funding Source is Facilities Services Infrastructure Project (1126).

FY21 NTE \$548,000.00 + Contingency \$81,705.00 for a Total NTE of \$629,705.00

FY22 NTE \$111,000.00 + Contingency \$0.00 for a Total NTE of \$111,000.00

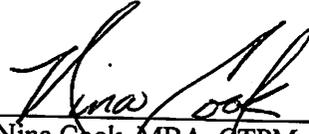
FY23 NTE \$15,000.00 + Contingency \$0.00 for a Total NTE of \$15,000.00

All of the above NTEs, Contingencies and Total NTEs are pending budget approval(s).



---

Frances Otto, CTCD  
Buyer II



---

Nina Cook, MBA, CTPM  
Director of Purchasing



---

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer



## Executive Contract Summary

### Contract Section ^

**Contractor\***

M Strategic Partners, Inc.

**Contract ID #\***

2021-0150

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

M Strategic Partners and The Harris Center

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/15/2021

**Contract Term End Date\* (?)**

6/30/2023

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 30,633.32

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 66,799.92

Fiscal Year\* (?)

2023

Amount\* (?)

\$ 7,566.76

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

contracting with M Strategic Partners as a Project Management consultant to assist in preparing a RFQ/P for renovations at NPC FM21.1126.02 which will be carried over to FY22, for Project Management services during the completion of the project which is currently estimated for 15 months. Per proposal the cost is \$19,500 to prepare the RFQ/P, \$81,000 for Project Management Services, \$2,500.00 for reimbursable expenses for a total of \$103,000.00 plus \$2,000.00 in contingency for a total amount of \$105,000.00 for the project

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Please provide the HUB status\*

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

mSP\_BTGH\_NPC\_PM\_Proposal\_20210528.pdf

1.33MB

Vendor/Contractor Contact Person



Name\*

M Strategic Partners / Richard A Morris

**Address \***

Street Address

9977 West Sam Houston Parkway North, ste 105

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064-7509

Country

US

**Phone Number \***

8324304021

**Email \***

richard.morris@mstrategicpartners.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 30,633.32	900040

**Budget Manager**

BROWN, ERICA S.

**Secondary Budget Manager**

CAMPBELL, RICARDO

**Provide Rate and Rate Descriptions if applicable \* (?)**

see attached proposal

\$19,500 to prepare the RFQ/P, \$81,000 for Project Management Services, \$2,500.00 for reimbursable expenses for a total of \$103,000.00 plus \$2,000.00 in contingency for a total amount of \$105,000.00 for the project

**Project WBS (Work Breakdown Structure \* (?)**

FM21.1126.02

**Requester Name**

HARPER, SARAH A

**Submission Date**

6/2/2021

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

6/2/2021

**Procurement Approval**

**Approved by**



**Approval Date**

6/2/2021

**Contract Owner Approval**

Approved by

*Todd McCorquodale*

Approval Date

6/2/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskeyia Belm*

Approval Date\*

6/2/2021



**Award Recommendation  
Facilities Project Manager Consultant Services  
Project# PUR-FY21-0163**

The Request for Qualification opened for Facilities Project Manager Consultant Services on Tuesday, May 11, 2021 at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Todd McCorquodale, Director of Facilities Services and Scott Rule, Chief Business Officer.

Seven-eight (78) vendors were contacted. Twenty-nine (29) vendors were Historically Underutilized Vendor (HUB). The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA) and Houston Minority Supplier Development Council (HMSDC).

Received thirteen (13) responses and three (3) not to participate. Thirteen (13) responses were deemed responsive and evaluated by the project team. Seven (7) responses were a HUB vendor and two (2) use HUB subcontractors.

**Recommended Vendors:**

M Strategic Partners, Inc. (HUB vendor)  
Applied GRT (HUB Subcontractor)  
The Mathis Group  
Broaddus & Associates (HUB vendor)  
Geaux 2 Group

**Vendors not selected:**

Jones Lang LaSalle Americas, Inc.  
STOA Architects  
Stream Realty Partners, LP  
Kimberly Morisak, Inc.  
Coast Civil & Rail Engineering  
Collaborate Project Management  
Rice & Gardner Consultants, Inc.  
Fronza & Francis, LLC

All scores were collected and tabulated based on the evaluation criteria for a final score for each vendor. As result of the process, it was decided by the team to select multiple vendors. These vendors are prequalified to be selected for future Agency projects.

At this time, the Agency will be contracting with **M Strategic Partners** as a Project Management Consultant. The initial contract period is anticipated to begin upon award of contract for fifteen (15) months or completion of the project.

Per proposal the cost is:

- \$19,500.00, in preparation of the construction RFQ/P document and management of the bidding process. Hourly fee with estimated maximum fee amount of Nineteen Thousand Five Hundred Dollars and no cents.
- \$81,000 for Project Management Services during the phased construction and move-in phases of the project.
- \$2,500.00 for reimbursable expenses will be billed at actual cost with a Ten Percent (10%) mark up, including but not limited to travel, mileage, reproduction and courier/delivery services.
- \$2,000.00 in contingency

The total NTE (Not to Exceed) for fifteen (15) months is \$105,000.00 to be funded annually subject to availability of the budget each year.

- FY21 - \$30,633.32 (Unit# 1126/900040)
- FY22 - \$66,799.92 (Unit# 1126/900040)
- FY23 - \$7,566.76 (Unit# 1126/900040)

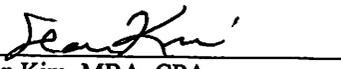
Funding Source: Unit# 1126 – FS Infrastructure Project, Project WBS FM21.1126.02

Submitted By:

  
James Blunt, C.P.M.  
Buyer II

Recommended By:

  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

# **EXHIBIT F-5**

# **June 2021**

## **AMENDMENTS OVER 50k**

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS		*MULTI-YEAR AMENDMENTS						
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>										
1	Granite Telecommunications, LLC	No	Manages the Agency's POTS & AT&T Telephone Bills	\$86,400.00	\$35,000.00	\$121,400.00	09/01/20- 08/31/21	GR	N/A	FY20 invoices in the total of \$38,326.24 were paid on the FY21 PO. \$35,000 is needed to place back on the FY21 PO.
2	Johnson Controls Fire Protection, LP	No	Life Safety Systems/Inspection Services Project	\$89,879.00	\$68,000.00	\$157,879.00	09/01/20- 08/31/21	GR	RFP	To pay for unforeseen repairs for the Fire Alarm and Sprinkler Systems at 6160 South Loop East, for inspection deficiency repairs at all Agency sites and to pay for service invoices for the remainder of FY21.
3	VC5 Partners, LLC dba Rekruters	No	Temporary IT Recruitment and Placement Services	\$620,000.00	\$550,000.00	\$1,170,000.00	09/01/20- 08/31/21	EHR21.1158.03	Sole Source	To amend the existing contract. Backfill for EPIC Equipment Upgrade Project \$300,000.00 IT Support Staff Services \$250,000.00
<b>CPEP</b>										
<b>CRISIS SERVICES</b>										
<b>FORENSICS</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>										
<b>INTERLOCALS</b>										
<b>LEASES</b>										
<b>MENTAL HEALTH SERVICES</b>										



# Executive Contract Summary

## Contract Section



**Contractor\***

GRANITE COMMUNICATIONS

**Contract ID #\***

6825

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

GRANITE  
THC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other NONE     |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2020

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Current Contract Amount\***

\$ 86,400.00

**Increase Not to Exceed\***

\$ 35,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 121,400.00

**Fiscal Year\*** (?) 2021 **Amount\*** (?) \$ 121,400.00

**Funding Source\***  
General Revenue (GR)

**Contract Description / Type\*** (?)

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding    | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement             |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                                     |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other                                     |

**Justification/Purpose of Contract/Description of Services Being Provided\*** (?)

\$38,326.24 in invoices from FY20 were paid on the FY21 PO, \$35,000 needed on the FY21 PO.

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

CT140425

**Vendor/Contractor a Historically Underutilized Business (HUB)\*** (?)

Yes  No  Unknown

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

**Vendor/Contractor Contact Person**

**Name\***

GRANITE TELECOMMUNICATIONS/MELANIE HARRIS

**Address\***

Street Address

PO BOX 983119

Address Line 2

City

BOSTON

State / Province / Region

MA

Postal / Zip Code

02298

Country

United States

**Phone Number\***

212-377-5218

Email \*

premier26@granitenet.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1171	\$ 35,000.00	564000
<b>Budget Manager</b> CAMPBELL, RICARDO	<b>Secondary Budget Manager</b> BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name

BOSWELL, SHAWNTI R

Submission Date

5/18/2021

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

5/18/2021

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

5/18/2021

Contracts Approval

Approve \*

- Yes
- No, reject entire submission
- Return for correction

Approved by \*

*Shaskeyia Behn*

Approval Date \*

5/18/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Johnson Controls Fire Protection, LP

#### Contract ID #\*

7213

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

6/15/2021

#### Parties\* (?)

Johnson Controls Fire Protection, LP and The Harris Center for MH & IDD

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

#### Procurement Method(s)\*

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input checked="" type="checkbox"/> Request for Proposal                 | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/1/2020

#### Contract Term End Date\* (?)

8/31/2021

If contract is off-cycle, specify the contract term (?)

n/a

#### Current Contract Amount\*

\$ 89,879.00

#### Increase Not to Exceed\*

\$ 68,000.00

#### Revised Total Not to Exceed (NTE)\*

\$ 157,879.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 157,879.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

To pay for unforeseen repairs for the Fire Alarm and Sprinkler Systems at 6160 South Loop East, for inspection deficiency repairs at all Agency sites and to pay for service invoices for the remainder of FY21.

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided\*

2003 to Present

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

- Yes
- No
- Unknown

Please provide an explanation\*

Does not meet criteria

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Rachael Kundts, Johnson Controls

Address\*

Street Address

8323 North Eldridge Parkway

Address Line 2

City

Houston

Postal / Zip Code

77041

State / Province / Region

TX

Country

US

Phone Number\*

346-229-9471

Email\*

Rachael.kundts@jci.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 68,000.00	569010
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

See current Contract

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name

CANTU-ESPINOZA, LISA A.

Submission Date

5/20/2021

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

Approval Date

5/20/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Todd McCorquodale*

Approval Date

5/21/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasheja Belm*

Approval Date\*

5/21/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

REKRUITERS

**Contract ID #\***

7356

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

REKRUITERS  
THC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input checked="" type="checkbox"/> Sole Source    |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2020

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Current Contract Amount\***

\$ 620,000.00

**Increase Not to Exceed\***

\$ 550,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 1,170,000.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 1,170,000.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

\$300,000 from IT21.1147.01 to CT140556\EHR21.1158.03 – Backfill for EPIC Equipment Upgrade Project.  
 \$250,000 from EHR21.1158.04 to CT140556\EHR21.1158.03 – IT Support Staff Services

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

CT140556

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

REKRUITERS/DAVE QUINTINILLA

Address\*

Street Address

11111 KATY FREEWAY, SUITE 310

Address Line 2

City

HOUSTON

State / Province / Region

TX

Postal / Zip Code

77079

Country

United States

Phone Number\*

8322434000

Email\*

gabe@vc5consulting.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 550,000.00	900060
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

**Provide Rate and Rate Descriptions if applicable\* (?)**

\$300,000 from IT21.1147.01 to CT140556\EHR21.1158.03 –  
Backfill for EPIC Equipment Upgrade Project.  
\$250,000 from EHR21.1158.04 to  
CT140556\EHR21.1158.03 – IT Support Staff Services

**Project WBS (Work Breakdown Structure\* (?)**

\$300,000 from IT21.1147.01 to CT140556\EHR21.1158.03 –  
Backfill for EPIC Equipment Upgrade Project.  
\$250,000 from EHR21.1158.04 to  
CT140556\EHR21.1158.03 – IT Support Staff Services

Requester Name	Submission Date
BOSWELL, SHAWN T R	5/4/2021

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

Approval Date

5/11/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Mustafa Cochinwala*

Approval Date

5/11/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasegja Belu*

Approval Date\*

5/12/2021

# **EXHIBIT F-6**

# **June 2021 RATIFICATIONS**



# **EXHIBIT F-7**

**June 2021**  
**RENEWALS OVER 50k**

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>									
1	Affiliated Telephone, Inc.	No	Agency Wide ShoreTel Telephone Equipment, Maintenance & Support Services	\$65,000.00	\$85,000.00	09/01/21- 08/31/22	GR	Negotiated Agreement	Annual Renewal of Agreement
2	AT&T Corp.	No	AT&T Ethernet on Demand Services	\$133,200.00	\$152,000.00	09/01/21- 08/31/22	GR	Sole Source	Annual Renewal of Agreement
3	Button's Inventory Service, Inc.	No	Pharmacy Inventory Services	\$90,000.00	\$90,000.00	09/01/21- 08/31/22	GR	RFP	Annual Renewal of Agreement
4	CareFusion Solutions, LLC	No	Software License, Equipment & Support Services	\$59,376.00	\$63,472.00	09/01/21- 08/31/22	GR	Tag-On MHA-GPO	Annual Renewal of Agreement
5	Centre Technologies, Inc.	No	Microsoft Office 365 Subscription	\$400,000.00	\$400,000.00	09/01/21- 08/31/22	GR	Subscription	Annual Renewal of Agreement
6	Centre Technologies, Inc.	No	Microsoft Azure DraaS-Disaster Recovery Service	\$100,000.00	\$100,000.00	09/01/21- 08/31/22	GR	N/A	Annual Renewal of Agreement
7	Cerner Corporation	No	Agency Wide Anasazi Software, Support & Maintenance	\$428,350.00	\$300,000.00	09/01/21- 08/31/22	GR	Legacy Purchase	Annual Renewal of Agreement
8	Comcast	No	Internet and Data Circuit Service; Multiple Sales Orders	\$72,000.00	\$198,312.00	09/01/21- 08/31/22	GR	Legacy Purchase	Annual Renewal of Agreement
9	Critical Start	No	Access Management Software	\$211,043.43	\$212,000.00	09/01/21- 08/31/22	GR	Tag-On to DIR-TSO-4288	Annual Renewal of Agreement
10	Johnson Controls Fire Protection LP	No	Life Safety Systems/ Inspection Services Agency Wide	\$82,346.00	\$94,879.00	09/01/21- 08/31/22	GR	RFP/18/0014	Annual Renewal of Agreement

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
11	Master Pool- Nursing Personnel Services (Pool- 2)	No	Temporary Licensed Nursing Personnel Services	\$100,000.00	\$100,000.00	09/01/21- 08/31/22	GR	Tag-On to Harris County Sheriff's Office Detention Facilities Job No. 09/0378RFQ	Annual Renewal of Agreement
12	Otis Elevator Company	No	Elevator Services at 9401 Property	\$66,000.00	\$66,000.00	09/01/21- 08/31/22	GR	Transitional Vendor	Annual Renewal of Agreement
13	Right Now Termite & Pest Control	Yes	Agency-Wide Pest Control	\$67,710.28	\$88,000.00	09/01/21- 08/31/22	GR	RFP	Annual Renewal of Agreement
<b>CPEP</b>									
14	Baylor College of Medicine Department of Family and Community Medicine	No	Physical Medical Evaluations for patients admitted to Crisis Stabilization Unit (CRU)	\$100,000.00	\$100,000.00	09/01/21- 08/31/22	GR	Professional Services	Annual Renewal of Agreement
15	Physician Resources, Inc.	No	Physical Assessments for Physicians/Physician Assistants for the Jail Diversion Center	\$229,323.00	\$235,045.40	09/01/21- 08/31/22	County Funds	RFP	Annual Renewal of Agreement
16	Residential Substance Abuse Treatment Services (Master Pool)	No	Substance Abuse Treatment Services for Jail Diversion Program	\$100,800.00	\$62,726.00	09/01/21- 08/31/22	County Funds	RFA	Annual Renewal of Agreement
17	The University of Texas Health Science Center at Houston on behalf of its behalf of its Harris County Psychiatric Center	No	Outpatient Competency Restoration	\$295,003.00	\$295,003.00	09/01/21- 08/31/22	County Funds	Professional Services	Annual Renewal of Agreement
<b>CRISIS SERVICES</b>									
18	Aramark Correctional Service, LLC	No	Food Services for The Harris Center	\$277,254.00	\$277,254.00	09/01/21- 08/31/22	County/City/State	Tag-On to Contract Job No. 160297	Annual Renewal of Agreement
19	Harris County Hospital District dba Harris Health System	No	Janitorial Services for NPC	\$229,972.00	\$290,026.36	09/01/21- 08/31/22	GR	ILA	Annual Renewal of Agreement
20	Harris County Hospital District dba Harris Health System	No	Nutrition & Food Services for NPC	\$323,092.98	\$325,025.70	09/01/21- 08/31/22	GR	ILA	Annual Renewal of Agreement
21	Harris County Hospital District dba Harris Health System	No	Operating Expenses and Maintenance for NPC	\$239,153.64	\$284,557.83	09/01/21- 08/31/22	GR	ILA	Annual Renewal of Agreement

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
22	Harris County Hospital District dba Harris Health System	No	Security Services for NPC	\$295,914.00	\$313,135.84	09/01/21- 08/31/22	GR	ILA	Annual Renewal of Agreement
23	Master Pool- Co-Occurring Disorders Residential Treatment (Pool-6)	No	Co-Occurring Disorders Residential Treatment Services	\$250,000.00	\$250,000.00	09/01/21- 08/31/22	GR	RFA	Annual Renewal of Master COD Pool
24	Texas Medical Center Hospital Laundry Coop	No	Linen Services for the NPC	\$164,983.00	\$91,766.00	09/01/21- 08/31/22	GR	Tag-On to Harris County 16/0324	Annual Renewal of Agreement
25	Texas West Oaks Hospital, LP dba West Oaks Hospital	No	Inpatient Psychiatric Hospital Beds	\$1,743,152.40	\$1,743,152.40	09/01/21- 08/31/22	GR	RFP	Annual Renewal of Agreement
<b>FORENSICS</b>									
26	Amber Burks, MD	No	Tele-Psychiatry Services	\$208,000.00	\$208,000.00	09/01/21- 08/31/22	GR	Professional Services	Annual Renewal of Agreement
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
27	P-IDD Behavioral Support Services (Pool-1)	No	Behavioral Support Services	\$75,000.00	\$75,000.00	09/01/21- 08/31/22	GR	RFA	Annual Renewal of P-IDD Supports Pool
28	P-IDD Consumer Services (Pool-3)	No	Respite/Day Habilitation/ Transportation/Crisis Out of Home Respite	\$2,765,000.00	\$2,765,000.00	09/01/21- 08/31/22	GR	RFA	Annual Renewal of P-IDD Supports Pool
29	The Arc of Greater Houston	No	Training Services/ Recreational Services	\$70,000.00	\$70,000.00	09/01/21- 08/31/22	State Funds	N/A	Annual Renewal of Agreement
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>INTERLOCALS</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH SERVICES</b>									

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
30	University of Houston-College of Medicine	No	Physician Primary Care Services to Consumers at Agency's Clinics	\$635,000.00	\$635,000.00	09/01/21- 08/31/22	Federal	N/A	Annual Renewal of Agreement
31	Youth Empowerment Services Master Pool Open Enrollment	No	Family Support, Paraprofessional Support, Respite Support, Transportation Services and Supported Employment.	\$100,000.00	\$100,000.00	09/01/21- 08/31/22	State Funds	N/A	Annual Renewal of Agreement
32	Youth Empowerment Services Master Pool Open Enrollment (Pool- 3)	No	Community Living Supports and Paraprofessional	\$350,000.00	\$350,000.00	09/01/21- 08/31/22	State Funds	N/A	Annual Renewal of Agreement
33	Youth Empowerment Services Master Pool Open Enrollment (Pool- 8)	No	Specialized Therapy for Animal, Art, Music, Nutrition & Recreational Services	\$350,000.00	\$350,000.00	09/01/21- 08/31/22	State Funds	N/A	Annual Renewal of Agreement
<b>PROGRAM MANAGEMENT</b>									
<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>									
<b>ADMINISTRATION</b>									
34	Aptean, Inc.	No	ROSS Software License, Support and Maintenance Seervices	\$370,114.04	\$266,540.50	10/24/20- 10/24/21	GR	Sole Source	Annual (Period Three) Funding
35	CDW Government LLC	No	DUP MFA Authentication Software Services	\$62,944.00	\$61,500.00	09/16/21- 09/15/22	GR	Tag-On ESC R4/National IPA Total Cloud Solutions (R171001)	Annual Funding Only (09/01/21- 08/31/22)
36	Centre Technologies, Inc.	No	Vmware Software Subscription, Maintenance & Support Services	\$58,046.88	\$65,000.00	11/01/20- 10/31/21	GR	Tag-On to DIR-TSO-3926	Annual Renewal of Agreement

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
37	Citrix Systems, Inc.	No	Software Support and Maintenance Services	\$78,064.00	\$92,000.00	11/01/20- 10/31/21	GR	Transition from LogMe-In	Annual Renewal of Agreement
38	Labatt Institutional Supply Company dba Labatt Food Service, LLC	No	Food Service	\$103,352.00	\$113,700.00	07/01/21- 06/30/26	GR/DSRIP	Bid: TxSmartBuy	Tag-on to State Contract ID#385-GS and 393-GS to provide food services at NPC.
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH									
39	Mental Health America of Greater Houston, Inc.	No	Oversight of Veterans Peer Support Processes	\$99,286.00	\$99,286.00	09/01/21- 08/31/22	State Funds	Professional Services	Annual Renewal of Agreement
40	The Council on Recovery	No	Outreach, Engagement, Screening, Assessment, Referral (OSAR) and Linkage Services	\$508,489.00	\$508,489.00	09/01/21- 08/31/22	Federal Funds	Professional Services	Annual Renewal of Agreement
41	University of Texas Health Science Center, Department of Psychiatry and Behavioral Sciences	No	Outpatient Psychiatric Services to Children & Adolescents	\$97,344.00	\$97,344.00	08/01/21- 07/30/22	HHSC Funds	ILA	Annual Renewal of Agreement

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
42	University of Texas Health Science Center, Department of Psychiatry and Behavioral Sciences	No	Psychiatric Residential Services: ACT Team	\$101,156.00	\$100,647.36	07/01/21- 06/30/22	HHSC Funds	Residency	Annual Renewal of Agreement
43	University of Texas Health Science Center, Department of Psychiatry and Behavioral Sciences	No	Forensic Residency Rotation at the Harris County Jail	\$114,372.00	\$50,323.68	07/01/21- 06/30/22	HHSC Funds	Residency	Annual Renewal of Agreement
44	University of Texas Health Science Center, Department of Psychiatry and Behavioral Sciences	No	Psychiatric Residential Services: PES	\$114,372.00	Not Funded FY22	07/01/21- 06/30/22	HHSC Funds	Residency	Residents will continue to rotate, but due to Resident budget cut from the State, there will be no funding.
<b>PROGRAM MANAGEMENT</b>									
<b>MULTI-YEAR CONTRACTS</b>									
<b>ADMINISTRATION</b>									
45	Future Com	No	Checkpoint Infinity Protection Software	\$258,000.00	\$258,000.00	01/29/21- 01/28/24	GR	Tag-On to DIR-TSO-4149	Annual Renewal of Agreement
46	VP Imaging, Inc. dba Docunav Solutions	No	Laserfishe Licenses, Maintenance & Support	\$64,019.35	\$59,295.69	09/01/21- 08/31/22	GR	Tag-On to DIR-CPP-4449	Annual Renewal of Agreement
<b>CPEP</b>									
<b>CRISIS SERVICES</b>									
<b>FORENSICS</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									



**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5722
Contractor Name:	Affiliated Telephone, Inc.
Interlocal Agreement:	No
Service (brief description):	Agency Wide Shoretel telephone equipment, maintenance & support
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$65,000.00
Rate(s)/Rate(s) Description:	Per Renewal Agreement
Unit(s) Served:	1171
G/L Code(s):	564003
FY21 Purchase Order Number:	CT140384
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) x\_\_.
2. Were Services delivered as specified in the Contract? (Y) x\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 85,000. FY22 Rate(s) 85,000  
UNIT 1171  
GL CODE 564003. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:50:04 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7611
Contractor Name:	AT&T Corp.
Interlocal Agreement:	No
Service (brief description):	AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renewed Pricing Schedule
Term for Off-Cycle Only:	36 Month Term (1/1/2020 – 1/1/2023)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$133,200.00
Rate(s)/Rate(s) Description:	\$11,016.54 per month
Unit(s) Served:	1130
G/L Code(s):	564004
FY21 Purchase Order Number:	CT140418
Contract Requester:	Rick Hurst
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON: CONTINUED USE

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7067
Contractor Name:	Button's Inventory Service, Inc.
Interlocal Agreement:	No
Service (brief description):	Pharmacy Inventory Services
Term for Off-Cycle Only:	9/1/2020 – 8/31/2020 (on-cycle)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE ( your current budget):	\$90,000.00
Rate(s)/Rate(s) Description:	\$1.50 per 1,000 counted
Unit(s) Served:	1135
G/L Code(s):	543067
FY21 Purchase Order Number:	FY21 PO: CT140386
Contract Requester:	Angela Babin or Teri Gleason
Contract Owner:	Angela Babin

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 90,000. FY22 Rate(s) \_\_\_\_\_ UNIT 1135  
GL CODE 543067. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Angela Babin.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Teri Gleason.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

\_\_\_\_\_  
(Signature). REQUIRED

Contract Owner: Angela Babin (Printed Name)

A. Babin 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6048
Contractor Name:	CareFusion Solutions, LLC
Interlocal Agreement:	No
Service (brief description):	License, Maintenance and Support of PYXIS Pharmacy Equipment
Term for Off-Cycle Only:	Each Order Form has a 60 month term
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Bid
Contract NTE ( your current budget):	\$59,376.00
Rate(s)/Rate(s) Description:	Monthly Rate per Order Form
Unit(s) Served:	9205, 9205
G/L Code(s):	553001, 552000
FY21 Purchase Order Number:	CT140411
Contract Requester:	Angela Babin or Teri Gleason
Contract Owner:	Babin, Angela

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

**RECEIVED JUN 02 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: A see ATTACHMENT for cost breakdown.... Jodel Oshman 06-01-21

Please provide the NTE for FY22 63,472. FY22 Rate(s) \_\_\_\_\_ UNIT ~~9205~~ 9209  
GL CODE \_\_\_\_\_. If Contract is a multi-year term, please provide the following. 9205  
552000, 553001, 553001  
FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Angela Babin.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Teri Gleason.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: Angela Babin (Printed Name)

A. Babin 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

<b>Location</b>	<b>Unit Number</b>	<b>Annual Equipment Rent</b>	<b>Annual Equipment Maintenance / Service</b>	<b>Annual Support Fee with 6.2% Increase</b>	<b>Annual Sum</b>
		<b>552000</b>	<b>553001</b>	<b>553001</b>	
<b>CSU</b>	<b>9209</b>	<b>24,264</b>	<b>4,212</b>	<b>4,473</b>	<b>28,737</b>
<b>PES/CAPE</b>	<b>9205</b>	<b>26,028</b>	<b>5,724</b>	<b>6,079</b>	<b>32,107</b>
<b>ER Profile 10.26.2020</b>	<b>9205</b>	<b>2,628</b>	<b>-</b>		
	<b>Total</b>	<b>52,920</b>	<b>9,936</b>	<b>10,552</b>	<b>63,472</b>

from Teri ... 5-14-21

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7710
Contractor Name:	Centre Technologies, Inc.
Interlocal Agreement:	No
Service (brief description):	Microsoft Office 365 Subscription
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$400,000.00
Rate(s)/Rate(s) Description:	Monthly Rate Vary
Unit(s) Served:	1130
G/L Code(s):	574000
FY21 Purchase Order Number:	CT140409
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27<sup>1</sup> 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_400,000\_\_\_\_. FY22 Rate(s)\_\_400,000\_\_\_\_  
UNIT\_\_1130\_\_\_\_  
GL CODE\_\_574000\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Ricardo Campbell\_\_\_\_\_ (Printed Name)

**Ricardo Campbell** Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:57:48 -05'00' \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_HURST\_\_\_\_\_ (Printed Name)

\_\_\_\_\_  
\_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7709
Contractor Name:	Centre Technologies, Inc.
Interlocal Agreement:	No
Service (brief description):	Microsoft Azure DraaS- Disaster Recovery as a Service
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$100,000.00
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1130
G/L Code(s):	574000
FY21 Purchase Order Number:	CT140410
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

1  
**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_100,000\_\_\_\_. FY22 Rate(s)\_\_\_\_100,000\_\_\_\_ UNIT\_\_1130\_\_\_\_ GL CODE\_\_574000\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)X\_\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_X\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_X\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ Ricardo Campbell \_\_\_\_\_ (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:56:47 -05'00' \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ HURST \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5007
Contractor Name:	Cerner Corporation
Interlocal Agreement:	No
Service (brief description):	Agency Wide Anasazi Software, Support & Maintenance
Term for Off-Cycle Only:	Multiple Sales Orders
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$428,350.00
Rate(s)/Rate(s) Description:	Multiple Sales Orders
Unit(s) Served:	1130
G/L Code(s):	553002, 551002
FY21 Purchase Order Number:	CT140582
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of tXime spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 10 9 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 300,000. FY22 Rate(s) 300,000  
UNIT 1130  
GL CODE 553002, ~~554002~~. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_, X if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 16:53:03 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6529
Contractor Name:	Comcast
Interlocal Agreement:	No
Service (brief description):	Internet and Data Circuit Service; Multiple Sales Orders
Term for Off-Cycle Only:	Multiple Sales Orders
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$72,000.00
Rate(s)/Rate(s) Description:	Total Monthly Recurring Charges \$6,275
Unit(s) Served:	1130
G/L Code(s):	564004
FY21 Purchase Order Number:	CT140436
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) x\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) x\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x\_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_198,312\_\_\_\_\_. FY22 Rate(s)\_\_\_\_\_ UNIT\_1130\_\_\_\_\_ GL CODE\_564004\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ Ricardo Campbell \_\_\_\_\_ (Printed Name)

\_\_\_\_\_  
Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 16:58:58 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ HURST \_\_\_\_\_ (Printed Name)

\_\_\_\_\_  
(Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2020-0009
Contractor Name:	Critical Start
Interlocal Agreement:	No
Service (brief description):	Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT products)
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on to DIR-TSO-4288
Contract NTE (your current budget):	\$211,043.43
Rate(s)/Rate(s) Description:	Per renewal quote
Unit(s) Served:	1147
G/L Code(s):	900020
FY21 Purchase Order Number:	CT140892
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_ X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_ X (N) \_\_\_.
2. REASON: CONTINUED USE

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_212,000\_\_\_\_\_. FY22 Rate(s)\_\_\_212,000\_\_\_\_\_  
UNIT ~~1130~~ 1130 SS3002  
GL CODE ~~900020~~ 900020. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_GR\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_X\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_\_\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:32:05 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7213
Contractor Name:	Johnson Controls Fire Protection LP
Interlocal Agreement:	
Service (brief description):	Life Safety Systems/ Inspection Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$82,346.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899
G/L Code(s):	569010
FY21 Purchase Order Number:	CT140613
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for **FY2022** with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: LIFE SAFETY SYSTEMS/ INSPECTION SERVICES

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_94,879.00\_. FY22 Rate(s)\_\_ 94,879.00\_\_ UNIT\_\_1899\_\_ GL CODE\_\_569010\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_N/A\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_Lisa Cantu\_\_\_\_\_.

APPROVALS:

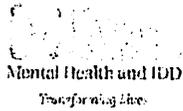
Budget Manager: \_\_\_\_\_Eric Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:08:00 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:30:29 -05'00' (Signature). REQUIRED

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### CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current **FY 21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7720
Contractor Name:	P-Nursing
Interlocal Agreement:	No
Service (brief description):	Temporary Nursing Personnel Services
Number of Subcontracts:	Two (2)
Subcontract ID#s and Contractor Names:	ID 7721 - JWS Health Consultants DBA UltraStaff ID 7733 - PRO-TOUCH Nurses, Inc.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	Tag-on to Harris County Sheriff's Office Detention Facilities Job No. 09/0378RFQ
Contract NTE ( your current budget):	\$100,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	Varies
G/L Code(s):	540502
FY21 Purchase Order Number:	CT140570
Contract Requestor:	Linda Arceneaux
Contract Owner:	Deborah A. Sweat, CNO

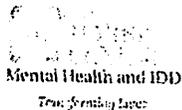
**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? YES  NO
2. Were services delivered as specified in the Contract? YES  NO
3. Did Contractor perform duties in a manner consistent with standards of the profession?  
YES  NO
4. Did Contractor adhere to the contracted schedule (if applicable)? YES  NO
5. Were reports, billing and/or invoices submitted in a timely manner? YES  NO
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? YES  NO
7. Did Contractor render services consistent with Agency policy and procedures? YES  NO
8. Did Contractor maintain legally required standards for certification, licensure, and/or training?  
YES  NO

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE, IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY 2022 with this Contractor YES  NO
2. REASON: \_\_\_\_\_



**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$100,000.

FY22 Rate(s) \$Varies

Unit(s) served Varies GL CODE 540502

\*If NTE is split between more than two units, please attach Financial sheet as necessary.

List all applicable units/GL codes (verify with Budget Manager).

AMOUNT	Rate Description	Unit(s) Served	GL/Expense Code
\$55,000.00	Varies	2379	540502
\$10,000.00	Varies	9206	540502
\$10,000.00	Varies	9209	540502
\$10,000.00	Varies	9403	540502
\$10,000.00	Varies	9810	540502
\$5,000.00	Varies	1108	540502

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$ \_\_\_\_\_

**E. CONTRACT FUNDING SOURCE:** [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? YES  NO
2. Will the scope of the Services change? YES  NO
3. Is the payment deadline different than net (45): If yes, please provide the net days. YES  NO
4. Are there any changes in the Performance Targets? YES  NO
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
YES  NO  If YES, please attach additional pages as necessary.

**G. RESPONSIBLE PARTY**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract APPROVALS:

Digitally signed by Deborah Sweat  
Date: 2021.06.08 09:09:23 -05'00'

(Deborah A. Sweat, CNO) (Signature of Contract Owner / Staff Responsible for this contract in FY2022)

Jodel Oshman (Signature of the Budget Manager)

**Priscilla M. Ramirez** Digitally signed by Priscilla M. Ramirez  
Date: 2021.06.08 08:17:28 -05'00'

Priscilla Ramirez (Signature of the Budget Manager)

(Signature of the Budget Manager)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.06.08 09:56:04 -05'00'

Erica Brown (Signature of the Budget Manager)

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6093
Contractor Name:	Otis Elevator Company
Interlocal Agreement:	
Service (brief description):	Elevator services for 9401 property
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$66,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1817
G/L Code(s):	569009
FY21 Purchase Order Number:	CT140455
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) XX.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for **FY2022** with this Contractor? (Y) X (N) \_\_\_.
2. REASON: ELEVATOR SERVICES FOR 9401 PROPERTY

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_66,000.00\_\_. FY22 Rate(s)\_\_66,000.00\_ UNIT\_\_1817\_ GL CODE\_\_569009\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_GR\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_X\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_N/A\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_\_\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_Lisa Cantu\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:13:18 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:29:51 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7786
Contractor Name:	Right Now Termite & Pest Control
Interlocal Agreement:	
Service (brief description):	Agency-Wide Pest Control and Bed Bug Treatment
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$67,710.28
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899, 9211
G/L Code(s):	569005
FY21 Purchase Order Number:	CT140595
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y)X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON: 2<sup>ND</sup> YEAR OF INITIAL 2 YEAR CONTRACT WITH THREE ONE YEAR RENEWAL OPTIONS

**RECEIVED MAR 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22\_\_\$88,000.00\_. FY22 Rate(s)\_ \$88,000.00\_\_ UNIT\_\_1899\_\_ GL CODE\_569005\_\_. If Contract is a multi-year term, please provide the following.

FY23\_\_\$88,000.00\_. FY23 Rate(s)\_\_\$88,000.00\_\_ UNIT\_\_1899\_\_ GL CODE\_569005\_  
FY24\_\_\$88,000.00\_\_\_. FY24 Rate(s)\_\_\$88,000.00\_\_ UNIT\_\_1899\_\_ GL CODE\_569005\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N)\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_N/A\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_\_ or (N)\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_\_ or (N)\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract\_\_Todd McCorquodale\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_Sarah Harper\_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_\_\_ Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:25:22 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:29:04 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	7521
Contractor Name:	Baylor College of Medicine Department of Family and Community Medicine
Interlocal Agreement:	Yes
Service (brief description):	Physical Medical Evaluations for patients admitted to Crisis Stabilization Unit (CRU).
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$100,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9209
G/L Code(s):	543011
FY21 Purchase Order Number:	CT140772
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kommayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

1  
RECEIVED MAY 13 2021

Please give a reason for any non-renewal, stop, and/or contract modification to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN RED FONT COLOR.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$100,000.00. FY22 Rate(s) NA UNIT 9209  
GL CODE 543011.

THE NTE IS SPLIT BETWEEN YOUR CONTRACT NUMBER. PLEASE ATTACH FINANCIAL SHEET IF NECESSARY.

Contract awarded to: Chickadee Elder Services, Inc. - Senior Services

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)      or (N) X
2. Will the scope of the Services change? (Y)      or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days      [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)      or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)      or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES TO THIS CONTRACT.

**G. RESPONSIBLE PARTY:**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Vice President/Contract Owner: Kim Kornmayer (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7270
Contractor Name:	Physician Resources, Inc.
Interlocal Agreement:	No
Service (brief description):	Physicians/Physician Assistants for Physical Assessments for the Jail Diversion Center
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$229,323.00
Rate(s)/Rate(s) Description:	FY20: \$153.24 X 4 hours X 365 days=\$223,730.40 FY21: \$157.07 X 4 hours X 365 days = \$229,322.20 (per bid packet) FY22: \$160.99 X 4 hours X 365 days = \$235,045.40
Unit(s) Served:	9403
G/L Code(s):	540507
FY21 Purchase Order Number:	CT140629
Contract Requester:	Priscilla Ramirez
Contract Owner:	Dr. Vinay Kapoor/Kim Kommayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) XX (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

- 1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.
- 2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$235,045.40. FY22 Rate(s) see chart UNIT 9403  
GL CODE 540507. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
 FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: n/a.

**E. CONTRACT FUNDING SOURCE:** County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

- 1. Are there any required changes to the contract language? (i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
- 2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract Kim Kormmayer.

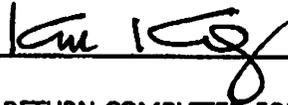
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Priscilla Ramirez.

**APPROVALS:**

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kommayer (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7277
Contract Name:	P- Residential Substance Abuse Treatment Services
Interlocal Agreement:	No
Service (brief description):	Substance Abuse Treatment Services for Jail Diversion Program
Number of SubContracts:	Eight (8)
SubContract ID#s and Contractor Names:	ID 7316 - SWINNCOMM Holdings LLC dba Institute for Chemical Dependency Studies ID 7570 -Alliance Risk, LLC dba Gateway to Sobriety ID 7306 - Bay Area Recovery Center, Ltd. ID 7298 - Passages, Inc. ID 7307 - Pathway to Serenity ID 7295 – Santa Maria Hostel, Inc. ID 7702 - Wellness Counseling Center of Texas, LLC ID 7647 - Loretta Henderson dba Change Institute Recovery Center, LLCery Center
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE ( your current budget):	\$100,800.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9405
G/L Code(s):	543043
FY21 Purchase Order Number:	CT140475
Contract Requester:	Priscilla Ramirez
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.

8. Maintained legally required standards for certification, licensure, and/or training? (Y) X  
(N) \_\_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE COMMENTS. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

- 1. Are the Contracts being renewed for FY2022 with Contractors? (Y) X (N) \_\_\_\_\_.
- 2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$62,726.00.

Rate(s) same UNIT 9405 GL CODE 543043.

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

**E. CONTRACT FUNDING SOURCE:** County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

- 1. Are there any required changes to the contract language? (i.e. Changes in law or updates to the Service standards) (Y) \_\_\_\_\_ or (N) X
- 2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

**IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

**G. RESPONSIBLE PARTY:**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Priscilla Ramirez.

**APPROVALS:**

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Vice President/Contract Owner: Kim Kornmayer (Printed Name)

Kim Kornmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022**, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7537
Contractor Name:	The University of Texas Health Science Center at Houston on behalf of its behalf of its Harris County Psychiatric Center
Interlocal Agreement:	No
Service (brief description):	Outpatient Competency Restoration ("OCR")
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$295,003.00
Rate(s)/Rate(s) Description:	Monthly amount of \$24,583.58
Unit(s) Served:	9407
G/L Code(s):	543071
FY21 Purchase Order Number:	CT140741
Contract Requester:	Priscilla Ramirez
Contract Owner:	Kimberly Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$295,003.00. FY22 Rate(s) same UNIT 9407  
GL CODE 543071. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: n/a.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kornmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Priscilla Ramirez.

APPROVALS:

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kornmayer (Printed Name)

Kim Kornmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7849
Contractor Name:	Aramark Correctional Service, LLC
Interlocal Agreement:	
Service (brief description):	Food Services for The HARRIS CENTER
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On
Contract NTE (your current budget):	\$277,254.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	9403, 9264, 9265
G/L Code(s):	543013
FY21 Purchase Order Number:	CT140802
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

9403 - \$107,310.00

9264 - \$45,294.00

Please provide the NTE for FY22 \$277,254.00. FY22 Rate(s) \_\_\_\_\_ UNIT 9261 - \$124,650.00  
GL CODE 543013. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: County/City/State [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kornmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kornmayer (Printed Name)

Kim Kornmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B".

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	6917
Contractor Name:	Harris County Hospital District dba Harris Health System
Interlocal Agreement:	Yes
Service (brief description):	Janitorial Services for NPC
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$229,972.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9206=\$174,779.11                      9209=\$29,896.00 9211=\$25,297.00
G/L Code(s):	543040
FY21 Purchase Order Number:	CT140665
Contract Requester:	
Contract Owner:	Evelyn Locklin

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

D. RENEWAL INFORMATION FOR FY2022:

9206-\$232,021.36

9209-\$34,803.00

Please provide the NTE for FY22 \$290,026.36. FY22 Rate(s) \_\_\_\_\_ UNIT 9211-\$23,202.00  
GL CODE 569002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kommayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

 (Signature).

Contract Owner: Kim Kommayer (Printed Name)

 (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO \_\_\_\_\_ and \_\_\_\_\_ Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B".

**A. CURRENT FY 2021 CONTRACT INFORMATION --**

Contract ID#:	6212
Contractor Name:	Harris County Hospital District dba Harris Health System
Interlocal Agreement:	Yes
Service (brief description):	Nutrition Food Services for NPC
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$323,092.98
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9209 = \$74,311.00 9206 = \$248,781.98
G/L Code(s):	543013
FY21 Purchase Order Number:	CT140719
Contract Requester:	
Contract Owner:	Evelyn Locklin

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or Invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

1  
**RECEIVED MAY 27 2021**

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 325,025.70 . FY22 Rate(s) \_\_\_\_\_ UNIT 9206-\$250,269.70  
GL CODE 543013 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_, FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_, FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA .

E. CONTRACT FUNDING SOURCE: GR \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

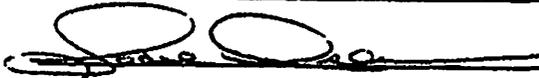
G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kormmayer .

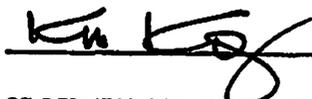
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin .

APPROVALS:

Budget Manager: Jodel Oshman \_\_\_\_\_ (Printed Name)

 (Signature).

Contract Owner: Kim Kormmayer \_\_\_\_\_ (Printed Name)

 (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO \_\_\_\_\_ and \_\_\_\_\_ . Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B".

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	5593
Contractor Name:	Harris County Hospital District dba Harris Health System
Interlocal Agreement:	Yes
Service (brief description):	Operating Expenses and Maintenance for NPC
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$239,153.64
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9206=\$174,779.11                      9209=\$29,896.00 9211=\$25,297.00
G/L Code(s):	543040
FY21 Purchase Order Number:	CT140672
Contract Requester:	
Contract Owner:	Evelyn Locklin

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON:

RECEIVED MAY 27 2021

D. RENEWAL INFORMATION FOR FY2022:

9206-\$227,645.83

9209-\$34,147.00

Please provide the NTE for FY22 \$284,557.83. FY22 Rate(s) \_\_\_\_\_ UNIT 9211-\$22,765.00  
GL CODE 543040. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kormmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

 (Signature).

Contract Owner: Kim Kormmayer (Printed Name)

 (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO \_\_\_\_\_ and \_\_\_\_\_ Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022**, starting with Section "B".

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	5778
Contractor Name:	Harris County Hospital District dba Harris Health System
Interlocal Agreement:	Yes
Service (brief description):	Security Services for NPC
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$295,914.00
Rate(s)/Rate(s) Description:	\$24,659.00 per month x 12
Unit(s) Served:	9209 = \$38,468.00 9211 = \$32,550.00 9206 = \$224,896.00
G/L Code(s):	583001
FY21 Purchase Order Number:	CT140714
Contract Requester:	
Contract Owner:	Evelyn Locklin

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

D. RENEWAL INFORMATION FOR FY2022:

9206-\$250,508.84

9209-\$37,576.00

Please provide the NTE for FY22 \$313,135.84. FY22 Rate(s) \_\_\_\_\_ UNIT 9211-\$25,051.00  
GL CODE 583001. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kommayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature).

Contract Owner: Kim Kommayer (Printed Name)

[Signature] (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO \_\_\_\_\_ and \_\_\_\_\_ Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – ALL INFORMATION IS FROM THE CURRENT CONTRACT.**

Contract ID#:	7222
Contract Name:	P-Co-Occurring Disorders Residential Treatment
Interlocal Agreement:	No
Service (brief description):	Co-Occurring Disorders Residential Treatment Services.
Number of SubContracts:	Six (6)
SubContract ID#s and Contractor Names:	ID 7224 – Bay Area Recovery Center, Ltd. ID 7226 – Cheyenne Center, Inc. ID 7227 – Discovery Community of Houston, LLC. ID 7221 – Passages, Inc. ID 7223 – Pathway to Serenity, Inc. ID 7225 – Santa Maria Hostel, Inc.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE ( your current budget):	\$250,000.00
Rate(s)/Rate(s) Description:	\$79.00 per bed day per consumer for intensive residential treatment. \$69.00 per bed day per consumer for supportive residential treatment.
Unit(s) Served:	9825
G/L Code(s):	543043
FY21 Purchase Order Number:	CT140686
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X

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(N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE COMMENTS. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

- 1. Are the Contracts being renewed for FY2022 with Contractors? (Y) X (N) \_\_\_\_.
- 2. REASON:

Please give a reason for why you are renewing or not renewing the contract with the Contractors Services Department. (DO NOT ANSWER QUESTIONS UNLESS YOU ARE SURE YOU CAN)

**D. RENEWAL INFORMATION FOR FY2022:**

FY 2022 Not to Exceed Amount for Master Pooled Contracts: 250,000.00.  
\$69 per bed per consumer for supportive residential treatment  
\$79 per bed per consumer for intensive residential treatment  
 Rate(s) \$69/\$79 UNIT 9225 GL CODE 543043.

IF YOU ONLY WANT TO RENEW PART OF THE CONTRACT, PLEASE LIST THE PORTION OF THE CONTRACT YOU WANT TO RENEW.

(If multiple contracts are being renewed, please list them individually below.)

**E. CONTRACT FUNDING SOURCE:** GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_ or (N) X
- 2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) X, If yes, provide brief description.  
\_\_\_\_\_
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) X
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES TO THIS CONTRACT.

**G. RESPONSIBLE PARTY:**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract LaCharlotte Smith/Evelyn Locklin.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

 (Signature)

Vice President/Contract Owner: Kim Kommayer (Printed Name)

 (Signature)

**PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.**

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7134
Contractor Name:	Texas Medical Center Hospital Laundry Coop
Interlocal Agreement:	No
Service (brief description):	Laundry services to consumers at the NPC.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On to Harris County Hospital District (Harris Health) 16/0324.
Contract NTE ( your current budget):	\$164, 983.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	Varies
G/L Code(s):	543032
FY21 Purchase Order Number:	CT140565
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal and you return this form to the Contracts Services Department. (DO NOT ANSWER QUESTIONS IN SECTIONS G, E, and F)

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 ~~\$164,883.00~~ <sup>91,766 *ppp*</sup> . FY22 Rate(s) NA UNIT 9403-\$0.00 *ppp*  
GL CODE 543032 (see attached)

9206-\$43,522  
9209-\$30,244  
9284-\$0.00 *ppp*  
9403-\$0.00  
9261-\$18,000

IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH EXPLANATION SHEET AS NECESSARY.

List all applicable DUNS numbers (please verify with Budget Manager).

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA

E. CONTRACT FUNDING SOURCE: GR (GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY)

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)     or (N) X
2. Will the scope of the Services change? (Y)     or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days     [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)     or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)     or (N) X

IF YES, PLEASE ATTACH ADDITIONAL SUPPORTING DOCUMENTS

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin

APPROVALS:

Budget Manager: Jodel Oshman / Priscilla Ramirez (Printed Name)

*Priscilla Ramirez* (Signature)

Vice President/Contract Owner: Kim Kormmayer (Printed Name)

*Kim Kormmayer* (Signature)

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskvia.behn@theharriscenter.org](mailto:shaskvia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**FY 2022 FINANCIAL INFORMATION** (verify with Budget Manager ).

List all applicable units/GL codes. (\*Insert additional rows as needed. Total must be equal to requested NTE.)

AMOUNT(S)	RATE(S) DESCRIPTION	UNIT(S) SERVED	GL/EXPENSE CODE(S)	BUDGET MANAGER APPROVALS (signature/initials):
\$ -	Click here to enter text.	Click here to enter text.	Click here to enter text.	*
\$ 43,522.00	no change	9206	543032	Jodel Oshman
\$ 30,244.00	no change	9209	543032	Jodel Oshman
\$ -	no change	9264	543032	Priscilla Ramirez <i>PR</i>
\$ -	no change	9403	543032	Priscilla Ramirez <i>PR</i>
\$ 18,000.00	no change	9261	543032	Priscilla Ramirez <i>PR</i>
<b>\$ 91,766.00</b>	<b>TOTAL NTE</b>			

\* Jodel's approvals are on the next page

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7563
Contractor Name:	Texas West Oaks Hospital, LP dba West Oaks Hospital
Interlocal Agreement:	N/A
Service (brief description):	Inpatient Psychiatric Bed Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$1,743,152.40
Rate(s)/Rate(s) Description:	\$625.00 per bed day
Unit(s) Served:	9223
G/L Code(s):	543044
FY21 Purchase Order Number:	CT140634
Contract Requester:	
Contract Owner:	Evelyn Locklin/Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$1,743,152.40. FY22 Rate(s) \$625 per day UNIT 9223  
GL CODE 543044. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_, FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_, FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kommayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

 (Signature). REQUIRED

Contract Owner: Kim Kommayer (Printed Name)

 (Signature). REQUIRED  
5/18/2021

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyla.behn@theharriscenter.org](mailto:shaskyla.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7697
Contractor Name:	Amber Burks, MD
Interlocal Agreement:	No
Service (brief description):	Tele-Psychiatry Services to children and adolescent juveniles within the placement facilities (Katy Leadership, Youth Village and BBRC)
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	None
Contract NTE (your current budget):	\$208,000.00
Rate(s)/Rate(s) Description:	200 per hour for a minimum of twenty (20) scheduled hours per week, including afterhours.
Unit(s) Served:	6703
G/L Code(s):	540503
FY21 Purchase Order Number:	CT140144
Contract Requester:	Sheenia Williams-Wesley
Contract Owner:	Betty Adams/Mona Jiles

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$208,000. FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE 540503. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Betty F. Adams.

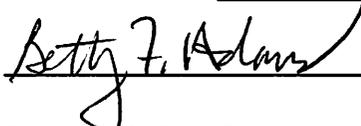
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sheenia Williams-Wesley.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

 (Signature). REQUIRED

Contract Owner: Betty F. Adams (Printed Name)

 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contractservices@theharriscenter.org](mailto:contractservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7553
Contractor Name:	P-Behavioral Support Services Master Pool
Interlocal Agreement:	
Service (brief description):	Behavioral Support Services Master Pool
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE (your current budget):	\$75,000.00
Rate(s)/Rate(s) Description:	\$65/hr
Unit(s) Served:	3648
G/L Code(s):	543028
FY21 Purchase Order Number:	CT140420
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) x\_\_.
2. Were Services delivered as specified in the Contract? (Y)x\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)x\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_ (N)\_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x\_\_ (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_ (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\$75,000.00\_\_\_. FY22 Rate(s)\_\_\$65.00 per hour\_\_\_  
UNIT\_3648\_GL CODE\_\_543028\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\$75,000.00\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_STATE\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Robert Stakem, Jr., VP –  
IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for  
this Contract\_\_\_\_Margo Childs, Program Director – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)

\_\_\_\_Robert Stakem\_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6835
Contractor Name:	P-IDD Consumer Services Master Pool
Interlocal Agreement:	
Service (brief description):	
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$2,765,00.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	3585, 3575, 3569, 3568, 3646
G/L Code(s):	543005-Respite, 543008-Day Hab, 543014-Transportation, 543063-Crisis Out of Home Respite
FY21 Purchase Order Number:	CT140605
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) \_\_\_X\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_X\_\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_X\_\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_X\_\_\_ (N)\_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_X\_\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_X\_\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_X\_\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_X\_\_\_ (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_X\_\_\_ (N) \_\_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$2,765,00.00. FY22 Rate(s)        listed below        UNIT        listed below        GL CODE        listed below       . If Contract is a multi-year term, please provide the following.

FY22 Rate(s)       

- 3585-543005= \$10,000.00 TxHmL Out of Home Respite
- 3585-543008= \$72,000.00 TxHmL Day Habilitation
- 3585-543014= \$8,000.00 TxHmL Transportation
- 3575-543008= \$70,000.00 IDD RO53 Day Habilitation
- 3569-543005= \$2,500,000.00 IDD RO23 In Home Respite
- 3568-543005= \$5,000.00 IDD RO22 Clinical Out of Home Respite
- 3646-543063= \$100,000.00 IDD RO22 Crisis Out of Home Respite

UNIT       

- 3585-543005: TxHmL Out of Home Respite
- 3585-543008: TxHmL Day Habilitation
- 3585-543014: TxHmL Transportation
- 3575-543008: IDD RO53 Day Habilitation
- 3569-543005: IDD RO23 In Home Respite
- 3568-543005: IDD RO22 Clinical Out of Home Respite
- 3646-543063: IDD RO22 Crisis Out of Home Respite

GL CODE       

- 3585-543005: TxHmL Out of Home Respite
- 3585-543008: TxHmL Day Habilitation
- 3585-543014: TxHmL Transportation
- 3575-543008: IDD RO53 Day Habilitation
- 3569-543005: IDD RO23 In Home Respite
- 3568-543005: IDD RO22 Clinical Out of Home Respite
- 3646-543063: IDD RO22 Crisis Out of Home Respite

FY23       . FY23 Rate(s)        UNIT        GL CODE         
 FY24       . FY24 Rate(s)        UNIT        GL CODE       

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$2,765,00.00.

**E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract \_\_\_Robert Stakem, Jr. VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_\_Margo Childs, Program Director – IDD Services\_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Mamie Adams-Austin*\_\_\_\_\_ (Signature).  
**REQUIRED**

Contract Owner: \_\_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Robert Stakem*\_\_\_\_\_ (Signature). **REQUIRED**

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7199
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Training Services/ Recreational Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$70,000.00
Rate(s)/Rate(s) Description:	\$5,833.34/ Monthly
Unit(s) Served:	3528
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140661
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y)X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N)\_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

RECEIVED JUN 01 2021

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$70,000.00. FY22 Rate(s) \$5,833.34/Monthly UNIT 3528 GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 . FY23 Rate(s) UNIT GL CODE
FY24 . FY24 Rate(s) UNIT GL CODE

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) X
2. Will the scope of the Services change? (Y) or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? N If yes, please provide the net days [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services.

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature).
REQUIRED

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7309
Contractor Name:	University of Houston-College of Medicine
Interlocal Agreement:	No
Service (brief description):	Physician will provide primary care services to patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast).
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$635,000.00
Rate(s)/Rate(s) Description:	\$165 per hour
Unit(s) Served:	<del>2212, 2213, 2214, 2215, 2810</del> 2801
G/L Code(s):	540503 ✓
FY21 Purchase Order Number:	CT140482
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) ✓.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: no change

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$ 635,000

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA  
[i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby.

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)

 \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6650
Contractor Name:	P-Family Support Services, Respite Services Master Pool
Interlocal Agreement:	
Service (brief description):	
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$100,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	4913
G/L Code(s):	543064
FY21 Purchase Order Number:	CT140438
Contract Requester:	Debbie Shelby
Contract Owner:	Stella Olise

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) \_\_ x \_\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_ x \_\_ (N) \_\_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_ x \_\_ (N) \_\_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_ x \_\_\_ (N)\_\_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_ x \_\_ (N) \_\_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_ x \_\_ (N) \_\_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x \_\_\_\_\_ (N) \_\_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_ x \_\_\_ (N) \_\_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_ x \_\_ (N) \_\_\_\_\_.
2. REASON:

RECEIVED MAY 2<sup>1</sup>8 2021

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \_\_\$100,000.00\_\_\_. FY22 Rate(s)\_\_\_ UNIT\_\_\_ 4913\_\_\_  
GL CODE\_\_\_ 543064\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

**NO CHANGES**

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_ **NO CHANGES** \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ **STATE** [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_ x \_\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_ x \_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_\_\_ x \_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_\_\_ x \_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract \_\_\_\_\_ **MIKE DOWNEY** \_\_\_\_\_.

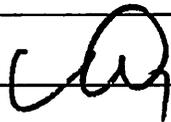
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_\_\_\_ **STELLA OLISE** \_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ **DEBBIE SHELBY** \_\_\_\_\_ (Printed Name)

\_\_\_\_\_  (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ **MIKE DOWNEY** \_\_\_\_\_ (Printed Name)

\_\_\_\_\_  (Signature). REQUIRED

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6648
Contractor Name:	P-CLS/Paraprofessional Master Pool
Interlocal Agreement:	
Service (brief description):	
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$350,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	4913
G/L Code(s):	543064
FY21 Purchase Order Number:	<del>CT140439</del> CT140549
Contract Requester:	Debbie Shelby
Contract Owner:	Stella Olise

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N)  \_\_\_.
2. Were Services delivered as specified in the Contract? (Y)  \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_  \_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_  \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_  \_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_  \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_  \_\_\_ (N) \_\_\_.
2. REASON:

RECEIVED MAY 28 2021

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$350,000.00. FY22 Rate(s) \_\_\_\_\_ UNIT 4913  
GL CODE 543064. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

**NO CHANGES**

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NO CHANGES

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract MIKE DOWNEY.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract STELLA OLISE.

APPROVALS:

Budget Manager: DEBBIE SHELBY (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: MIKE DOWNEY (Printed Name)

[Signature] (Signature). REQUIRED

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6515
Contractor Name:	P-Specialized Therapy Services Master Pool
Interlocal Agreement:	
Service (brief description):	
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$350,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	4913
G/L Code(s):	543064
FY21 Purchase Order Number:	CT140439
Contract Requester:	Debbie Shelby
Contract Owner:	Stella Olise

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) x\_\_\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_ x \_\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_ x \_\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? x
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x \_\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x \_\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x \_\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x \_\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x \_\_\_ (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$350,000.00. FY22 Rate(s) \_\_\_\_\_ UNIT 4913  
GL CODE 543064. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

**NO CHANGES**

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: **NO CHANGES**

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

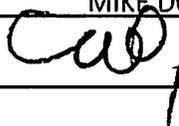
G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract MIKE DOWNEY.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract STELLA OLISE.

APPROVALS:

Budget Manager: DEBBIE SHELBY (Printed Name)  
 (Signature). REQUIRED

Contract Owner: MIKE DOWNEY (Printed Name)  
 (Signature). REQUIRED

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6115
Contractor Name:	Aptean, Inc.
Interlocal Agreement:	No
Service (brief description):	ROSS/Aptean Software License, Support & Maintenance
Term for Off-Cycle Only:	10/24/2020 – 10/24/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$370,114.04
Rate(s)/Rate(s) Description:	Annual Period Three - \$290,771.47
Unit(s) Served:	1130
G/L Code(s):	553001
FY21 Purchase Order Number:	CT140382
Contract Requester:	Rick Hurst or Anthony Jones
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 266,540.50. FY22 Rate(s) \_\_\_\_\_ UNIT 1130 GL CODE 553001. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) 24,230.97 UNIT 1130 GL CODE 553001

FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.12 16:25:18 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY20/21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 20/21 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7533
Contractor Name:	CDWG
Interlocal Agreement:	No
Service (brief description):	DUO Authentication Software: Tag-On to National IPA contract
Term for Off-Cycle Only:	7/26/2020 - 9/15/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	\$62,944.00
Rate(s)/Rate(s) Description:	Unit Price \$22.48; Qty 2800
Unit(s) Served:	1130
G/L Code(s):	553002
FY20/21 Purchase Order Number:	FY20 PO CT140295
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY20/21? (Y)\_\_\_ (N) x\_\_.
2. Were Services delivered as specified in the Contract? (Y) x\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 61,500. FY22 Rate(s) \_\_\_\_\_ UNIT 1130 GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract FARRIS/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.14 10:21:43 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7012
Contractor Name:	Centre Technologies, Inc.
Interlocal Agreement:	No
Service (brief description):	VMware Software Subscription, Maintenance & Support; DIR-TSO-3926
Term for Off-Cycle Only:	VM Support Expire 10/16/2021 U.S. Federal Production Support Expire 10/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	\$58,046.88
Rate(s)/Rate(s) Description:	Per Renewal Quote
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140632
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ (N) X \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ (N) X \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_ (N) X \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 65,000. FY22 Rate(s) 65,000  
UNIT 1130  
GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract UHRST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:59:05 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6766
Contractor Name:	Citrix Systems, Inc.
Interlocal Agreement:	No
Service (brief description):	Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software).
Term for Off-Cycle Only:	11/1/2020 – 10/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$78,064.00
Rate(s)/Rate(s) Description:	Per renewal quote
Unit(s) Served:	1130
G/L Code(s):	553001, 553002
FY21 Purchase Order Number:	CT140651
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON: CONTINUED USE

**RECEIVED MAY 28 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 92,000. FY22 Rate(s) 92,000  
UNIT 1130 553002 \$75,000 553001- \$17,000  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 15:16:06 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason

**A. CURRENT FY 2021 CONTRACT INFORMATION -- NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5643
Contractor Name:	Labatt Institutional Supply Company DBA Labatt Food Service LLC
Interlocal Agreement:	No
Service (brief description):	Tag-on to State Contract ID#385-GS & 393-GS to provide food services to consumers.
Term for Off-Cycle Only:	July 1 -- June 30
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Bid: TxSmartBuy
Contract NTE ( your current budget):	\$103,352.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9210 & 9810
G/L Code(s):	548000
FY21 Purchase Order Number:	CT140474
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 113,700. FY22 Rate(s) NA UNIT 9210-\$60,700  
GL CODE 548000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

**E. CONTRACT FUNDING SOURCE: GR / DSRIP[GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract Donna Olson-Salas.

**APPROVALS:**

Budget Manager: Jodel Oshman 04-27-21 (Printed Name)

[Signature] (Signature). REQUIRED

Vice President/Contract Owner: Kim Kormmayer, VP (Printed Name)

[Signature] 4/29/21 (Signature). REQUIRED

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7743
Contractor Name:	Mental Health America of Greater Houston, Inc.
Interlocal Agreement:	No
Service (brief description):	Oversight of Veterans Peer Support Processes
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$99,286.00
Rate(s)/Rate(s) Description:	\$99,286.00
Unit(s) Served:	2200
G/L Code(s):	543053
FY21 Purchase Order Number:	CT140569
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

RECEIVED MAY 24 2021 <sup>1</sup>

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: NO change

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$199,286

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)  or (N)
- 2. Will the scope of the Services change? (Y)  or (N)  if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days NA [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y)  or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)  or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract A Shelby

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)

[Signature] (Signature). REQUIRED

**PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.**

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – ~~NO CHANGES ARE ALLOWED IN THIS SECTION~~**

Contract ID#:	7026
Contractor Name:	The Council on Recovery
Interlocal Agreement:	No
Service (brief description):	Outreach, engagement, screening, assessment, referral (OSAR) and linkage services.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$508,489.00
Rate(s)/Rate(s) Description:	\$508,489.00
Unit(s) Served:	2802
G/L Code(s):	543052
FY21 Purchase Order Number:	CT140567
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: no change

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$1 508,489

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) ✓
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) ✓, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA  
[i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N) ✓

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby.

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)  
[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)  
[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7246
Contractor Name:	UTHSC Department of Psychiatry and Behavioral Sciences
Interlocal Agreement:	No
Service (brief description):	Psychiatric Residential Services: Outpatient Psychiatric Services
Term for Off-Cycle Only:	08/01/21 – 07/30/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$97,344.00
Rate(s)/Rate(s) Description:	\$117.00 per hour, up to 16 hours per week x 52
Unit(s) Served:	2208
G/L Code(s):	540504
FY21 Purchase Order Number:	CT140771
Contract Requester:	Angelica Loera
Contract Owner:	Dr. Sylvia Muzquiz

**B. EVALUATION OF FY21/22 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2021/FY2022 with this Contractor? (Y) \_\_\_ (N) X\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY21/22 \$97,344.00. FY21/22 Rate(s) \$117.00 UNIT 2208  
 GL CODE 540504. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21	08/1/21- 08/31/21	\$7,000.00
FY22	09/1/21- 06/30/22	\$90,344.00

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$97,344.00.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days 30 [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this contract Sylvia Muzquiz-Drummond, MD.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sylvia Muzquiz-Drummond, MD.

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

 (Signature). REQUIRED

Contract Owner: Sylvia Muzquiz-Drummond, MD (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7209
Contractor Name:	UTHSC Department of Psychiatry and Behavioral Sciences
Interlocal Agreement:	No
Service (brief description):	Psychiatric Residential Services: ACT Team
Term for Off-Cycle Only:	07/01/21 – 06/30/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$101,156.00
Rate(s)/Rate(s) Description:	\$63.54
Unit(s) Served:	2208
G/L Code(s):	540504
FY21 Purchase Order Number:	CT140655
Contract Requester:	Angelica Loera
Contract Owner:	Dr. Sylvia Muzquiz

**B. EVALUATION OF FY21/22 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2021/FY2022 with this Contractor? (Y) \_\_\_ (N) X\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY21/22 \$100,647.36. FY21/22 Rate(s) \$63.54 UNIT 2208  
GL CODE 540504. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21	07/1/21- 08/31/21	\$17,400.00
FY22	09/1/21- 06/30/22	\$83,247.36

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$100,647.36.

E. CONTRACT FUNDING SOURCE: HHSC [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X \_\_\_
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X \_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days 30 [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X \_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X \_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this contract Sylvia Muzquiz-Drummond, MD.

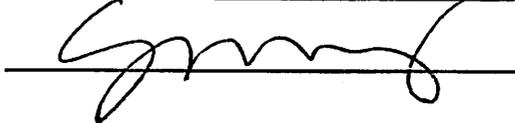
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sylvia Muzquiz-Drummond, MD.

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

 (Signature). REQUIRED

Contract Owner: Sylvia Muzquiz-Drummond, MD (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7208
Contractor Name:	UTHSC Department of Psychiatry and Behavioral Sciences
Interlocal Agreement:	No
Service (brief description):	Psychiatric Residential Services: Forensics
Term for Off-Cycle Only:	07/01/21 – 06/30/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$114,372.00
Rate(s)/Rate(s) Description:	\$63.54
Unit(s) Served:	2208
G/L Code(s):	540504
FY21 Purchase Order Number:	CT140
Contract Requester:	Angelica Loera
Contract Owner:	Dr. Sylvia Muzquiz

**B. EVALUATION OF FY21/22 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2021/FY2022 with this Contractor? (Y) \_\_\_ X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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**D. RENEWAL INFORMATION FOR FY2021/FY2022:**

Please provide the NTE for FY21/22 \$50,323.68. FY21/22 Rate(s) \$63.54 UNIT 2208  
 GL CODE 540504. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21	07/1/21- 08/31/21	\$8,700.00
FY22	09/1/21- 06/30/22	\$41,623.68

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$50,323.68.

**E. CONTRACT FUNDING SOURCE: HHSC [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N) X
2. Will the scope of the Services change? (Y)\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days 30 [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this contract Sylvia Muzquiz-Drummond, MD.

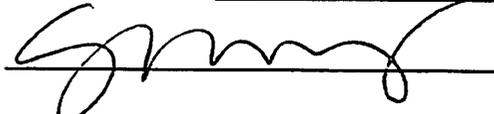
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sylvia Muzquiz-Drummond, MD.

**APPROVALS:**

Budget Manager: Debbie Shelby (Printed Name)

 (Signature). REQUIRED

Contract Owner: Sylvia Muzquiz-Drummond, MD (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7495
Contractor Name:	UTHSC Department of Psychiatry and Behavioral Sciences
Interlocal Agreement:	No
Service (brief description):	Psychiatric Residential Services: PES
Term for Off-Cycle Only:	07/01/21 – 06/30/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$114,372.00
Rate(s)/Rate(s) Description:	\$63.54 per hour
Unit(s) Served:	2208
G/L Code(s):	540504
FY21 Purchase Order Number:	CT140771
Contract Requester:	Angelica Loera
Contract Owner:	Dr. Sylvia Muzquiz

**B. EVALUATION OF FY21/22 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2021/FY2022 with this Contractor? (Y) \_\_\_ (N) X\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY21/22\_\_0.00\_. FY21/22 Rate(s)\_\_0.00\_\_ UNIT\_\_N/A\_\_  
GL CODE\_\_N/A\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21	07/1/21- 08/31/21	\$0.00
FY22	09/1/21- 06/30/22	\$0.00

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\$0.00\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_N/A\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_N\_\_\_\_
2. Will the scope of the Services change? (Y) \_X\_\_\_ or (N) \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_X\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_X\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

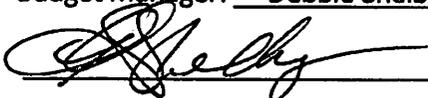
G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this contract Sylvia Muzquiz-Drummond, MD.

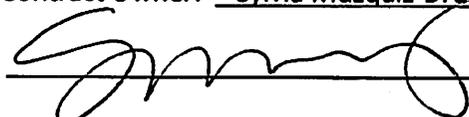
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sylvia Muzquiz-Drummond, MD.

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

 (Signature). REQUIRED

Contract Owner: Sylvia Muzquiz-Drummond, MD (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2020-0019
Contractor Name:	Future Com (Checkpoint)
Interlocal Agreement:	No
Service (brief description):	Checkpoint Infinity Protection Software
Term for Off-Cycle Only:	Initial Term – 3 Years
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On to DIR-TSO-4149
Contract NTE (your current budget):	\$258,000.00
Rate(s)/Rate(s) Description:	\$258,000.00 annually
Unit(s) Served:	1147
G/L Code(s):	900021
FY21 Purchase Order Number:	CT140893
Contract Requester:	Wes Farris or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$258,000.00. FY22 Rate(s) \$258,000.00 UNIT ~~1130~~ 1130 - 653002 GL CODE ~~90021~~. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract FARRIS/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 13:47:01 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7765
Contractor Name:	VP Imaging, Inc. dba DocuNav Solutions
Interlocal Agreement:	No
Service (brief description):	Laserfiche licenses, maintenance & support (Dir-CPO-4449)
Term for Off-Cycle Only:	9/21/2020 – 9/21/2023
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	\$64,019.35
Rate(s)/Rate(s) Description:	Per annual renewal quote
Unit(s) Served:	1130
G/L Code(s):	553002, 553003
FY21 Purchase Order Number:	CT140454
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) x .
2. Were Services delivered as specified in the Contract? (Y) x (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_.
2. REASON: CONTINUED USE

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$59,295.69\_\_\_\_\_. FY22 Rate(s)\_\_\_ \$13,500.00 (LICENSES)\_\_\_\_\_ UNIT\_\_1130\_\_\_\_\_ GL CODE\_553002- \$13,500.00\_\_ 553003-\_\$45,795.69\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_NA\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_ or (N) \_\_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) \_\_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) \_\_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Ricardo Campbell\_\_\_\_\_ (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.25 12:56:49 -05'00' \_\_\_\_\_(Signature). REQUIRED

Contract Owner: \_\_\_RICK HURST\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Rick Hurst*\_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7768
Contractor Name:	University of Houston, on behalf of The Center for Mental Health Research and Innovation in Treatment Engagement and Service
Interlocal Agreement:	No
Service (brief description):	Annual evaluation of The Houston AOT (Assisted Outpatient Treatment) Program
Term for Off-Cycle Only:	7/31/2020 – 7/30/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$125,000.00 ✓
Rate(s)/Rate(s) Description:	University Consultant Rates
Unit(s) Served:	2177 ✓
G/L Code(s):	543053 ✓
FY21 Purchase Order Number:	CT140557 ✓
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.

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2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*NO changes*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: *\$1,125,000*

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

*GRANT*

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
- 2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days *NA* [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)  or (N) \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract *M Downey*

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract *D Shelby*

APPROVALS:

Budget Manager: *Debbie Chambers Shelby* (Printed Name)

*D Shelby* (Signature). REQUIRED

Contract Owner: *M Downey* (Printed Name)

 \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

# **EXHIBIT F-8**

# **June 2021**

# **INTERLOCAL AGREEMENTS**



Contract Section **Contractor\***

City of Houston

**Contract ID #\***

5334

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

City of Houston and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                     |
| <input checked="" type="checkbox"/> Interlocal                           | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

7/1/2021

**Contract Term End Date\* (?)**

6/30/2022

If contract is off-cycle, specify the contract term (?)

City of Houston budget year

**Fiscal Year\* (?)**

2022

**Funding Source\***

Private Pay Source

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

The Harris Center and City of Houston - Houston Police Dept. work collaboratively to provide intensive care coordination services to individuals who have had frequent encounters with law enforcement due to mental health crises. The primary focus of the program is to reduce law enforcement and City of Houston encounters.

Contract has nine (9) automatic 1 year renewal terms

Funding source: City of Houston

Program Director: Amber Honsinger

**Contract Owner\***

Kim Kornmayer

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

07/01/11- 06/30/21 Provided intensive care coordination services to individuals who have had frequent encounters with law enforcement due to mental health crises.

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Specify Name\***

City of Houston

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Bryan Bennett

**Address \***

Street Address

150 N Chenevert

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

Harris

**Phone Number \***

832-394-4200

**Email \***

Bryan.Bennett@houstonpolice.org

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9229	\$ 303,219.00	419050
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	

**Provide Rate and Rate Descriptions if applicable\* (?)**

Revenue Interlocal agreement for \$303,219.00 per year or \$25,268.25 per month

**Project WBS (Work Breakdown Structure\* (?)**

NA

**Requester Name**

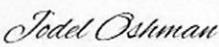
SINGH, PATRICIA R.

**Submission Date**

6/8/2021

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

6/8/2021

**Procurement Approval**

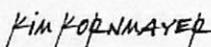
**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**



**Approval Date**

6/8/2021

## Contracts Approval

**Approve \***

- Yes
- No, reject entire submission
- Return for correction

**Approved by \***

*Shaskyia Behn*

**Approval Date \***

6/8/2021



## Executive Contract Summary

### Contract Section ↑

**Contractor\***

The Health and Human Services Commission

**Contract ID #\***

2021-0125

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

The Health and Human Services Commission and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2021

**Contract Term End Date\* (?)**

8/31/2026

If contract is off-cycle, specify the contract term (?)

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2022	\$ 299,944.59

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 299,944.59

Fiscal Year* (?)	Amount* (?)
2024	\$ 299,944.59
2025	\$ 299,944.59
2026	\$ 299,944.59

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |  |   |
|--|---|
| <input type="checkbox"/> Personal/Professional Services          | <input type="checkbox"/> Consultant                     |
| <input type="checkbox"/> Consumer Driven Contract                | <input type="checkbox"/> New Contract/Agreement         |
| <input type="checkbox"/> Memorandum of Understanding             | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor                | <input type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                                 | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                         | <input type="checkbox"/> Lease                          |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other                          |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Provide Psychiatric Residents with the instruction and experience necessary to acquire skills and proficiency in the evaluation and care of patients with mental illness who are treated in a public healthcare setting.

**Contract Owner\***

Dr. Sylvia Muzquiz

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

09/01/2017 - 08/31/2021  
Psychiatric Residency Stipend Program

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

The Health and Human Services Commission

**Supporting Documentation Upload (?)**

HHSC\_InterlocalCooperationContract.pdf 889.34KB

**Vendor/Contractor Contact Person**

**Name\***

Roland Cano

**Address\***

Street Address

701 W. 51st

Address Line 2

City

Austin

Postal / Zip Code

78751

State / Province / Region

TX

Country

USA

**Phone Number\***

512-438-4816

**Email\***

roland.cano2@hhsc.state.tx.us

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 299,944.59	540504
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure\* (?)

N/A

**Requester Name**

LOERA, ANGELICA D

**Submission Date**

4/30/2021

**Budget Manager Approval(s)**

Approved by

*Debbie Chambers Shelby*

Approval Date

4/30/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Sylvia Muzquiz, M.D.*

Approval Date

5/4/2021

## Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskeyia Behm*

Approval Date\*

5/4/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

UTHealth/TXMOUD

**Contract ID #\***

2021 - 0148

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/9/2021

**Parties\* (?)**

UTHealth San Antonio/TXMOUD and The Harris Center

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- |   |  |
|---|--|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On                    |
| <input checked="" type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

6/15/2021

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Funding Source\***

Private Grant

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**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

The project shall implement a comprehensive public health emergency response with an emphasis on evidence-based mental health (non-SMI) and substance use disorder treatment services for Texas individuals impacted by the recent natural disasters, particularly Tropical Storm Imelda. This subcontract will focus on expanding services for substance use and/or mental health. This program will help to expand a 24/7 crisis line and to provide crisis intervention and tele-based counseling and coaching for individuals.

**Contract Owner\***

Jennifer Battle

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

TXMOUD Disaster Grant

**Supporting Documentation Upload (?)**

168682\_Harris\_Center\_for\_Mental\_Health\_IDD\_PSA\_TrackChanges... 271.8KB

**Vendor/Contractor Contact Person**

**Name\***

Dr. Jennifer S. Potter

**Address\***

Street Address

The University of Texas Health Science Center at San Antonio

Address Line 2

7703 Floyd Curl Drive

City

San Antonio

State / Province / Region

Texas

Postal / Zip Code

78229-3900

Country

USA

**Phone Number\***

210-562-5698

**Email\***

potterjs@uthscsa.edu

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 125,000.00	437085
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

## Provide Rate and Rate Descriptions if applicable\* (?)

\$125,000 toward staffing for unit 7110

## Project WBS (Work Breakdown Structure)\* (?)

NA

## Requester Name

BATTLE, JENNIFER A

## Submission Date

5/27/2021

## Budget Manager Approval(s)



## Approved by

*Ricardo Campbell*

## Approval Date

5/27/2021

## Procurement Approval



## Approved by

Sign

## Approval Date

## Contract Owner Approval



## Approved by

*Jennifer Battle*

## Approval Date

5/27/2021

## Contracts Approval

## Approve\*

- Yes
- No, reject entire submission
- Return for correction

## Approved by\*

*Belinda Stude*

## Approval Date\*

5/28/2021

# **EXHIBIT F-9**



THE HARRIS CENTER for Mental Health and IDD  
Compliance Plan Proposal  
Fiscal Year 2021

Submitted By Michael Dangerfield

Michael Dangerfield, Compliance Director  
THE HARRIS CENTER Mental Health and IDD

Approved By: /s/ Anthony Robinson    Date:  
D. Anthony Robinson, VP –Enterprise Risk Management  
THE HARRIS CENTER Mental Health and IDD

Approved By: \_\_\_\_\_    Date: \_\_\_\_\_  
Wayne Young, CEO/Executive Director  
THE HARRIS CENTER Mental Health and IDD

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3. THE HARRIS CENTER’s Purpose, Mission, Vision, and Core Values

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### **III. STATUTES, LAWS, REGULATIONS/REGULATORY BODIES**

### **IV. COMPLIANCE PLAN ELEMENTS 1 – 7**

#### Element 1. Written Policies and Procedures

- A. Standards of Behavior
- B. Common Risk Areas
- C. Claim Development and Submission Process
- D. Integrity of Data Systems
- E. Retention of Records
- F. Compliance as an Element of a Performance Plan

#### Element 2. Designation of a Compliance Director and a Compliance Committee

- A. Compliance Director
- B. Compliance Committee

#### Element 3. Conducting Effective Training and Education

#### Element 4. Developing Effective Lines of Communication

#### Element 5. Enforcing Standards through Well-Publicized Disciplinary Guidelines

#### Element 6. Auditing and Monitoring

#### Element 7. Responding to Detected Offenses and Developing Corrective Action Initiatives

- A. Violations
- B. Investigations/Reporting Procedure
- C. Corrective Actions

### **V. THE HARRIS CENTER COMPLIANCE PROGRAM EFFECTIVENESS**

1. Code of Conduct
2. Regular Review of Compliance Program Effectiveness

### **VI. SELF-REPORTING**

### **VII. CONCLUSION**

## I. INTRODUCTION

- 1. Overview.** THE HARRIS CENTER for Mental Health and IDD (THE HARRIS CENTER) is proud of the standards that drive our success. These standards help create an environment and culture that places great value on business ethics and personal integrity, which are demonstrated through the services we provide. THE HARRIS CENTER is committed to conducting its business in an ethical and law-abiding fashion. We are intolerant of violations of any applicable federal, state, or local laws, and regulations. THE HARRIS CENTER will maintain a business culture that builds and promotes compliance consciousness and encourages employees to conduct all Harris Center business with honesty and integrity. THE HARRIS CENTER's commitment to compliance includes communicating to all employees and contractors clear business ethical guidelines to follow; providing general and specific education regarding applicable laws, regulations, and policies; and providing monitoring and oversight to help ensure that THE HARRIS CENTER meet our compliance commitment. THE HARRIS CENTER promotes open and free communication regarding our ethical and compliance standards and provide a work environment free of retaliation.

As we strive to become the most innovative behavioral health system in the country, it is imperative we understand and adhere to the standards and principles set forth in this document, and protect the integrity of THE HARRIS CENTER. The goal of the Compliance Department (Compliance) is to continually improve the agency's awareness and accountability, while increasing the agency's responsiveness to those we serve by implementing a corporate compliance model. The compliance model is developed in accordance with guidance provided by the Office of Inspector General (OIG) of the Department of Health and Human Services concerning the elements of an effective compliance plan.

- 2. Application of Compliance Plan Guidance.** The purpose of THE HARRIS CENTER Compliance Plan is to provide uniform guidance for the provision of services by THE HARRIS CENTER, including billing and accounting activities. THE HARRIS CENTER'S Program Improvement Department (formerly Quality Management Department) also maintains plans, protocols, and processes that support the overarching agency Compliance Plan; please refer to the Performance

Improvement Plan for further details. THE HARRIS CENTER's Compliance Plan is a comprehensive strategy to ensure:

- a. Services are provided and documented according to applicable regulations.
- b. Claims submitted to all payers, including private entities, government agencies and consumers are consistently accurate.
- c. Accounting of collections is consistently accurate.
- d. THE HARRIS CENTER employees comply with the applicable laws, policies/procedures and regulations, and payer requirements relating to its participation in these programs.

### **3. THE HARRIS CENTER's Purpose, Mission, Vision and Core Values.**

#### **Our Purpose**

THE HARRIS CENTER is committed to providing professional, comprehensive, and quality care to individuals with mental health and intellectual and developmental disabilities (IDD). The obligation to implement this plan is shared by all employed by THE HARRIS CENTER, including direct care staff, administrative staff, support staff, contracted providers, and other agency affiliates.

Healthcare is one of the most highly regulated industries in the country and there are many laws and regulations, which may not be directly addressed herein. Although an exhaustive list of all applicable regulations is not presented here, all regulations are important to THE HARRIS CENTER and may be addressed elsewhere within the agency's governing documentation.

The Compliance Plan serves to outline the agency's ethical commitment, standards of conduct, and legal and regulatory requirements. This plan also communicates the organization's pledge to operate by established guidelines, statutes, rules, regulations and policies set by government, executive leadership of THE HARRIS CENTER, and negotiated agreements.

#### **Our Mission**

Transform the lives of people with behavioral health and IDD needs.

#### **Our Vision**

Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery oriented system of care.

#### **Our Core Values**

- Collaboration
- Compassion
- Excellence
- Integrity
- Leadership

- Quality
- Responsiveness
- Safety

## II. COMPLIANCE DEPARTMENT REPORTING STRUCTURE:

### **Framework:**

THE HARRIS CENTER's Compliance Plan has the following primary components:

**The Audit/Compliance Committee:** *Refer to Element 2 of this document*

### **Chief Executive Officer:**

Serves as the Executive Director for all operations at THE HARRIS CENTER. Reports to the Board of Trustees.

### **Vice President – Enterprise Risk Management:**

Oversees the Department of Compliance, Department of Internal Audit, Department of Risk Management and Rights Officer. Works closely with the Chief Executive Officer and actively engages in critical operations and top emerging issues to provide guidance in developing effective compliance strategies. Researches, recommends, and implements best practice tools and methodologies for THE HARRIS CENTER.

**Compliance Director:** *Refer to Element 2 of this document*

### **Compliance Auditor:**

The compliance auditor is tasked with helping to ensure that THE HARRIS CENTER is adhering to federal, state, and local laws and regulations relevant to its business practices and services rendered. The compliance auditor will have specialized training and appropriate credentials, and is responsible for coordinating and/or assisting with the management of both internal agency audits and external audits or reviews as necessary. Compliance auditors, during or at the close of a review, will make recommendations based on audit findings to assist the agency in adopting changes to procedures or practices that are out of compliance with stated regulations. Compliance auditors will also analyze potential risks and gaps within operational areas of THE HARRIS CENTER in order to avoid noncompliance.

THE HARRIS CENTER's compliance auditors will conduct audits in accordance with an approved audit schedule, which allows for review of agency programs at least annually, but more frequently for programs or areas requiring more intensive review. All audits and reviews will be executed in accordance with appropriate standards, policies, procedures and within the scope of the authority that is granted. THE HARRIS CENTER shall ensure that audits are adequately developed, initiated by persons with appropriate knowledge and experience, and utilize audit tools and

protocols that are periodically updated to reflect changes in applicable laws and regulations.

Compliance auditors will also monitor any violations reported against THE HARRIS CENTER and actively assist in the development of responses and plans, including education and training, to address the violations.

**Operational Vice Presidents:** The Vice Presidents are responsible for divisional oversight and assuring that the compliance plan is implemented and adhered to throughout the divisions they supervise. They are responsible for being aware of divisional monitoring activities and will be required to sign audit and review reports, acknowledging awareness of findings for programs within their divisions.

**Program Directors/Practice Managers:** Program Directors/Practice Managers have day-to-day oversight of program activities and are responsible for assuring that program operations align with agency standards and the compliance plan.

**Personnel:** All agency personnel have the responsibility to ensure that all services provided and the documentation thereof is in accordance with the standards set forth in the compliance plan.

### III. Statutes, Laws, Regulations/Regulatory Bodies:

- 1) **Code of Conduct** – A *code of conduct* is a collection of rules and regulations that include what is and is not acceptable or expected behavior.
- 2) **Health and Human Service Commission (HHSC)** - The federal agency that oversees CMS, which administers programs for protecting the health of all Americans, including Medicare, the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP).
- 3) **Office of Inspector General (OIG)** - The Office of Inspector General for the United States Department of Health and Human Services (HHS) is charged with identifying and combating waste, fraud, and abuse in the HHS's more than 300 programs, including Medicare and programs conducted by agencies within HHS.
- 4) **Texas Administrative Code (TAC)** - The Texas Administrative Code is a compilation of all state agency rules in Texas.
- 5) **Health Insurance Portability and Accountability Act (HIPAA)** – The Health Insurance Portability and Accountability is a federal law enacted in 1996 that protects continuity of health coverage when a person changes or loses a job, that limits health-plan exclusions for preexisting medical conditions, that requires that patient medical information be kept private and secure, that standardizes electronic

transactions involving health information, and that permits tax deduction of health insurance premiums by the self-employed. HIPAA established a Social Security Act Section that created the Health Care Fraud and Abuse Control Program to coordinate federal, state and local law enforcement efforts relating to health care fraud and abuse with respect to health plans; conduct investigations, audits, and inspections and evaluations relating to the delivery of and payment for health care in the United States; facilitate enforcement of all applicable remedies for fraud; and provide education and guidance regarding complying with current health care law.

- 6) Health Information Technology for Economic and Clinical Health Act (HITECH)** - The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act was created to motivate the implementation of electronic health records (EHR) and supporting technology in the United States.
- 7) Stark Law-** Stark Law is a healthcare fraud and abuse law that prohibits physicians from referring patients for certain designated health services paid for by Medicare or Medicaid programs to any entity in which they have a “financial relationship.” The federal government interprets the term “financial relationship” broadly to include any direct or indirect ownership or investment interest by the referring physician, any financial interests held by any of the physician’s immediate family members or a compensation arrangement between the physician (or immediate family member) and the entity. . Unlike the federal Anti-Kickback Statute, the Stark Law is not a criminal statute. The Stark Law may be violated even if the parties do not intend to violate the law. The Office of the Inspector General (OIG) for the Department of Health and Human Services (“HHS”) can pursue a civil action against Stark Law violators under the civil monetary penalties law. Stark Law violations can result in penalties of up to \$15,000 for each billed service that is based on a prohibited referral, plus three times the amount of the government overpayment. Violations of the Stark Law may result in the exclusion of any party from Medicaid and Medicare programs.
- 8) Civil False Claims Act (FCA)** - The False Claim Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded.
- 9) Sarbanes-Oxley Act (SOX)** - The Sarbanes-Oxley Act of 2002 is a federal law that established sweeping auditing and financial regulations for public companies.

Lawmakers created the legislation to help protect shareholders, employees and the public from accounting errors and fraudulent financial practices.

- 10) Anti-Kickback Statute-** The federal Anti-Kickback Statute is a healthcare fraud and abuse statute that prohibits the exchange of remuneration—which the statute defines broadly as anything of value—for referrals for services or purchasing, leasing, ordering, or arranging for or recommending the purchase, lease or ordering of any good, facility, service or item that are payable by a federal health care program. The Anti-Kickback Law requires the person to act willfully and knowingly. Violation of the Anti-Kickback law may result in criminal and civil penalties and exclusion from federal health care programs.
- 11) Federal Trade Commission Act of 1914 –** The Federal Trade Commission Act outlaws unfair methods of competition and outlaws unfair acts or practices that affect commerce.
- 12) Tax Exempt Standards –** The Tax Exempt Standards state all 501(c)(3) non-profit organizations may not pay more than “reasonable” compensation to a private individual or entity from which it purchases service or items.
- 13) Other - Applicable Law”** means any law, rule, regulation, condition, requirement, guideline, ruling, ordinance or order of or any legal entitlement issued by, any Governmental Body and applicable from time to time to the performance of the obligations of the parties to an Agreement.

#### **IV. COMPLIANCE PLAN ELEMENTS 1 - 7**

##### **Element 1: Written Policies and Procedures**

Policies establish formal guidance needed to coordinate and execute activity throughout the agency. When effectively deployed, policy statements help to focus attention and resources on high priority issues, thereby aligning and merging efforts to achieve the institutional vision. Procedures serve as the operational processes required to implement organizational policy. If policy is “what” the agency does operationally, then its procedures are “how” it intends to carry out those operating policy expressions.

All policies and procedures shall adhere to state, federal, and any other applicable regulatory guidelines. THE HARRIS CENTER will continue to develop and maintain policies and procedures, which defines internal management and operations. Maintenance of the agency’s policies and procedures will be coordinated by The Compliance Department (Compliance) via an electronic management system and will include, but not be limited to periodic review, creation, and archiving of

policies and procedures. Policies require approval by the Board of Trustees, while procedures are routed and reviewed internally, with approval by the Chief Executive Officer or his/her designee.

#### **A. Standards of Behavior for THE HARRIS CENTER Personnel.**

Based on each of the eight core values of THE HARRIS CENTER, these guidelines establish clear expectations for how we interact with the people we serve and our fellow team members. As team leaders, we commit to follow these guidelines to help improve the way we carry out THE HARRIS CENTER's mission of transforming the lives of people with behavioral health and IDD needs.

##### **1) Collaboration:**

We trust that teamwork and working together toward shared goals are essential to our success. I will:

- i. Offer my assistance to those who may need help, or find someone who can, to create the best outcome
- ii. Use respect and courtesy as I share messages and information
- iii. Recognize and celebrate the achievements and successes of others
- iv. Make new staff and people served feel welcomed and supported using positive verbal and non-verbal communication
- v. Acknowledge and value workplace diversity to strengthen our organizational culture
- vi. Share my expertise and work with community partners and outside entities to improve the lives of people served

##### **2) Compassion:**

We strive to make every encounter an opportunity to show care and kindness. I will:

- i. Show others that I want to listen and understand by giving my full attention (e.g., face the person when speaking and listening)
- ii. Contribute towards building a positive work environment by having positive and solution-oriented interactions with colleagues and people served
- iii. Smile, make eye contact, and greet everyone with enthusiasm
- iv. Treat everyone with respect and dignity
- v. Have an open mind and make time to listen and guide those in need

##### **3) Excellence:**

We exhibit professionalism and exceed expectations by continuously improving our performance. I will:

- i. Strive to exceed expectations, not just meet them

- ii. Provide exceptional customer service to people served and contribute to build a supportive work environment with my colleagues
- iii. Be innovative, seeking new solutions to achieve organizational goals and to improve the lives of those whom I serve
- iv. Perform my duties to the best of my ability every day
- v. Present myself professionally by dressing in a neat and respectable manner with appropriate fit

4) Integrity:

We demonstrate honesty, trust, and sound moral and ethical principles. I will:

- i. Be fair, truthful, and honest at all times
- ii. Maintain a high level of composure in communication with co-workers, employees, and management
- iii. Maintain appropriate social boundaries because I am representing myself and THE HARRIS CENTER
- iv. Take responsibility for my mistakes and offer solutions
- v. Behave professionally on a daily basis and assume full responsibility for my behavior
- vi. Welcome feedback and not respond defensively if I do not agree with what is being said

5) Leadership:

We inspire, take responsibility, and lead by example. I will:

- i. Strive to do my best every day to carry out the mission of THE HARRIS CENTER and provide ideas to improve our organization's capability to positively impact the community
- ii. Be open-minded, supportive, respectful, and encouraging
- iii. Ask others for their opinions and acknowledge their contributions
- iv. Demonstrate the characteristics of a positive role model
- v. Deliberately seek learning opportunities to develop as a leader and to understand one's personal strengths and weaknesses
- vi. Strive to learn something every day by looking at myself and people around me

6) Quality:

We create an environment for high quality care and continuous enhancement of our performance standards. I will:

- i. Strive to provide the highest quality services to people served and staff every day

- ii. Continue to expand my knowledge in my area of responsibility so I am able to provide high quality services
- iii. Be proactive rather than reactive
- iv. Strive for accuracy in my work and actions

7) Responsiveness:

We communicate clearly, effectively, professionally, and in a timely manner. I will:

- i. Welcome feedback and address concerns in a timely manner
- ii. Respond to incoming communication in a timely manner (within 24-48 hours)
- iii. Respond clearly and directly to all forms of communication that I receive from people served and co-workers, providing an opportunity for others to seek clarification if needed
- iv. Thank my colleagues and people served for waiting and apologize for any delays or barriers
- v. Handle complaints and advice with care and without taking personal offense

8) Safety:

We think safe, act safe, and stay safe.

- i. Be alert and aware of my surroundings
- ii. Actively participate in keeping all work areas, meeting rooms, and public places clean, safe, and organized
- iii. Seek ways to reduce risks and report all errors and near-misses
- iv. Dispose of litter, clean up spills, and/or report them immediately to the appropriate department
- v. Hold myself, my colleagues, and leaders accountable for the safety of people served
- vi. Make the safety, health, privacy and welfare of people served my top priority

**B. Common Risk Areas.**

THE HARRIS CENTER is committed to identifying, addressing and/or mitigating risks. Listed below are common risk areas that have been identified across behavioral healthcare agencies as a whole:

- 1) Unclear billing policy/procedures/practices;
- 2) Claims documentation;

- 3) Contract compliance
- 4) Comprehensive Psychiatric Emergency Programs services;
- 5) Verification of clinical credentials;
- 6) Ease of access to clinical documentation;
- 7) Agency security protocols;
- 8) Rights Protection and Advocacy;
- 9) Incident reporting;
- 10) Jail Diversion Programs and Services;
- 11) Investigations;
- 12) HIPAA and HITECH Compliance; and
- 13) Fraud, Waste, and Abuse.

### **C. Claim Development and Submission Process.**

THE HARRIS CENTER will:

- 1) Provide a mechanism for the billing or reimbursement of services provided;
- 2) Provide for proper and timely documentation of all physician and other professional services prior to billing to ensure that only accurate and properly documented services are billed;
- 3) Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained, appropriately organized in legible form, and available for audit and review. The documentation, which may include patient records, should record the date and time the activity was conducted, the appropriate coding for the service, the identity of the individual providing the service including signature and credentials, the client to whom the service was provided, and the location of the service;
- 4) Ensure service records and documentation used as a basis for a claim submission are appropriately organized in a fashion that allows for accessibility for review and auditing purposes;
- 5) Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other authorized documentation;
- 6) Establish a process for pre- and post-submission review of claims to ensure claims submitted for reimbursement accurately represent services provided, are supported by sufficient documentation and are in conformity with any applicable coverage criteria for reimbursement;
- 7) Ensure all billing reflects true and accurate information and conform to all pertinent Federal and state laws and regulations.

#### **D. Integrity of Data Systems Procedures**

To ensure and maintain the accuracy and integrity of electronic data systems used for charting client data, claims submission, collections, credit balances and other relevant reports, THE HARRIS CENTER will:

- 1) Ensure data is backed up on a regular basis;
- 2) Ensure regularly scheduled integrity checks are performed;
- 3) Ensure electronic data is protected against unauthorized access or disclosure by limiting access to data systems to only authorized personnel (password protected)

#### **E. Retention of Records**

THE HARRIS CENTER will:

- 1) Hold employees accountable for the integrity and accuracy of THE HARRIS CENTER's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to defend business practices and actions.
- 2) Prohibit the tampering with, altering of, or falsification of information on any record or document.
- 3) Ensure medical documents, business documents and records are retained in accordance with the law and service specific records retention policy.
  - i. Medical and business documents include but are not limited to paper documents, computer-based or electronic information, and any other medium that contains information about THE HARRIS CENTER or its business activities.

#### **F. Compliance as an Element of a Performance Plan.**

The promotion of and adherence to the elements of this compliance program will be a factor in evaluating the performance of all employees. All agency managers and supervisors will:

- 1) Discuss with all supervised employees and relevant contractors the compliance policies and legal requirements applicable to their function;
- 2) Ensure employees are periodically trained in new compliance policies and procedures;
- 3) Inform all supervised personnel that strict compliance with these guidelines, and policies of THE HARRIS CENTER is a condition of employment;
- 4) Disclose to all supervised personnel that THE HARRIS CENTER will take disciplinary action up to and including termination for violation of these guidelines, policies or requirements;

- 5) Be reprimanded for failure to instruct their subordinates adequately or for failure to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations.

## **Element 2: Designation of a Compliance Director and a Compliance Committee.**

Compliance strives to protect THE HARRIS CENTER as an organization by detecting and preventing improper conduct while promoting adherence to the organization's legal and ethical obligations. As regulatory guidance and applicable laws change, the compliance plan will be reviewed and forwarded to the Chief Executive Officer (CEO) and the board of trustees. Review and updating of the compliance plan will occur as needed, but in any event shall be reviewed annually.

Regulations, standards and/or regulatory bodies with which the agency must remain in compliance with include, but are not limited to the following:

- 1) Anti-Kickback Statute
- 2) Centers for Medicare and Medicaid Services (CMS)
- 3) False Claims Act
- 4) Federal Trade Commission Act of 1914
- 5) Health and Human Service Commission (HHSC)
- 6) Health Information Technology for Economic and Clinical Health Act (HITECH)
- 7) Health Insurance Portability and Accountability Act (HIPAA)
- 8) Occupational Safety and Health Administration (OSHA)
- 9) Office of Inspector General (OIG)
- 10) Sarbanes-Oxley Act (SOX)
- 11) Stark Law
- 12) Texas Administrative Code (TAC)
- 13) THE HARRIS CENTER's Code of Conduct

To ensure the effective operation of a compliance program, THE HARRIS CENTER will designate a compliance director who is not assigned directly to any of THE HARRIS CENTER's programs, who is responsible for the compliance department and compliance activities of THE HARRIS CENTER. The compliance director will report to the Vice President of Enterprise Risk Management, who reports to the Chief Executive Officer (CEO) and to the Board of Trustees.

### **A. Compliance Director**

THE HARRIS CENTER's Compliance Director will:

- 1) Oversee and monitor implementation of the Compliance Program.
- 2) Review the program to ensure relevance and compliance with current local, state, and Federal laws and regulations.
- 3) Ensure the components of the Compliance Program are implemented to reduce fraud, waste, abuse, and mismanagement agency wide.
- 4) Ensure that contractors, vendors, and agents who furnish services to the facility are aware of the facility's compliance program and its respective coding and billing policies and procedures.
- 5) Have the authority to access and review all documentation and other information relevant to agency compliance activities.
- 6) Assist the business office, agency divisions/programs, and internal audit concerning compliance review activities related to service provision and/or revenue cycle within the agency.
- 7) Investigate issues related to compliance.
- 8) Assist in identifying processes for improvement and document compliance issues as necessary.
- 9) Encourage the reporting of suspected fraud, waste, abuse, or mismanagement across agency staff without fear of retaliation through training and other means of communication.
- 10) Notify employees of applicable regulations, procedures, and guidelines.
- 11) Report to THE HARRIS CENTER's Vice President of Enterprise Risk Management and THE HARRIS CENTER's Board of Trustees on a regular basis regarding the results of any audits/reviews, Compliance activities, trainings, reports of fraud, waste, abuse, reportable investigations, and any resulting employee discipline.

#### B. Compliance Committee

The Audit/Compliance Committee is established to assist the Compliance Director in the development, implementation and monitoring of compliance activities. The compliance committee will consist of members appointed by the CEO or designee.

THE HARRIS CENTER Compliance Committee will:

- 1) Advise the Compliance Director and assist in the implementation of the compliance program.
- 2) Assess compliance violation investigations to determine whether a violation of the compliance plan actually exists.
- 3) Continually assess current policies and procedures to ensure compliance, relevance, and practicability.

- 4) Work with appropriate personnel to develop standards of conduct and policies and procedures, to promote adherence to THE HARRIS CENTER compliance program.
- 5) Monitor internal controls to implement the program and recommend changes as needed.
- 6) Ensure periodic audits of claims development and claims processing procedures are performed and that internal fiscal and administrative controls are implemented and maintained.

### **Element 3: Conducting Effective Training and Education.**

Education and training are critical elements of the compliance plan. Every employee is expected to be familiar with and knowledgeable concerning the regulations governing THE HARRIS CENTER's activities and have a solid working knowledge of his or her responsibilities under the plan. Compliance related policies and procedures will be communicated to all employees through required training programs and electronic communications.

- 1) Compliance shall collaborate with all agency departments, including the Education and Development (E&D) department, and agency committees to ensure staff training and development align with state and federal regulations.
- 2) Compliance trainings will be appropriate to specific position responsibilities. All employees of THE HARRIS CENTER will receive annual compliance training to ensure commitment to the agency's high ethical standards of professional and business conduct.
- 3) Compliance will collaborate with THE HARRIS CENTER's training department to relay the objectives of Compliance in New Employee Orientation (NEO) classes. Compliance will also collaborate with THE HARRIS CENTER's training department to ensure that annual compliance training is provided to the agency. The trainings will include but not be limited to:
  - i. An overview of the Compliance Plan.
  - ii. The role of Compliance within the agency.
  - iii. Code of conduct.
  - iv. Reporting of suspected fraud, waste and abuse, and violations of laws and regulations
- 4) All employees will have access to in class or on-line compliance training through the agency's training system and receive notifications of expired and upcoming

trainings. Management is responsible for ensuring their employees are familiar with regulations, are aware of issues affecting their units, and are updated with information provided by Compliance. Compliance will provide periodic trainings on compliance with regulations, the compliance plan and the compliance department's activities. Such training shall occur as often as appropriate, but at least once annually.

#### **Element 4: Developing Effective Lines of Communication.**

Staff members will have the ability to communicate compliance issues without the fear of retaliation. Staff members shall be able to ask for clarification when they're unsure about a policy, procedure or potential compliance violation.

- 1) If an employee has a compliance related question or has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her immediate supervisor and the Compliance Director at 713.970.7322. Reports to the Compliance Director remain confidential.

#### **Element 5: Enforcing Standards through Well-Publicized Disciplinary Guidelines.**

Disciplinary action will be applicable to all individuals within THE HARRIS CENTER who fail to comply with their obligations in accordance with THE HARRIS CENTER's policies and procedures. When there is information of potential violations or misconduct, the Compliance Director has the responsibility of conducting an internal investigation. An internal investigation would include interviews and a review of individual records, billings, and other relevant documents.

- 1) New employees to THE HARRIS CENTER or employees new to a position will be trained to ensure that their work is consistent with standards to prevent fraud, waste, abuse, or mismanagement. THE HARRIS CENTER is responsible for providing the same training to employees providing services for THE HARRIS CENTER as contractors or affiliates of THE HARRIS CENTER.
- 2) Employees shall be informed of disciplinary action and the nature of the offense that was violated, noting the specific incident(s), the date(s) of the incident(s), actions necessary to correct the problem, period in which improvements must be made, and the consequences for not correcting or repeating the offense.

An agency-approved form should be used to document the type of disciplinary action being issued the employee dated and signed by both the supervisor and employee, then forwarded to the Department of Human Resources Record Unit.

Corrective Discipline:

The Agency's own best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major

purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Although employment with the Agency is based on mutual consent and both the employee and the Agency have the right to terminate employment at will, with or without cause or advance notice, the Agency may use corrective discipline at its discretion.

Corrective action should take into account the seriousness of the problem, past performance, previous warnings and the result of prior corrective steps. Depending on circumstances of individual cases, corrective actions ranging from verbal warning to involuntary termination may be appropriate as an initial or repeated step; the order of disciplinary steps listed below need not be followed in all cases. Corrective action may also involve demotion, or reassignment. All salary adjustments are suspended while on corrective discipline. Only upon successful completion of the corrective discipline, will the salary adjustment become effective, depending on supervisory discretion.

Salary increases are not granted during any corrective discipline probationary period.

In general, if an employee has received a first warning regarding job problems or offenses and has failed to correct these problems, the employee may be issued a final warning. However, final warnings may be initiated without a first warning for serious policy violations and offenses. Final warnings may be initiated by an employee's direct supervisor, but require signature authorization of the next level of management. Final warnings are authorized for an effective period of twelve (12) months, and upon expiration of the effective time period, the employee's compliance or non-compliance with the warning will be documented as follow-up action. An employee may request the removal of a final warning from the Agency personnel file after twenty-four (24) months from the date of the expiration of the final warning and following the employee's annual performance evaluation.

### **Verbal Warning**

A Verbal Warning is provided to assist an employee to understand and resolve a significant job-performance or work-related conduct problem which should not continue, worsen or recur. A Verbal Warning also provides an explicit "warning" that more serious corrective action will follow. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

### **Written Warning**

A Written Warning serves to notify the employee of a serious job performance or work-related conduct problem which cannot be permitted to continue, worsen or recur. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

### **Suspension**

Suspension with or without pay may be appropriate during an investigation, as an initial or follow-up action when the continued presence of the employee may threaten safety, property, operations, or Agency reputation, or when a serious job performance or conduct problem occurs.

### **Disciplinary Probation**

An employee may be placed on disciplinary probation for a designated period of time for significant performance deficiencies which are determined to be within the employee's ability and intent to correct. A supervisor may also put an employee on probation until they resolve a problem with credentials that are required for their position.

### **Involuntary Termination**

Involuntary Termination may be appropriate when the employee fails to demonstrate sustained improvement, sufficient ability or intent to meet job expectations or has engaged in conduct which violates Agency policies and procedures.

Prosecution may be pursued as determined by the Agency management.

### **Element 6: Auditing and Monitoring.**

Conducting a risk assessment is a key component of the Compliance Department's functions; Compliance will conduct an agency wide risk assessment annually. Risk assessment involves the application of a methodical process for identifying key risks that the organization faces. Corporate compliance audits address corporate level risk, governance and control. Internal controls are broadly defined as a process, effected by THE HARRIS CENTER's management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- 1) Effectiveness and efficiency of operations
- 2) Reliability of financial reporting
- 3) Compliance with applicable laws and regulations

Ongoing auditing and monitoring efforts should include:

- 1) Monitoring the agency's compliance with specific rules and policies that have been the focus of particular attention by The Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), Managed Care Organizations (MCO), The Office of the Inspector General (OIG), OIG audits and evaluations, Special Fraud Alerts, internal or external reporting, law enforcement initiatives, etc.
- 2) On-site visits, interviews with management responsible for the operations (e.g. coding, claims development and submission, patient care, and other related activities).
- 3) Reviews of medical and financial records and/or other source documents that support claims for reimbursement in order to ensure accuracy of claims.
- 4) Questionnaires or surveys developed to solicit impressions of a broad cross-section of the employees and staff about compliance issues.
- 5) Results of ongoing auditing and monitoring must specifically identify areas where corrective action plans (CAP) are needed to prevent problems from recurring. When monitoring discloses program deficiencies, appropriate immediate corrective action measures must be implemented.

- 6) When a CAP is required, Compliance will review and validate the corrective measures and will reassess the program at a designated time to ensure that the corrective actions have been implemented and are effective. If it is determined that a program is out of compliance after a CAP has been implemented, Compliance will close the review and recommend the program to collaborate with Performance Improvement (PI) to establish a plan of improvement (POI). Within one hundred eighty (180) days of the implementation of the POI, Compliance will reassess the program.
- 7) Compliance will maintain records of reviews conducted.
- 8) Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions.
- 9) Any correspondence from any regulatory agency charged with administering a federally or state-funded program received by any department of the agency shall be immediately copied and forwarded to the CO for review and discussion by the Compliance Committee (CC).
- 10) Immediate notification of the CO of any visits, audits, investigations or surveys by any federal, state or county agency or authority.

Individual Program Divisions may have specific monitoring requirements outlined in performance contracts with Health and Human Services. In regards to IDD services, the IDD Division will develop measurements, monitoring plans and improvement actions as needed for:

- LIDDA authority functions (Intake and Eligibility, Service Coordination)
- Access to, capacity of and the improvement of LIDDA services;
- Timeliness and accuracy of LIDDA data submission;
- Actions related to responses to circumstances surrounding critical incident reports;
- Actions related to the reduction of instances of abuse, neglect or exploitation of individuals served;
- Assessing and improving rights restriction review process.

The IDD Division will share the Compliance Plan with and these measures with the IDD PAC and IDD Needs Council, this will be evidenced in their meeting minutes. The Center compliance Plan is also reviewed by the Center's Board of Trustees and posted on THE HARRIS CENTER website: [www.TheHarrisCenter.org](http://www.TheHarrisCenter.org).

### **Element 7: Responding to Detected Offenses and Developing Corrective Action Initiatives.**

#### **A. Violations:**

- 1) Common compliance violations that can result in disciplinary action.
- 2) Involvement in non-compliant conduct and/or activity;
- 3) Failure to report known non-compliant conduct and/or activity.

- 4) Supervisors who were aware or should have been aware of non-compliant conduct or activity and failed to correct deficiencies.

**B. Investigations and Reporting Procedures:**

All violations will be assessed by THE HARRIS CENTER's Compliance Department to determine whether a violation of the compliance plan actually exists. When a violation has been confirmed, Compliance will then have to determine if the conduct was due to negligence and was inadvertent or if it was willful and done knowingly.

- 1) Negligence and/or Inadvertent Conduct: If it is determined after investigation that non-compliant conduct occurred because of negligence or inadvertence, the matter shall be handled by the appropriate supervisor, who shall inform THE HARRIS CENTER Compliance Director of the offense and corrective action taken to address the problem. Any individual dissatisfied with the corrective action imposed by his/her supervisor may appeal the decision to THE HARRIS CENTER Compliance Director within ten (10) business days from the date of imposition of the corrective action. Such appeal shall be by written letter or email to THE HARRIS CENTER Compliance Director stating the reasons why the corrective action is not appropriate. THE HARRIS CENTER Compliance Director shall schedule a meeting within a reasonable time to review the request and either affirm or modify the corrective action. The Compliance Director may collaborate with the appropriate entities (e.g. HR Dept., General Counsel, etc.) for fact gathering and objectivity in the final decision.
- 2) Willful, Knowing Conduct and/or Gross Negligence: If it is determined, after investigation, that non-compliant conduct occurred as a result of willful action, knowingly or as a result of gross negligence, then the matter shall be referred to THE HARRIS CENTER's Compliance Director for corrective action. The Compliance Director shall determine the response and appropriate corrective action, in light of all available information. An individual dissatisfied with the corrective action imposed by The Compliance Director may utilize standard appeal procedures.

- C. Corrective Actions:** Appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required, and in the support of THE HARRIS CENTER Compliance Program will be managed in accordance with the disciplinary policies outlined in Element 5 of this plan.

**V. THE HARRIS CENTER's Compliance Program Effectiveness.**

**1. Code of Conduct**

This Code of Conduct has been adopted by the Board of Directors of THE HARRIS CENTER to provide guidance to THE HARRIS CENTER's employees as it relates to documentation, billing and other claims related issues. This code adheres to and takes the stance that adherence with THE HARRIS CENTER's mission, vision and core values is required of all staff at all times.

The Principles set forth in this Code of Conduct shall be distributed to all employees upon hire and periodically thereafter. All employees are responsible to ensure that their behavior and activities are consistent with this code and understand that failure to maintain this code may result in termination of employment.

As used in this Code of Conduct, the terms “officer,” “director,” “employee,” and “volunteer” include any persons who fill such roles or provide services on behalf of THE HARRIS CENTER or any of its divisions, subsidiaries, or operating or business units.

### **Principle 1 – Legal Compliance**

THE HARRIS CENTER will strive to ensure all activity by or on behalf of the agency complies with all applicable laws.

### **Principle 2 – Business Ethics**

In furtherance of THE HARRIS CENTER’s commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent THE HARRIS CENTER and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

### **Principle 3 – Confidentiality**

THE HARRIS CENTER employees shall strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

### **Principle 4 – Conflicts of interest**

Directors, officers, committee members and key employees owe a duty of loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

### **Principle 5 – Business Relationships**

Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

### **Principle 6 – Protection of Assets**

All employees will strive to preserve and protect THE HARRIS CENTER's assets by making prudent and effective use of THE HARRIS CENTER's resources and properly and accurately reporting its financial condition.

### Employee Code of Conduct

#### Quality of Care & Service

We are committed to providing high quality, caring, ethical and professionally competent services to our clients and their families, our community partners/stakeholders and our community service areas.

We:

- Apply sound behavioral health principles in our daily work and activities with an emphasis on evidence-based treatment.
- Participate in activities that promote quality improvement and bring deficiencies to the attention of those who can assess and resolve the problems.
- Treat clients and constituents in a manner appropriate to their background, culture, religion and heritage and are mindful of individual differences.
- Do not deny care based on race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin or any other discriminatory characteristic.
- Ensure that the source or amount of payment for client services shall not affect the quality of care or service.
- Provide clients with the information needed to make fully informed decisions. Clients have the right to receive information about THE HARRIS CENTER services, policies, procedures, fees, network provider list, and confidentiality requirements. Clients are informed of their treatment options, goals, and expected length of care.
- Strive to enhance clients' capacity and opportunity to change and address their own needs by including them in developing treatment goals and plans to every extent possible.
- Provide competent services within the boundaries of our education, training, license, certification, consultation received, experience or other relevant professional experience.
- Document all client service encounters in THE HARRIS CENTER record accurately, completely and following established documentation guidelines.

#### Workplace Conduct

We ensure our work environment supports high standards of professional behavior and promotes dignity, integrity, fairness, respect, teamwork and safety.

We:

- Respect the basic rights, dignity and values of clients and staff including, but not limited to: race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin or any other discriminatory characteristic.
- Use work hours to accomplish THE HARRIS CENTER duties and assignments in a productive and professional manner.
- Promote a positive image for THE HARRIS CENTER, its employees and services.
- Take personal responsibility for performing duties in good faith and exercise sound judgment.
- Strive for positive and cooperative relationships within THE HARRIS CENTER by treating our colleagues with respect, dignity, fairness and courtesy.
- Maintain a working environment free from all forms of harassment or intimidation – verbal, sexual, or otherwise. THE HARRIS CENTER has zero tolerance for discriminatory treatment, abuse, violence or intimidation.
- Comply with work and safety policies in accordance with THE HARRIS CENTER policies including, but not limited to, the mandated non-smoking/tobacco free policy in and near THE HARRIS CENTER buildings and vehicles as well as the drug and alcohol policy prohibiting the use of alcohol or illicit drugs in the workplace. Over-the-counter medications and prescriptions ordered by a physician are used in dosage and frequency described on the medication or package insert unless specified otherwise by the prescribing physician. Follow THE HARRIS CENTER, weapons policy and our zero-tolerance policy for violence or harassment in the workplace.
- Cooperate in achieving THE HARRIS CENTER commitment to maintain a work environment that promotes the prevention, to detection, reporting and resolution of conduct that may not conform to codes of ethics and standards of THE HARRIS CENTER and our respective professions.
- Require staff who oversee or supervise the work of others to: 1) provide clear direction about what is expected of staff regarding both job responsibilities and workplace conduct and 2) ensure no employee is required to compromise their professional integrity, standards, judgment or objectivity in the performance of their duties.

### Staff-Client Relationships

We are committed to providing services by qualified staff that is compassionate, courteous, culturally competent, fiscally responsible, ethical and effective.

We:

- Conduct ourselves in a manner that shows concern and respect for the dignity of clients treating them in a manner appropriate to their background, culture, religion and heritage. The welfare of clients and their families is placed above all other concerns unless one's safety is threatened.
- Do not take unfair advantage of the professional relationship with current or former clients or exploit them to further our personal, religious, political, social or business interests. Dual or multiple relationships (include: when the client is also a student, friend, family member, employee or business associate of the therapist/service provider). where there is at risk of exploitation or potential harm to the client are prohibited for 2years after a client is discharged from services or the date of the last professional contact or per licensing standards.
- Understand that in the course of events there is the possibility a dual relationship may be discovered and/or is unavoidable. In such instances, the details of the relationship and any potential conflicts will be immediately disclosed to the supervisor for guidance regarding the conflict. We are responsible to set clear, appropriate, and culturally sensitive boundaries.
- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, and professional practices and standards of privacy and confidentiality. We avoid discussing confidential information in public or semipublic areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person. This includes other employees, the confidential information is a need to know.
- Do not knowingly disclose confidential client information with others without express written consent of the client or pursuant to court order and in accordance with the applicable law. Information should only be shared on a need to know confidential information may be shared under certain circumstances in accordance with Federal and State regulations.
- Provide clients with reasonable access to their medical records following policy based on regulations. Where there is concern a client's access to his/her record could cause misunderstanding or harm, clinical staff assist the client in interpreting the records.( Per Records/ Guidelines/ Rights Handbook)
- Do not involve clients, families or other service providers in your/other staff criticism or controversy related to THE HARRIS CENTER internal policies,

practices, staff actions or personalities. In no case is this information ever part of the medical record.

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### Adhering to Laws and Regulations

We follow the letter and the spirit of applicable laws and regulations and conduct business ethically and honestly.

We:

- Comply with all applicable laws, rules, regulations, standards and other requirements of the federal, state and local governments. We comply with all federal mental health care and alcohol and drug program statutes, regulations, and guidelines.
- Do not engage in any practice that involves unethical or illegal activity. If unsure of the meaning or application of a statute, regulation, policy or legality, we seek guidance from our supervisor or the Compliance Officer.
- Strive to ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted. These claims include, but are not limited to time cards/reports, travel claims, Anasazi Progress Notes, claims and cost reports.
- Take reasonable precaution to ensure billing and coding of claims are prepared and submitted accurately, timely and are consistent with federal, state and local laws and regulations as well as THE HARRIS CENTER policies and procedures and/or agreements with third party payers. This includes federal health care program regulations and procedures or instructions otherwise communicated by regulatory agencies such as the Centers for Medicare and Medicaid Services or their agents.
- Bill only for eligible services actually rendered, reported to the minute and fully documented. When services must be coded, we use only billing codes that accurately describe the services provided.
- Act promptly to investigate and correct problems if errors in claims or billings are discovered. Alert your Supervisor and the Compliance Officer to these issues/problems.
- Voluntarily disclose to third party law enforcement or regulatory agencies violations of law, regulations or standards during investigations, and audits where appropriate and legally required.
- Do not intimidate, threaten, coerce, discriminate against, nor take other retaliatory action against any client, constituent, contractor or employee who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.

### Conflicts of Interest

We avoid conflicts of interest or the appearance of conflicts between our own personal interests and the best interests of THE HARRIS CENTER.

We:

- Avoid commitments that interfere with our ability to properly perform our duties for THE HARRIS CENTER or any activity that conflicts with the known interests of THE HARRIS CENTER, its clients or constituents. Examples include, but are not limited to: 1) the use of THE HARRIS CENTER time, facilities or equipment for private gain or advantage for oneself or another; and 2) the solicitation of future employment with a company doing business with THE HARRIS CENTER over which the employee has some control or influence in his/her official capacity.
- Report any potential conflicts of interest for ourselves or others to the appropriate supervisor, manager or Compliance Officer.
- Prohibit individual staff in private practice from referring clients to themselves or actively engaging in any relationship with other staff to promote referrals to their private practices.
- Do not accept or provide any gift of more than nominal value or any hospitality or entertainment, which, because of its source or value, might influence independent judgment in transactions involving THE HARRIS CENTER. Including lunches.
- You may not engage in outside employment or activities that conflict with your duties and responsibilities to THE HARRIS CENTER. The Outside Employment Policy requires each employee to notify, provide relevant information, and receive approval from the proper authority before accepting employment with another employer.
- Voluntarily disclose to your immediate supervisor or the Compliance Officer any financial interest, official position, ownership interest or any other relationship an employee or member of his/her immediate family has with THE HARRIS CENTER vendors, contractors or referral sources.

### External Relationships

We continually strive to honor, uphold and promote the public trust in all our activities.

We:

- Carry out our duties in a way that encourages participation and access to THE HARRIS CENTER programs and resources and that enhances THE HARRIS CENTER standing in the community.
- Are honest and forthright in providing information to clients, vendors, payers, other agencies and the community within the constraints of privacy and confidentiality requirements and as allowed by law.
- Seek helpful and cooperative relationships with external agencies and community groups to enhance services and resources available to the public.
- Ensure all legally required reports or other information provided to any external entity including federal, state and local government agencies are accurate and submitted timely. Only authorized staff or their official designee sign reports requiring certifying signatures.

### Records Maintenance

We are conscientious in maintaining accurate and appropriate records in accordance with all federal, state and local laws and regulations and THE HARRIS CENTER policies and procedures.

We:

- Maintain complete, accurate, timely and thorough client and administrative records.
- Follow all privacy and security policies and procedures to the letter to guard against internal and external privacy breaches.
- Abide by professional, legal and ethical codes governing confidentiality to ensure all records in any medium and at all service locations are maintained in a manner to protect employee and client privacy rights and to provide factual information.
- Maintain, train and monitor adherence to documentation and record keeping guidelines following legal requirements. Records are maintained for at least the minimum period required by laws and regulations.

## **THE HARRIS CENTER for Mental Health and IDD CODE OF CONDUCT FOR CONTRACTORS**

THE HARRIS CENTER for Mental Health & IDD (THE HARRIS CENTER) is firmly committed to full compliance with all federal, state, and local laws, regulations, rules and guidelines that apply to the provision and payment of behavioral health services. THE HARRIS CENTER contractors and the manner in which they conduct themselves are a vital part of this commitment.

To ensure contractors share in THE HARRIS CENTER dedication to honesty, fairness and integrity, THE HARRIS CENTER contractors and their employees are required to abide by THE HARRIS CENTER *Code of Ethical Conduct for Contractors* as a condition of contractual arrangement.

This code is not intended to be an exhaustive list of all standards by which THE HARRIS CENTER contractors are to be governed. Rather, its intent is to convey THE HARRIS CENTER commitment to the high standards set for its contractors. All contractors are expected to perform their duties in good faith and in a manner they reasonably believe to be in the best interest of THE HARRIS CENTER and the public it serves.

Contractor and its employees will:

- Comply with all applicable laws, rules, regulations, standards, and other requirements of federal, state and local government.
- Conduct themselves with honesty, integrity, courtesy and fairness in their professional dealings related to their contract with THE HARRIS CENTER and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of THE HARRIS CENTER.
- Treat all THE HARRIS CENTER employees, consumers, and other contractors fairly and with respect.
- Not engage in any activity in violation of THE HARRIS CENTER Compliance Program, nor engage in any other conduct which violates any federal, state, or local law, regulation, rule or guideline.
- Take precautions to ensure claims are prepared and submitted accurately, timely and are consistent with federal, state and local law, regulation, rule or guideline.
- Ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
- Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.

- Act promptly to investigate when errors in claims or billing are discovered, make needed corrections and notify THE HARRIS CENTER of these incidents.
  - Promptly report to THE HARRIS CENTER Compliance Officer any activity involving financial improprieties as it relates to THE HARRIS CENTER contract, past or present.
  - Promptly report to THE HARRIS CENTER Compliance Officer any suspected violation of this *Code of Ethical Conduct for Contractors* by THE HARRIS CENTER employees or other THE HARRIS CENTER contractors.
11. Consult with THE HARRIS CENTER Compliance Officer if uncertain about any requirements of the *Code of Ethical Conduct for Contractors* or other applicable law, regulation, rule or guideline, privacy, confidentiality and access.

## **2. Regular Review of Compliance Program Effectiveness**

THE HARRIS CENTER's Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. This plan shall be reviewed as often as necessary and modified/updated at least annually. This THE HARRIS CENTER Compliance Plan shall be certified by THE HARRIS CENTER's CEO upon implementation and when major revisions are required.

## **VI. SELF-REPORTING.**

Regulations require that THE HARRIS CENTER self-disclose certain errors we discover and refund identified overpayments, or THE HARRIS CENTER can be held accountable for intentional fraud. The regulations limit response time to sixty (60) days after the issue is identified, so timely reporting of errors is critical. Any errors or overpayments discovered as a result of the ongoing auditing and monitoring will result in the prompt return of any overpayment, with appropriate documentation and a thorough explanation of the reason for the refund, of which will be reported the CEO.

If credible evidence of misconduct is discovered and, after reasonable inquiry, it is determined that this misconduct may have violated criminal, civil, or administrative law, THE HARRIS CENTER's legal office/counsel should be contacted promptly to determine self-reporting requirements.

## **VII. CONCLUSION.**

Compliance is everyone's responsibility. Ignorance of the rules is not a defense for non-compliance in the eyes of the government. The rules are widely published and available, and we have a responsibility to understand and follow them to the best of our ability. Only with

the commitment of all THE HARRIS CENTER's personnel and affiliates can we ensure our compliance with the various laws, standards and regulations that govern us. Please share your commitment to compliance with those around you and do not hesitate to contact your supervisor or the compliance department with questions – they are there to assist you with understanding the rules and providing guidance on their implementation.

The compliance plan, as presented in this document, establishes a framework for effective billing and legal compliance by THE HARRIS CENTER. It does not identify all of THE HARRIS CENTER's substantive programs and policies that are designed to achieve compliance. THE HARRIS CENTER works diligently to ensure the presence of and adherence to policies and procedures. Policies and procedures also help to shape the agency's overall commitment to compliance and the enforcement thereof.

### ATTESTATION

*Where applicable to my role, I will:*

- ✓ Respect the basic rights and values of all staff, clients and volunteers treating everyone with consideration, patience, dignity, courtesy and integrity.
- ✓ Support THE HARRIS CENTER efforts to provide culturally competent services.
- ✓ Promote a positive image for THE HARRIS CENTER.
- ✓ Be honest and fair following the letter and spirit of applicable laws.
- ✓ Appreciate that staff have a responsibility to care for their clients. These duty cannot be delegated or transferred to others.
- ✓ Acknowledge that the CEO/Executive Director is the only OFFICIAL spokesperson for THE HARRIS CENTER.
- ✓ Not bind THE HARRIS CENTER to any legal or contractual obligations by offering assurances either verbally or in writing.
- ✓ Observe strict confidentiality with respect to all client information and any other information that is confidential to THE HARRIS CENTER gained through participation at THE HARRIS CENTER.
- ✓ Accept and follow directions from the Director and job supervisor seeking guidance through clarification as needed.
- ✓ I will familiarize myself with THE HARRIS CENTER policies and procedures as required to carry out my assignments.

- ✓ Take personal responsibility for performing duties in good faith, strive for cooperation and teamwork, and exercise sound judgment.
- ✓ Comply with work and safety practices avoiding unnecessary risks, apply reasonable instructions given by supervisors and report any hazard or hazardous practice in the workplace.
- ✓ Not smoke or use tobacco products (except on breaks), or be under the influence of alcohol or illegal drugs when on the job/assignment.
- ✓ Report any problems as they arise to the job supervisor including incidents, injury, suspected or known unethical or illegal conduct.
- ✓ Avoid waste or extravagance and make proper use of THE HARRIS CENTER resources. This includes; the fax machines, the computer, the copier, office supplies, etc.
- ✓ Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, and professional practices and standards of privacy and confidentiality. Avoid discussing confidential information in public or semi-public areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person. This includes other employee. The Consumer's record/chart and treatment is confidential information is on a need to know.

# **EXHIBIT F-10**



<b>Document No.</b>	<b>Subject:</b> Infection Control Plan	
<b>AGENCY PLAN</b>	<b>Initial Approval Date:</b> 9/2019	
<b>Sponsor:</b> Infection Control	<b>New Board Approval Date:</b>	

#### 1. PURPOSE

The purpose of this procedure is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures, are responded to in an effective manner.

#### 2. Objective/SCOPE

The Harris Center for Mental Health and IDD employees.

#### 3. Regulatory/Reference Documents

[Control of Communicable Diseases DS, HS \(25 TAC Part 1, Chapter 97, and Subchapter A Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H, §§81.301 et seq.](#)  
~~), governing Control of Communicable Diseases.~~ The Houston Department of Health and Human Services.

#### 4. DEFINITIONS:

- **Communicable Disease:**
  1. Is a disease that can be transmitted from person or animal to another directly through contact with body fluids or indirectly through contact with inanimate objects such as contaminated drinking glasses, toys or water, via insects. Bacteria, fungi, parasites, and viruses may cause communicable diseases.
- **Control of Infection occurs by:**
  1. Identifying consumers and/or staff with communicable or potentially communicable infections.
  2. Implementing appropriate Infection Control measures.
  3. Educating staff on Infection Control procedures and standards.
  4. Providing information to all departments related to managing on site Infection control issues.
- **Disease Prevention:** The prevention of infection in staff and consumers occurs through:
  1. Dissemination of Infection Control guidelines.
  2. Ongoing updates of Infection control procedures and practices
  3. Monitoring of Infection Control practices within the Departments.
- **Exposure:**
  1. Condition of being exposed to an infectious agent.



- **Investigation and Surveillance Involves the following:**
  1. Systematic Data collection.
  2. Analysis of the data with determination of specific events to be monitored.
  3. Development and implementation of measurable quality improvement plans.
  4. Evaluation of the quality improvement plans.
- **Reporting of infections occurs by:**
  1. Staff reporting possible exposures to infectious diseases.
  2. Reporting of reportable diseases as required by DSHS (25TACPart1, Chapter 97, and Subchapter A), Governing Control of Communicable Diseases.

#### 5. PROCEDURES:

- A. Disease Prevention occurs by the Infection Control Manager:
- B. Identifying consumers and/or staff with communicable or potentially communicable infections.
- C. Implementing appropriate Infection Control measures.
- D. Educating staff on Infection Control procedures, standards and continued updates.
- E. Providing information to all departments related to managing on-site Infection Control issues.
- F. Monitoring of Infection Control Practices within the Department
- G. Investigation and Surveillance Involves the following:
- H. Systematic Data collection
- I. Analysis of the data with a determination of specific events to be monitored.
- J. Development and implementation of measurable quality improvement plans
- K. Evaluation of quality improvement plans.
- L. Reporting of infections occurs by:
- M. Staff reporting possible exposures to infectious diseases.
- N. Reporting of reportable diseases as required by DSHS (25 TAC Part 1, Chapter 97, and Subchapter A), governing Control of Communicable Diseases

#### 6. RELATED POLICIES/FORMS:

- Infection Control Policy
- Reportable Disease Form

#### 7. REFERENCES: RULES/REGULATIONS/STANDARDS

- Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-11**

<b>Policy No. HIM: 004</b>	<b>Subject: Agency Abbreviations</b>
<b>Agency POLICY</b>	<b>Initial Approval Date:</b> January 1998
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

To maintain the standardized approved list of abbreviations.

**2. POLICY**

It is the policy of the Harris Center that in order to reduce error and foster clarity of written communication, only approved abbreviations and symbols shall be used when making entries in the Patient/Individual's record. An abbreviation list has been developed to establish the continuity of medical terminology and abbreviations for use in the medical records maintained by The Harris Center for Mental Health and IDD.

**3. APPLICABILITY/SCOPE**

Applies to The HARRIS CENTER for Mental Health and IDD.

**4. PROCEDURES**

See Procedures HIM: 002b

**5. Related policies/Forms:**

**6. References: Rules/Regulations/Standards**

- The Charles Press Handbook of Current Medical Abbreviations, 5<sup>th</sup> Edition
- Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols and Dose Designations

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-12**



<b>Policy No. HIM: 018</b>	<b>Subject: Breach Notification</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: Feb. 2017</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

The Harris Center for Mental Health and IDD (The Harris Center) will enforce a compliance program for data breach reporting and notification. The Harris Center will investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

**2. POLICY**

It is the policy of The Harris Center to investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within the Harris Center.

**4. PROCEDURES**

See procedure HIM: 018b

**5. RELATED POLICIES/FORMS:**

**Policy and Procedures**

Incident Reporting

**Reference**

INC: 9

**Forms**

Online Incident Report

**Attachments**

Breach Information Log  
Risk Assessment Tool

**6. REFERENCES: RULES/REGULATIONS/STANDARDS**

Notification in the Case of Breach, American Recovery & Reinvestment Act Title XIII Section 13402  
 Medical Records Privacy Act, Tex. Health & Safety Code Ch. 181  
 Mental Health Records, Tex. Health & Safety Code Ch. 611  
 Federal Trade Commission Breach Notification Rules – 16 CFR Part 318  
 Confidentiality of Substance Use Disorder Patient Record, 42 CFR Part 2  
 HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-13**

*Transforming Lives*

<b>Policy No.</b>	<b>Subject: Check Signing</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 4/13/1993</b>
<b>Sponsor: Finance</b>	<b>New Board Approval Date:</b>

## 1. PURPOSE

The purpose of this policy is to clearly how checks and electronic payment authorizations are to be handled at The Harris Center.

## 2. POLICY

### I. Primary Signature and Authorization Authority for Checks and Electronic Payments

The Harris Center's primary authorized signatories have the following levels of authority:

#### A. Checks \$5,000 and less:

The Chief Executive Officer has the authority to electronically sign all checks \$5,000 and less.

#### B. Checks from \$5,000 to \$24,999

All checks from \$5,000 to \$24,999 shall have one facsimile of the Chief Executive Officer plus an original signature of one of the following:

- Chief Financial and Administrative Officer
- Controller
- Board Chair,
- Any member of the Board of Trustees

#### C. Electronic Payment Authorizations below \$24,999 shall be signed by one of the following individuals:

- Chief Financial and Administrative Officer
- Controller

#### D. Checks and Electronic Payment Authorizations from \$25,000 to \$99,999 must have the original signature of any of the two following individuals:

- Chief Executive Officer
- Chief Operating Officer
- Chief Financial and Administrative Officer
- Board Chair
- Any Member of the Board of Trustees

#### E. Checks and Electronic Payment Authorizations \$100,000 or more:

All checks and electronic payment authorizations of \$100,000 or more must have the original signatures of one Board Member and the Chief Executive Officer or two Board Members.



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**II. Delegation of Authority**

When authorized signatories are temporarily unavailable due to vacation, illness, travel or unforeseen events, their signature and approval authority shall be delegated to ensure the efficient continuation of Harris Center operations and business decision. The authorized signatories shall ensure that his or her delegate have a full understanding of their delegated authority.

**A. Checks and electronic payments less than \$100,000:**

The Chief Executive Officer may delegate to the Chief Operating Officer or the Chief Financial and Administrative Officer. The Chief Financial and Administrative Officer may delegate to the Controller.

**B. Checks and Electronic Payment Authorizations of \$100,000 or more:**

The Chief Executive Officer may delegate to the Chief Operating Officer or the Chief Financial and Administrative Officer.

**III. Revocation of Authority**

A delegation or sub-delegation of authority may be revoked at any time in writing by the delegator granting such authority, the Board of Trustees or the Chief Executive Officer. The revoking delegator must immediately notify the Controller, Chair of the Board of Trustees and the General Counsel in writing of the revocation.

**3. APPLICABILITY/SCOPE**

This policy applies to all Harris Center employees and vendors.

**4. RELATED POLICIES/FORMS (for reference only):**

Signatures of Authorization

**5. REFERENCES: RULES/REGULATIONS/STANDARDS:**

**Approver Signature :** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-14**



<b>Policy No.</b>	<b>Subject: Compliance Policy</b>
<b>Agency Policy</b>	<b>Initial Approval Date: NA</b>
<b>Sponsor: Compliance Department</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

The Compliance Department (Compliance) strives to protect The Harris Center for Mental Health and IDD (The Harris Center) by detecting and preventing improper conduct, identifying risks and promoting adherence to the organization's legal and ethical obligations and compliance policies.

**2. POLICY**

It is the policy of The Harris Center to establish an effective compliance program process to ensure that all agency operations and programs are in compliance with applicable federal, state, and local laws, regulations, policies, procedures, and operational guidelines, by establishing a system of periodic review and monitoring for compliance and developing corrective action plans to remediate any compliance gaps.

**3. APPLICABILITY/SCOPE**

The Harris Center employees, programs, contractors, and recipients of sub-awards and/or sub-contracts passed through to another entity from The Harris Center.

**4. DEFINITIONS**

N/A

**5. PROCEDURES**

Compliance Procedures

**6. RELATED POLICIES/FORMS:**

N/A

**7. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- Affordable Care Act (ACA), 42 U.S.C. §1395cc(j)(9)(A)
- Anti-Kickback Law, 42 U.S.C. §1320a-7b
- Stark Law, 42 U.S.C. §1395nn
- Civil False Claims Act, 31 U.S.C. §§3729-3733
- Medicaid Fraud Prevention, Tex. Human Resources Code Ch. 36
- Mental Health Community Standards, Title 26, Part 1, Chapter 301, Subchapter G
- Role and Responsibilities of a Local Authority, Title 40, Part 1, Chapter 2, Subchapter G
- Intellectual Disability Services-Medicaid State Operating Agency Responsibilities, Title 40, Part 1, Chapter 9



- HHSC Reimbursement Rates-Purchased Health Services, Title 1 Part 15, Chapter 355, Subchapter J

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

DRAFT

# **EXHIBIT F-15**



<b>Policy No. HIM: 009</b>	<b>Subject: Faxing &amp; Emailing Protected Identifying Information</b>
<b>Agency Policy</b>	<b>Initial Approval Date: Oct. 2000</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

The Harris Center will protect the confidentiality and privacy of patient identifying information and safeguard such information against impermissible disclosure when faxing and emailing patient identifying information.

**2. POLICY**

It is the policy of The Harris Center to ensure that staff protect all patient health information during all electronic communication.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

**4. PROCEDURES**

See Procedure HIM: 009b

**5. Related policies/Forms:**

**Policy and Procedures**

Confidentiality and Disclosure of Patient Identifying Information  
 Online Incident Reporting  
 Patient Information Facsimile Cover Sheet

**References**

HIM: 003  
 INC: 9  
 HIM: 9.001

**6. References: Rules/Regulations/Standards**

- Health Insurance Portability and Accountability Act, 45 CFR Part 164
- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B
- Physician-Patient Communication, Tex. Occupation Code Ch. 159
- Medical Records Privacy, Tex. Health and Safety Code Ch. 181
- Mental Health Records, Tex. Health and Safety Code Ch. 611

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-16**



<b>Policy No.</b> COMM-01	<b>Subject:</b> Improvement of Consumer Care Committees (ICC)
<b>AGENCY POLICY</b>	<b>Initial Approval Date:</b> 4/2008
<b>Sponsor:</b> Mental Health	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The Harris Center for Mental Health & IDD (The Harris Center) shall implement an improvement of consumer care monitoring process, which, using regularly scheduled interdisciplinary team meetings, reviews the clinical appropriateness of individual assessments and services provided, including consideration of individual preferences, responses, and outcomes.

The ICC process occurs on a monthly basis, or as otherwise scheduled, and involves the review of consumer records. The ICC will review a randomly selected set of records. The findings of each review are reported to the program director, the division medical director and may be posted in a share folder on The Harris Center intranet.

**2. POLICY:**

It is the policy of The Harris Center to implement an improvement of consumer care monitoring process.

**3. APPLICABILITY/SCOPE**

This policy applies to all Harris Center staff and programs.

**4. PROCEDURES**

Section I: Review Teams and Selection of Records Review Process

Section II: Review Process

Section III: Documentation

Section IV: Related Policies and Procedures

**5. RELATED POLICIES/FORMS (for reference only):**

Content of Consumer Medical Records REC:6

Coordination of Consumer Services CS:18

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

CARF BH Standards Manual Section 2H Quality Records Management

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-17**



<b>Policy No.</b>	<b>Subject:</b> Infection Control and Prevention Policy
<b>AGENCY POLICY</b>	<b>Initial Approval Date:</b> 2000
<b>Sponsor:</b> Nursing/Agency Infection Control	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The Harris Center for Mental Health and IDD's Infection Control and Prevention Policy provides quality infection control procedures for staff, individuals served, volunteers and visitors. The Infection Control Nurse Manager monitors and ensures that the plan is implemented throughout the Agency to support an environment free of endemic and epidemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices, and precautions to prevent the spread of infectious organisms and diseases.

**2. POLICY:**

It is the policy of The Harris Center for Mental Health and IDD to comply with the Infection Control and Prevention Plan.

**3. APPLICABILITY/SCOPE:**

The Harris Center for Mental Health and IDD.

**4. PROCEDURES:**

- a. Infection Control Precautions
- b. Food Service Personal Cleanliness, and Sanitation and Food Sanitation
- c. Tuberculosis Testing and Exposure to Tuberculosis
- d. Regulated Medical Waste Disposal
- e. Accidental Blood and Bodily Fluid Exposures
- f. Cleaning/Disinfection of Play Equipment
- g. Hand Hygiene
- h. Handling Contaminated Linens
- i. Food Refrigerator Sanitation
- j. Scabies and Lice Procedure

**5. RELATED POLICIES/FORMS:**

Infection Control Plan

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- a. Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030



- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H, §§81.301 et seq.
- f. Online Incident Report Form

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

DRAFT

# **EXHIBIT F-18**



<b>Policy No.</b>	<b>Subject: RETURN TO IN-PATIENT CARE OF FURLOUGHED PATIENT</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 2/11/1992</b>
<b>Sponsor: Mental Health</b>	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The purpose of this policy is ensure The Harris Center complies with current state laws regarding furlough of patient receiving inpatient treatment pursuant to a temporary or extended commitment.

**2. POLICY:**

It is the policy of a The Harris Center to comply with all requirements and special conditions associated with patients released on furlough.

**3. APPLICABILITY/SCOPE**

This policy applies to all Harris Center staff.

**4. PROCEDURES**

- Section I: Conditions of Furlough
- Section II: Return from Furlough
- Section III: References

**5. RELATED POLICIES/FORMS (for reference only):**

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- CARF: Section 3. Subsection J., Inpatient Treatment
- Texas Mental Health Code, Texas Health & Safety Code Chapter 574

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-19**



<b>Policy No. HIM: 017</b>	<b>Subject: Sanctions for Breach of Security and/or Privacy Violations of Health Information</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: Nov. 2002</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

The Harris Center for Mental Health and IDD (The Harris Center) and its staff are entrusted with personal and clinical information regarding the patient/ Individuals we serve. The Harris Center, as an employee health plan sponsor, is also entrusted with employee health information. We recognize that these pieces of information are highly confidential and must be treated with great respect and care by all staff with access to the information.

**2. POLICY**

It is the policy of The Harris Center that any breach in confidentiality or security by a staff person shall be subject to formal disciplinary action as set forth in this policy and procedure. Confidentiality breaches are also subject to federal investigations and possible fines and imprisonment as set forth in the Health Insurance Portability and Accountability Act, Privacy Rule.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

**4. PROCEDURES**

See procedures HIM: 017b.

**5. RELATED POLICIES/FORMS:**

**Policy and Procedures**

Confidentiality and Disclosure of Patient/ Individual Health Information  
 Security of Patient/ Individual Identifying Information  
 Incident Reporting

**Reference**

HIM: 003  
 HIM: 015  
 INC: 9

**6. REFERENCES: RULES/REGULATIONS/STANDARDS**

American Health Information Management Association Practice Brief: Retention of Health Information  
 Health Insurance Portability and Accountability Act, 45CFR Part 160, Subpart D  
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part2, Subpart A  
 Physician-Patient Communication, Tex. Occupation Code Ch. 159  
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181  
 Mental Health Record, Tex. Health and Safety Code Ch. 611

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-20**

<b>Policy No. HIM: 015</b>	<b>Subject: Security of Patient/ Individual Identifying Information</b>
<b>Agency POLICY</b>	<b>Initial Approval Date: June 2000</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval:</b>

**1. PURPOSE**

All patient/ individual information, regardless of the medium or format is considered confidential and shall be available only to authorized users.

**2. POLICY**

It is the policy of The Harris Center that the Center shall maintain the security of all patient/ individual identifying information and safeguard this information against loss, destruction, tampering, and unauthorized access and use.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities, and/or programs within The Harris Center.

**4. PROCEDURES**

See Procedure HIM: 015b

**5. RELATED POLICIES/FORMS**

**Policy and Procedures**

Confidentiality and Disclosure of Patient/ Individual Health Information  
 Retention of Patient/ Individual Record  
 Patient/ Individual Records Administration  
 Incident Reporting

**Reference**

HIM: 003  
 HIM: 004  
 HIM: 005  
 INC: 9

**6. REFERENCES: Rules/Regulations/Standards**

American Health Information Management Association – Practice Brief on Information Security  
 Medicare Conditions of Participation for Hospitals  
 Health Insurance Portability and Accountability Act, 45 CFR Part 164  
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part 2, Subpart B  
 Physician-Patient Communication, Tex. Occupation Code Ch. 159  
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181  
 Mental Health Records, Tex. Health and Safety Code Ch. 611

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-21**

Transforming Lives

<b>Policy No.</b>	<b>Subject: Center-Related Meal Expenses Pertaining to Meetings</b>	
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 11/20/2012</b>	
<b>Sponsor: Finance</b>	<b>New Board Approval Date:</b>	

**1. PURPOSE**

To ensure all expenses related to meals at meetings hosted by Harris Center staff are accounted for, relevant to agency priorities and represent good stewardship.

**2. POLICY**

The Center will assume the expense for certain meals provided at Center-related meetings with approval from the appropriate Vice President and/or Chief Executive Officer, or designee.

**3. APPLICABILITY/SCOPE**

This policy applies to all Harris Center staff, contractors, visitors, and people served.

**4. PROCEDURES**

Purchasing Card (P Card)

Center-Related Meeting-Meal Expenses Pertaining to Meetings

**5. RELATED POLICIES/FORMS (for reference only):**

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-22**

<b>Policy No. HIM: 003</b>	<b>Subject: Confidentiality and Disclosure of Patient/Individual Health Information</b>
<b>Agency Policy</b>	<b>Initial Approval Date: June 2000</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

### 1. PURPOSE

The Center shall protect the privacy of all patient/individual health information and safeguard such information against loss, damage, alteration, or impermissible disclosure. Uses and disclosures will be made only as permitted or required by law and will consist of only the relevant or minimal amount necessary to satisfy the purpose of the use or disclosure.

### 2. POLICY

It is the policy of The Harris Center that the patient/individual records are the property of the Center and may be removed from Center premises only in accordance with a court order, subpoena, or statute. Proven privacy violations of the patient/individual health information by any employee or business associate may be cause for disciplinary actions including termination of employment or contract. Violations will also be mitigated in accordance with privacy regulations.

### 3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

### 4. PROCEDURES

See procedure HIM: 003b.

### 5. RELATED POLICIES/FORMS

#### Policy and Procedures

Patient/Individual Records Administration	<b>Reference</b> HIM: 005
Faxing Patient/Individual Record Information	HIM: 009
Patient/ Individual Access to Medical Records	HIM: 016
Sanctions for Privacy and Security Violations	HIM: 017

#### Forms

Authorization Request Cover Letter	<b>Reference</b>
Authorization to Disclose Patient/Individual Health Information	HIM: 016
Revocation for Disclosure of Health Information	HIM: 016
Media Consent Form	HIM: 015

#### Procedure Attachments Reference

Patient/Individual Protected Health Information	
Release of Information Log	Attachment A
Release of Information Grid	Attachment B
Verification Checklist for Processing Authorizations	Attachment C
Release of Information Cover Letter	Attachment D



Confidentiality Statement	Attachment E
Release of Information Processing Fee	Attachment F
Release of Information Invoice	Attachment G
Subpoena Information Sheet	Attachment H
Employee Statement of Information Security and Confidentiality	Attachment I
Emergency Verification for Disclosure of Protected Health Information	Attachment J
Confidentiality Awareness Guidelines	Attachment K
Guidelines for Releases	Attachment L
Business Records Affidavit	
No Records Affidavit	

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS

[Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2](#)  
[Health Insurance Portability and Accountability Act 1996, 45 CFR Parts 160 and 164](#)  
[Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Texas Administrative Code: Protected Health Information, Chapter 414, Subchapter A](#)  
[Texas Human Resources Codes, Chapter 48](#)  
[Medical Records Privacy Act, Texas Health & Safety Code Chapter 181](#)  
[Mental Health Record, Texas Health and Safety Codes, Chapter 611](#)  
[Interagency Sharing of Certain Noneducational Records, Texas Family Code, Chapter 32](#)  
[Texas Family Code §58.0052](#)  
[Physician-Patient Communication, Texas Occupations Code, Chapter 159](#)  
[Physician-Patient Privilege, Texas Rules of Civil Evidence, Rules 509](#)  
[Mental Health Information Privilege in Civil Cases, Texas Rules of Evidence 510](#)  
[Texas Rules of Criminal Evidence, Rule 510](#)  
[Title 42 Code of Federal Regulation Part 2](#)  
[Health Insurance Portability and Accountability Act 1996, Part 160 and 164](#)  
[The Privacy Act of 1974](#)  
[Code of Federal Regulations 483.10\(e\)](#)  
[Texas Health & Safety Code Chapter 181](#)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-23**



<b>Policy No. HIM: 011</b>	<b>Subject: Consents and Authorizations</b>	
<b>Agency Policy</b>	<b>Initial Implementation Date:</b> May 1993	
<b>Sponsor: Health Information Management</b>	<b>Reviewed/Revised:</b> May 2021	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Annual	<b>Approved Date:</b>	

**1. PURPOSE**

To obtain and document consent from the patient/ individual or legally authorized representative for treatment, obtain and document authorizations to allow the ~~exchange-use or disclosure~~ of patient/ Individual information, and ensure that information is provided to the patient/ individual allowing an informed consent to be made.

**2. POLICY**

It is the policy of The Harris Center to utilize and maintain written consents for patient/ Individual treatment/program services as well as other specific purposes, such as medication, transportation, media purposes, etc. Consents shall be reviewed and explained in a manner and language a patient/ individual can understand. All consents shall be signed and dated by the patient or legally authorized representative. Consents shall be maintained in a timely fashion and copies shall be filed in the patient/individual’s record.

The Harris Center shall obtain written/ electronic authorizations from patient/ individuals and legally authorized representatives prior to the use and/or disclosure of protected health information. Under no circumstance will The Harris Center staff use or disclose patient/ individual protected health information without permission or authorization as specified by state and federal law.

**3. APPLICABILITY/SCOPE**

This policy and procedure is applicable to all Harris Center staff, contractors, interns, volunteers and business associates.

**4. PROCEDURES**

See Procedure HIM: 11b

**5. RELATED POLICIES/ FORMS:**

**Policy and Procedures**

Research Procedures and the Committee for the Protection of Human Subjects  
Confidentiality and Disclosure of Patient/ Individual Health Information

**Reference**

MED: 9  
HIM: 003

**Forms**

Request for CPHS Review  
CPHS Continuing Review Form  
Media Consent Form

**Reference**

MED-9-001  
MED-9-002  
HIM: 015



Authorization to Disclose Health Information  
Consent to Treatment with Medication  
Transportation Consent for Minors/Patients with Guardians

HIM: 016  
HIM: 030  
HIM: 035

**6. REFERENCES: RULES/REGULATIONS/STANDARDS**

Consent to Treatment of Child by Nonparent of Child, Texas Family Code Chapter 32,  
Medical Liability, Tex. Civil Practices & Remedies Code Ch. 74 ~~Consent to Treatment of Child by Nonparent  
of Child~~  
Rights and Duties in Parent-Child Relationship, Texas Family Code Chapter 151-  
~~Rights & Duties in Parent-Child Relationship~~  
Rights of Patients, Texas Health & Safety Code Chapter 576 ~~Rights of Patients~~  
Rights of Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154  
Documentation of Informed Consent, 25 Tex. Admin. Code §414.405  
Health, Safety and Rights, 40 Texas Admin. Code §2.313

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

DRAFT

# EXHIBIT F-24



<b>Policy No. HIM: 006</b>	<b>Subject: Content of Patient Records</b>
<b>Agency Policy</b>	<b>Initial Approval Date: Jan. 1998</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

### 1. PURPOSE

To ensure a complete and accurate record (electronic or paper-based) shall be maintain for each registered and admitted patient/individual receiving services through The Harris Center.

### 2. POLICY

It is the policy of The Harris Center that the content and required documentation in the patient/individual record shall be developed to comply with applicable regulatory, legal and/or accrediting standards.

### 3. APPLICABILITY/SCOPE

This policy applies to all employees, volunteers, interns, and contractors of The Harris Center.

### 4. PROCEDURES

See Procedure HIM: 006b

### 5. Related policies/Forms:

#### Policies & Procedures

Approved Abbreviations  
 Patient Records Administration  
 Request for New, Revised, and Deleted Individual Record Paper Forms  
 Consents and Authorizations  
 Assurance of Patient Rights  
 Medication Administration in IDD Programs

#### References

HIM: 002  
 HIM: 005  
 HIM: 010  
 HIM: 011  
 CRT: 4  
 CS-MR: 3

### 6. References: Rules/Regulations/Standards

Medical Records, 22 Tex. Admin. Code Ch. 165

Prescribing of Psychoactive Medication - Mental Health Services, 25 Tex. Admin. Code Ch. 415, Subchapter A

Medical Records System, 26 Tex. Admin. Code §301.329

Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22

~~Title 25 Texas Administrative Code Chapter 412, Subchapter C Charges for Community Based Services~~

~~Title 25 Texas Administrative Code Chapter 412, Subchapter G Mental Health Community Service Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G~~

~~Title 25 Texas Administrative Code Chapter 412, Subchapter I Mental Health Case Management, 26 Tex. Admin. Code §306.275~~

~~Service Coordination for Individual with Intellectual Disability, Title 40 Texas Administrative Code Chapter 2, Subchapter L Service Coordination for Individual with MR~~

~~Title 25 Texas Administrative Code Chapter 415, Subchapter A Prescribing of Medications~~



Mental Health

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

DRAFT

# **EXHIBIT F-25**

<b>Policy No. HIM: 014</b>	<b>Subject: Correcting Documentation and Coding Errors</b>
<b>Agency Policy</b>	<b>Initial Approval Date: June 2000</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

Data entry corrections may need to be made as a result of data errors such as miscoding, omission of direct service data entries/medical record documentation, or discrepancies between medical record and computer information related to date, time, location, provider name and unit number entries identified by internal or external chart reviews.

**2. POLICY**

It is the policy of The Harris Center that patient/individual records will be free from errors and discrepancies.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

**4. DEFINITIONS**

**Miscoding** – The use of a direct service procedure code for service activities which are not adequately supported in the content of the progress notes, or the use of the wrong procedure code but adequate documentation exist in the progress notes to support coding for another service.

**Direct Service Log Data Entry Omission** – Omission of direct service data such as a service code, date, start time, end time, or provider name/number, etc. entry in the computer when a direct service was provided and documented in the progress notes.

**Medical Record Documentation Omission** – The omission of documentation in the medical record when a direct service was provided and the direct service data was entered into the computer.

**5. PROCEDURES**

See Procedure HIM: 014b

**6. Related Policies/Forms:**

**Policy & Procedures**

Patient/Individual Records Administration

**References**

HIM: 005

**7. References: Rules/Regulations/Standards**

[Health Insurance Portability and Accountability Act, 45 CFR Part 164](#)

[Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part 2, Subpart B](#)

[Physician-Patient Communication, Tex. Occupation Code Ch. 159](#)

[Medical Records Privacy, Tex. Health and Safety Code Ch. 181](#)

[Mental Health Records, Tex. Health and Safety Code Ch. 611](#)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-26**



<b>Policy No.</b>	<b>Subject:</b> COURT-ORDERED OUTPATIENT MENTAL HEALTH SERVICES
<b>AGENCY POLICY</b>	<b>Initial Approval Date:</b> 6/1/2000
<b>Sponsor:</b> Mental Health	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

**2. POLICY:**

It is the policy of The Harris Center **that recommendations** for court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or a risk associated with relapse or re-hospitalization, dangerous behavior or deterioration.

**3. APPLICABILITY/SCOPE**

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

**4. PROCEDURES**

- I: Routes to Court-Ordered Out-Patient Mental Health Services
- II: Order Following Hearing on Application for Temporary Mental Health Services
- III: Modification of In-Patient to Out-Patient Commitment
- IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment
- V: Termination of Commitment
- VI: Modification of Court Ordered Outpatient Treatment to Court Ordered Inpatient Treatment
- VII: Treatment Failure
- VIII: Procedure for Transmitting Documents to Court Staff Training
- IX: Staff Training
- X: Review of Policy and Procedure
- XI: References
- XII: Forms
- XIII: Attachments

**5. RELATED POLICIES/FORMS (for reference only):**

NA

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574  
 CARF: Section 1. Subsection E., Legal Requirements

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-27**



<b>Policy No. CRT:8</b>	<b>Subject: Declaration of Mental Health Treatment</b>
<b>Agency Policy</b>	<b>Initial Approval Date: June 2006</b>
<b>Sponsor: Consumer Services</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

To ensure that The Harris Center staff are informed, trained, and demonstrate competence accordingly with regards to information about declarations of mental health treatment. All Harris Center patients have the right to execute a declaration of mental health treatment.

**2. POLICY**

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to offer persons served an opportunity to make a Declaration for Mental Health Treatment. This opportunity is offered to each person upon entry into THE HARRIS CENTER services and when services are sought through the Psychiatric Emergency Services programs, including the Crisis Stabilization Unit, of The Harris Center.

**3. APPLICABILITY/SCOPE**

To all Harris Center staff, employees, contractors, volunteers and the clients and family/legally authorized representatives accessing services with The Harris Center as applicable.

**4. DEFINITIONS**

N/A

**5. Related policies/Forms:**

Assurance of Consumer Rights	CRT:4
Declaration for Mental Health Treatment	Attachment A

**6. References: Rules/Regulations/Standards**

~~[Texas Civil Practices and Remedies Code, Chapter 137](#)~~-Declaration for Mental Health Treatment, [Texas Civil Practices and Remedies Code, Chapter 137-](#)  
~~[Title 25 Texas Administrative Code §415.257](#)~~-Interventions in Mental Health Services; Staff Member Training, [- 25 Tex. Admin. Code §415.257](#)  
 CCBHC 2.c.3 Availability and Accessibility of Services



**DECLARATION FOR MENTAL HEALTH TREATMENT**

I, \_\_\_\_\_, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by a court that my ability to understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment, is impaired to such an extent that I lack the capacity to make mental health treatment decisions. 'Mental health treatment' means electroconvulsive or other convulsive treatment, treatment of mental illness with psychoactive medication, and preferences regarding emergency mental health treatment.

(OPTIONAL PARAGRAPH) I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

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**PSYCHOACTIVE MEDICATIONS**

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

\_\_\_\_\_ I consent to the administration of the following medications:

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\_\_\_\_\_ I do not consent to the administration of the following medications:



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**\_\_\_\_\_ I consent to the administration of a federal Food and Drug Administration approved medication that was only approved and in existence after my declaration and that is considered in the same class of psychoactive medications as stated below:**

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**Conditions or limitations:**

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**ATTACHMENT A 2 OF 3 PAGES**

**CONVULSIVE TREATMENT**

**If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding convulsive treatment are as follows:**

**\_\_\_\_\_ I consent to the administration of convulsive treatment.**

**\_\_\_\_\_ I do not consent to the administration of convulsive treatment. Conditions or limitations:**

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**PREFERENCES FOR EMERGENCY TREATMENT**

**In an emergency, I prefer the following treatment FIRST: (circle one) Restraint/Seclusion/Medication.**

**In an emergency, I prefer the following treatment SECOND: (circle one) Restraint/Seclusion/Medication.**

**In an emergency, I prefer the following treatment THIRD: (circle one) Restraint/Seclusion/Medication.**

**\_\_\_\_\_ I prefer a male/female to administer restraint, seclusion, and/or medications. Options for treatment prior to use of restraint, seclusion, and/or medications: Conditions or limitations:**

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**ADDITIONAL PREFERENCES OR INSTRUCTIONS**

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**Conditions or limitations:**

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**Signature of Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**ATTACHMENT A 3 OF 3 PAGES**

**SIGNATURE ACKNOWLEDGED BEFORE NOTARY PUBLIC**

**State of Texas**  
**County of \_\_\_\_\_**

**This instrument was acknowledged before me on \_\_\_\_ (date) \_\_\_\_\_ (name of notary public).**

\_\_\_\_\_  
**NOTARY PUBLIC, State of Texas**  
**Printed Name of Notary Public:**

**My commission expires: \_\_\_\_\_**

**SIGNATURE IN PRESENCE OF TWO WITNESSES**  
**STATEMENT OF WITNESSES**

**I declare under penalty of perjury that the principal's name has been represented to me by the principal, that the principal signed or acknowledged this declaration in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, and that I am not a provider of health or residential care to the principal, an employee of a provider of health or residential care to the principal, an operator of a community health care facility providing care to the principal, or an employee of an operator of a community health care facility providing care to the principal.**

**I declare that I am not related to the principal by blood, marriage, or adoption and that to the best of my knowledge I am not entitled to and do not have a claim against any part of the estate of the principal on the death of the principal under a will or by operation of law**

**Witness Signature: \_\_\_\_\_**

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

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

**Witness Signature: \_\_\_\_\_**

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

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



Transforming Lives

## **NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT**

**This is an important legal document. It creates a declaration for mental health treatment. Before signing this document, you should know these important facts:**

**This document allows you to make decisions in advance about mental health treatment and specifically three types of mental health treatment: psychoactive medication, convulsive therapy, and emergency mental health treatment. The instructions that you include in this declaration will be followed only if a court believes that you are incapacitated to make treatment decisions. Otherwise, you will be considered able to give or withhold consent for the treatments.**

**This document will continue in effect for a period of three years unless you become incapacitated to participate in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapacitated.**

**You have the right to revoke this document in whole or in part at any time you have not been determined to be incapacitated. YOU MAY NOT REVOKE THIS DECLARATION WHEN YOU ARE CONSIDERED BY A COURT TO BE INCAPACITATED. A revocation is effective when it is communicated to your attending physician or other health care provider.**

**If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you. This declaration is not valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.**

# **EXHIBIT F-28**



<b>Policy No.</b>	<b>Subject:</b> The Development and Maintenance of Center Policies	
<b>AGENCY POLICY</b>	<b>Initial Approval Date:</b> 4/26/2017	
<b>Sponsor:</b> Compliance Department	<b>New Board Approval Date:</b>	

**1. PURPOSE**

The purpose of this policy is to establish the guidelines of The Harris Center for Mental Health and IDD (The Harris Center) for the development of agency policies.

**2. POLICY**

It is the policy of The Harris Center to develop and maintain policies and procedures, which define the internal management and operations of the agency. All policies, procedures, plans, protocols notices and all other regulatory documents shall comply with state ~~and~~ local contracts, grants, ~~and other applicable statutes,~~ rules, ~~regulations and The regulations,~~ The Harris Center Board of Trustees' policies and other applicable statutes. Policies shall be reviewed and updated at least annually, unless changes in regulations, laws, changes within The Harris Center's privacy practices or The Harris Center business needs require an earlier review. Updated copies of the agency's policies are maintained within a data management system accessible to all staff. Suggestions for the development of new agency policies or revisions to existing policies may be made by contacting The Harris Center's Compliance department. When immediate action is needed and timing precludes the normal review and approval, process, the CEO may issue Administrative Directives that are followed up with the formal policy and procedure development process. Board Committee and Full Board meeting agendas will include two sections, as it relates to policies. One section will include new and revised policies for consideration. The other section will include policies with no substantive changes from review period to review period but which require an annual review and approval.

**3. APPLICABILITY/SCOPE**

This policy applies to all staff employed by The Harris Center including, direct and contracted employees.

**4. PROCEDURES**

The Development of New & Revised Policies

**5. RELATED POLICIES/FORMS (for reference only):**

N/A

**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

The Harris Center's Policy and Procedure Handbook

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-29**



<b>Policy No.</b>	<b>Subject: Least Restrictive Interventions and Management of Aggressive Behavior</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 4/16/2016</b>
<b>Sponsor: Nursing Department</b>	<b>New Board Approval Date:</b>

**1. PURPOSE:** To prevent incidents and manage aggressive behavior at the Harris Center for IDD and Mental Health facilities.

**2. POLICY:**

It is the policy of The Harris Center to minimize the number of incidents of aggressive behavior through staff training in the use of least restrictive interventions.

**3. APPLICABILITY/SCOPE**

All staff employed by The Harris Center for Mental Health and IDD, including contracted employees.

**5. PROCEDURES**

Jail – Monitoring Assaultive Inmates/Patients

MH – Managing Disruptive Behaviors

DDRP:

- POC-06 Psychiatric Emergency Care
- POC-07 Use of Force
- POC-09 Behavioral Emergency
- POC-SR-01 Restraint and Seclusion
- POC-11 Special Precautions

CPEP

- Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- Elopement of Consumer
- Emergency overhead paging
- Levels of Monitoring and Precautionary Measures
- Observation of Minors in PES
- Visual Skin Inspection and Contraband Search
- Milieu Management Procedure

**6. RELATED POLICIES/FORMS:**

- Seclusion and Restraints Physician Order Form
- Registered Nurse Seclusion/Restraint Progress Note
- Registered Nurse/License Vocational Nurse Emergency Injection Note
- Seclusion/Restraint Monitoring Form
- Consultation Request Form
- Debriefing Form



**7. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 576, Subchapter B
- ~~Rights of Persons Receiving Mental Health Services Texas Administrative Code (TAC), Title 25 Tex. Admin. Code Chapter 404, Subchapter E~~
- ~~TXMHMR MH Community Standards Section 7~~
- ~~Texas Administrative Code title 40 Part 1 5.406, Development, Implementation & Monitoring of Effectiveness of Behavior Therapy Programs, 40 Tex. Admin. Code §5.406~~
- ~~Texas Administrative Code (TAC) Title 40 Part 15.408, Use of Restraint, 40 Tex. Admin. Code §5.408~~
- ~~Texas Administrative Code (TAC) Title 40 Part 1 2.364, Behavior Management~~
- ~~Interventions in Mental Health Services, 25 Tex. Admin. Code Texas Administrative Code (TAC) title 25 Part 1 Chapter 415, Subchapter F Interventions in Mental Health Programs~~
- ~~CARF Section 2.5: Promoting Nonviolent Practices Texas Administrative Code (TAC) Title 25 Part 1 404, Right of Persons Receiving Mental Health Services~~
- ~~CARF Section 2.F: Promoting Nonviolent Practices~~
- TXMHMR MH Community Standards Section 7

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-30**



<b>Policy No.</b>	<b>Subject:</b> Medication Administration
<b>AGENCY POLICY</b>	<b>Initial Approval Date:</b> 9/30/2015
<b>Sponsor:</b> Nursing Department	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The purpose of the policy is to describe the medications administration practices provided by The Harris Center for Mental Health and IDD.

**2. POLICY:**

All nurses employed with or contracted by the Harris Center who administer medications must do so according to their licensing boards. Non-licensed staff who administer or supervise self-administration of medications (**SSAM**) must meet the education/training requirements and standards. Medications will be administered only upon the specific order of authorized prescribers in Mental Health and IDD Programs. Psychoactive Medications will only be administered when the patient or Legal Authorized Representative (LAR) has provided written consent ~~except. The only exception is medication administration required~~ during a psychiatric or medical emergency.

**1.3. APPLICABILITY/SCOPE**

This policy applies to all units, programs, and services of the Harris Center, where medications are prescribed and administered by licensed practitioners ~~and, or~~ staff who have been trained and found to be competent, and to all units and programs that provide supervision of medication self-administration or medication administration by non-licensed staff.

**2.4. Related Procedures/Policies/Forms:**

- MED 10 Policy
- Supervision of Self-Administration of Medications (SSAM)
- CPEP Medication Administration Procedure
- CPEP Medication Education Procedure
- Medication Administration in Outpatient Clinics
- IDD Medication Administration

**3.5. References: Rules/Regulations/Standards**

- ~~Texas Board of Nursing, Texas Health and Safety Code, Chapter 252~~
- ~~Administration of Medication for Clients with Intellectual and Developmental Disabilities, Tex. Human Resources Code Chapter 161, Subchapter D-1~~
- ~~Administration of Medication to Patient under Court Order for Mental Health Services, Tex. Health & Safety Code Ch. 574, Subchapter G~~



- Rights of Persons with an Intellectual Disability, Tex. Health & Safety Code Ch. 592, Subchapter F
- RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable Conditions, Title 22 Tex. Administrative Code Chapter 225
- Consent to Treatment with Psychoactive Medication-Mental Health Services, Title 25 Tex. Administrative Code Chapter 414, Subchapter L
- Mental Health Community Services Standards-Standards of Care, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Health, Safety, and Rights, 40 Tex. Admin. Code §2.313

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

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# **EXHIBIT F-31**

<b>Policy No. HIM: 005</b>	<b>Subject: Patient Records Administration</b>
<b>Agency Policy</b>	<b>Initial Approval Date: May 1998</b>
<b>Sponsor: The Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

An adequate and accurate medical record must be maintained for each patient/individual receiving service from The Harris Center. Throughout each Division, patient/individual records (electronic or paper-base) must be uniformly organize so that information can be located quickly and easily.

**2. POLICY**

It is the policy of The Harris Center that the medical record, as a legal document, must also be complete accurate and true, containing all information pertinent to the services received by the Patient/Individual. All direct care staff will be responsible for documenting and authenticating the care rendered to Patients/Individuals in accordance with professional standards of documentation and specifically mandated regulatory, legal and/or accrediting standards.

**3. APPLICABILITY/SCOPE**

This policy applies will be used by all employees, contractors, interns, and volunteers within the Harris Center.

**4. PROCEDURES**

See Procedure HIM: 005b

**5. RELATED POLICIES/FORMS:**

**Policies and Procedures**

Agency Abbreviation List  
Confidentiality and Disclosure of Patient Identifying Information  
Retention of Patient/Individual Records  
Content of Patient Records  
Correcting Documentation and Coding Errors  
Information Security Policy

**Reference**

HIM: 002  
HIM: 003  
HIM: 004  
HIM: 006  
HIM: 014  
BUS-FB-26

**Forms**

Incident Report  
Discharge Summary  
Consent for Services/Treatment

**Reference**

INC: 9.001  
HIM: 009  
HIM: 014

**Attachments**

Key Acknowledgment/Responsibility Statement

**Reference**



**6. REFERENCES: Rules/Regulations/Standards**

Medical Records System, 26 Tex. Admin. Code §301.329

Medical Records, 22 Tex. Admin. Code Ch.165

Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

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# **EXHIBIT F-32**



<b>Policy No. HIM: 004</b>	<b>Subject: Retention of Patient/Individual Records</b>
<b>Agency Policy</b>	<b>Initial Approval Date: January 1998</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

A patient/individual record will be maintained for every individual registered and/or opened for services with the [Agency Harris Center](#).

**2. POLICY**

It is the policy of The Harris Center that all patient/Individual records ~~will~~ shall be retained ed for specified periods based on legal, accrediting and regulatory requirements, as well as, its uses for patient/individual care, legal, research and educational purposes. Patient/Individual records may be retained ed in paper-based, images and EHR.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

**4. PROCEDURES**

See Procedure HIM: 004b

**5. Related policies/Forms:**

**Policy and Procedures**

Records Administration

Security of Patient/Individual Identifying Information

**Reference**

HIM: 005

HIM: 015

**6. References: Rules/Regulations/Standards**

American Health Information Management Association Practice Brief: Retention of Health Information

[Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B](#)

[Health Insurance Portability and Accountability Act, 45 CFR §§164.509, 164.515](#)

[Texas Medical Records Privacy Act, Tex. Health & Safety Code Chapter 181](#)

[HIPAA Standards for Privacy of Individually Identifiable Health Information](#)

[§164.509 Uses and Disclosures for Which an Authorization Is Required](#)

[§164.515 Accounting of Disclosures of Protected Health Information](#)

[Medical Records, 22 Tex. Admin. Code, Chapter 165](#)

[Psychological Records, Test Data & Test Materials, 22 Tex. Admin. Code §465.22](#)

[Rights of All Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154](#)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-33**



<b>Policy No.</b> BUS-RI:03	<b>Subject: Property Inventory</b>
<b>Agency Policy</b>	<b>Initial Approval Date: June 1986</b>
<b>Sponsor:</b> Finance Department	<b>New Board Approval Date:</b>

### 1. PURPOSE

To uphold appropriate processes and accurately account for all capital items and controlled assets in conformity with sound accounting and financial controls.

### 2. POLICY

It is the policy of *The HARRIS CENTER for Mental Health and IDD* to complete a physical inventory of all capital items and controlled assets every year.

### 3. APPLICABILITY/SCOPE

*The HARRIS CENTER for Mental Health and IDD*

### 4. DEFINITIONS

**Capital Item:** Equipment, furniture, vehicles & computer related equipment with a historical cost of \$5,000 or greater.

**Controlled asset:** a capital asset that has a value less than the capitalization threshold established for that asset type with a high-risk nature, that is, equipment with a historical cost between \$500 and \$4,999.99 and classified as one of the following:

- Computer, Desktop
- Laptop Computers
- Smartphones, Tablets & Other Handheld Devices
- Data Projectors
- TV's, Video Players/Recorders
- Sound Systems and Other Audio Equipment
- Camera – Portable – Digital, SLR

### 5. PROCEDURES

Full description in BUS-RI:03 Procedure

### 6. Related Policies/Forms:

#### Policies

Reporting Burglaries or Thefts

Adding and Receiving Equipment

Disposal of Fixed Assets

Transfer Equipment

Asset Tracking and Depreciation General Overview

#### Reference

INC:1

BUS-R/I:6

BUS-R/I:7

BUS-R/I:8

BUS-R/I:9

Forms

Request to Add Property  
Request to Dispose Property  
Transfer of Property  
Request to Surplus Property

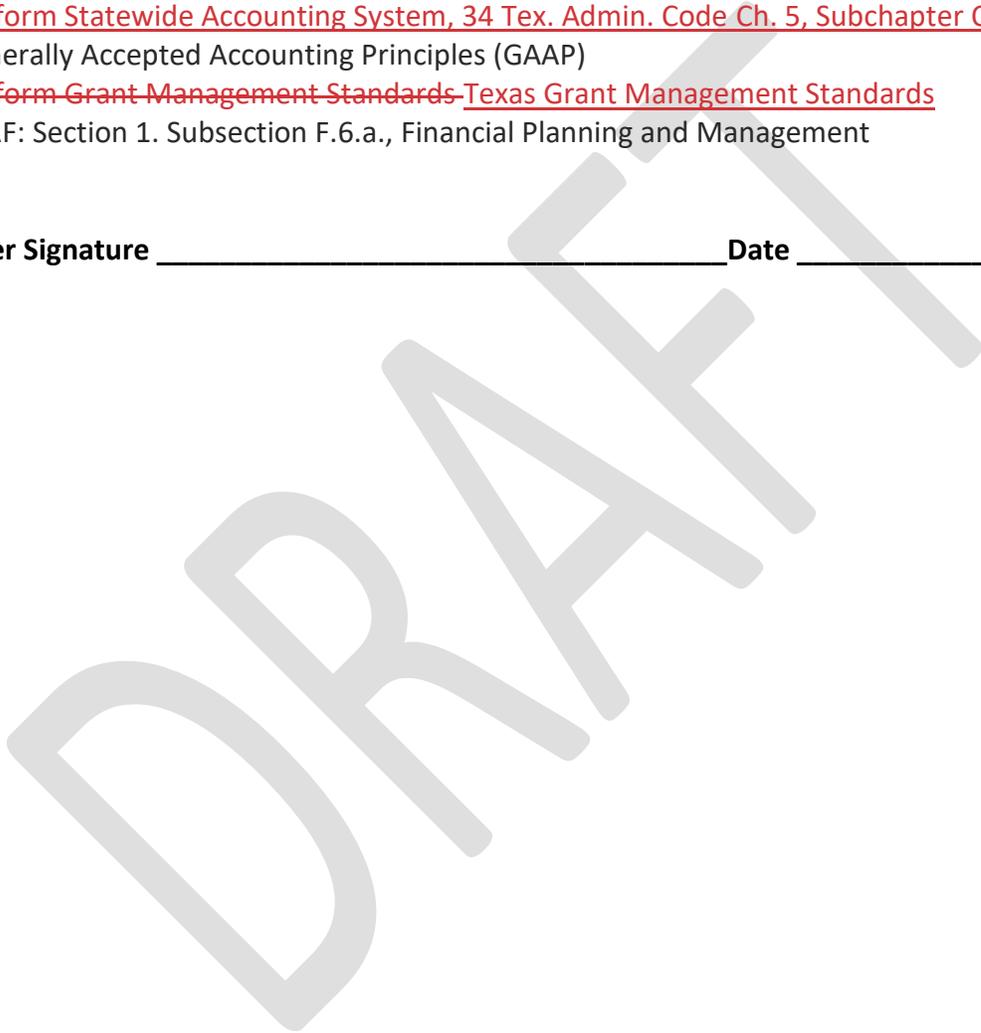
Reference

BUS-R/I:6.001  
BUS-R/I:7.001  
BUS-R/I:8.001  
BUS-R/I:8.002

**7. References: Rules/Regulations/Standards**

Property Accounting, Texas Government Code Chapter 403, Subchapter L, §§403.272-403.277  
Uniform Statewide Accounting System, 34 Tex. Admin. Code Ch. 5, Subchapter O  
Generally Accepted Accounting Principles (GAAP)  
~~Uniform Grant Management Standards~~ Texas Grant Management Standards  
CARF: Section 1. Subsection F.6.a., Financial Planning and Management

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# **EXHIBIT F-34**



<b>Policy No.</b>	<b>Subject: REFERRAL, TRANSITION, AND DISCHARGE</b>	
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 11/1994</b>	
<b>Sponsor: MENTAL HEALTH</b>	<b>New Board Approval Date: 6/24/2020</b>	

**1. PURPOSE**

To provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

**2. POLICY**

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to provide linkage between persons served and other service delivery systems, upon request or evidence needed, provided in the least restrictive setting. The Agency shall seek to facilitate integration of the persons served into the community, whenever appropriate. A referral, transition or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

**3. APPLICABILITY/SCOPE**

Persons residing in Harris County as well as individuals in Harris County, but reside outside of the county who are in crisis.

**4. PROCEDURES**

None

**5. Related policies/Forms**

None

**3. References: Rules/Regulations/Standards**

- ~~Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306, Subchapter A, D Changing LMHAs Title 25 Texas Administrative Code §412.195 Discharge and ATP from State~~
- ~~Mental Health Facility, Title 25 Tex. Admin. Code §§412.201-412.208~~
- ~~Discharge from LMHA Services Title 25 Texas Administrative Code §412.221~~
- CARF: Section 2. Subsection D., Transition/Discharge

**Approver Signature** \_\_\_\_\_

# **EXHIBIT F-35**



<b>Policy No. HIM: 010</b>	<b>Subject: Request for New, Revised and Deleted Patient Record Form</b>
<b>Agency Policy</b>	<b>Initial Approval Date: March 1995</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

To ensure compliance with standards and Center Policies and Procedures and to avoid duplication of information.

**2. POLICY**

It is the policy of The Harris Center that all patient record forms shall be standardized throughout the Center to every extent possible. All patient record forms must be approved by the Center’s Records Committee. Only agency approve forms are to be use for documenting in a patient’s record.

**3. APPLICABILITY/SCOPE**

This policy applies to all employees of The Harris Center.

**4. PROCEDURES**

See Procedures HIM: 010b

**5. Related policies/Forms:**

**Policy and Procedures**

Content of Patient Records  
The Development and Maintenance of Center

**References**

HIM: 006  
ADM: 01

**Attachments**

Sample of Instruction Sheet - #1  
Questions to Ask Before Creating a New Form - #2

**6. References: Rules/Regulations/Standards**

[Medical Records System, 26 Tex. Admin. Code §301.329](#)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-36**



<b>Policy No. BUS-V:2</b>	<b>Subject: Requisitioning Vehicle Repairs and Maintenance</b>
<b>Agency Policy</b>	<b>Initial Approval Date: June 1995</b>
<b>Sponsor: Facility <u>Services</u></b>	<b>New Board Approval Date:</b>

### 1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) has a responsibility to ~~en~~ensure that all vehicles owned and utilized throughout The Harris Center are dependable, properly maintained, and safe to operate.

### 2. POLICY

The Harris Center ~~policy is set forth to~~shall ensure all agency vehicles are operating in a safe and orderly manner ~~and receiving by scheduling~~ periodic preventative maintenance and ensuring all mechanical repairs be performed. Every driver of a Harris Center vehicle is expected to maintain his or her assigned vehicle in a safe operating condition in accordance with The Harris Center vehicle repair and maintenance schedule and procedure. -

### 3. APPLICABILITY/SCOPE

All Harris Center employees, interns, volunteers, and contractors utilizing agency vehicles.

### 4. PROCEDURES

- A. General Repairs and Maintenance
- B. Emergency Repairs

### 5. RELATED POLICIES/FORMS:

Oil Company Credit Cards

BUS-F/B: 3

Acquisition, Operation and Control of Motor Vehicles

BUS-V: 1

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

[Environment of Care and Safety, 26 Tex. Admin. Code §301.323](#)

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-37**



<b>Policy No. HIM: 004</b>	<b>Subject: Retention of Patient/Individual Records</b>
<b>Agency Policy</b>	<b>Initial Approval Date: January 1998</b>
<b>Sponsor: Health Information Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE**

A patient/individual record will be maintained for every individual registered and/or opened for services with the AgencyHarris Center.

**2. POLICY**

It is the policy of The Harris Center that all patient/Individual records ~~will~~shall be retained for specified periods based on legal, accrediting and regulatory requirements, as well as, its uses for patient/individual care, legal, research and educational purposes. Patient/Individual records may be retained in paper-based, images and EHR.

**3. APPLICABILITY/SCOPE**

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

**4. PROCEDURES**

See Procedure HIM: 004b

**5. Related policies/Forms:**

**Policy and Procedures**

Records Administration

Security of Patient/Individual Identifying Information

**Reference**

HIM: 005

HIM: 015

**6. References: Rules/Regulations/Standards**

American Health Information Management Association Practice Brief: Retention of Health Information

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B

Health Insurance Portability and Accountability Act, 45 CFR §§164.509, 164.515

Texas Medical Records Privacy Act, Tex. Health & Safety Code Chapter 181

HIPAA Standards for Privacy of Individually Identifiable Health Information

§164.509 Uses and Disclosures for Which an Authorization Is Required

§164.515 Accounting of Disclosures of Protected Health Information

Medical Records, 22 Tex. Admin. Code, Chapter 165

Psychological Records, Test Data & Test Materials, 22 Tex. Admin. Code §465.22

Rights of All Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-38**



<b>Policy No.</b>	<b>Subject: Fire, Utility Failure, Weather Event, Bomb/ Terrorism Threat, Armed Intruder, Medical Emergency</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 2/5/2013</b>
<b>Sponsor: Risk Management</b>	<b>New Board Approval Date:</b>

**1. PURPOSE:**

The Harris Center for Mental Health and IDD's Safety Drills Policy is to comply with and complement local, state, and federal regulations, by testing our emergency response systems to promote a safe environment.

**2. POLICY:**

It is the policy of The Harris Center for Mental Health and IDD to establish guidelines and procedures to ensure the safety of employees, volunteers, contractors, clients and visitors in the event of a fire, utility failure, weather event, bomb threat or terrorism threat of any kind, and medical emergency.

**3. APPLICABILITY/SCOPE:**

This policy applies to all employees, volunteers, contractors, and visitors of any facility at The Harris Center for Mental Health and IDD. Drills will be performed annually on each shift at Agency facilities.

**4. PROCEDURES:**

- Center Emergency Response Plan
- Facility Alert – Fire Evacuation Plan
- Facility Alert – Hazardous Spill
- Facility Alert – Utility Systems Failure
- Medical Alert – Code Blue
- Medical Alert – Crisis Intervention
- Security Alert – Armed Intruder
- Security Alert – Bomb Threat/Suspicious Package
- Security Alert – Hostage Situation
- Security Alert – Missing Child/Abduction of Child
- Weather Alert

**5. RELATED POLICIES/FORMS:**

- Emergency Codes, Alerts, and Response Policy
- US Department of Homeland Security Bomb Threat Checklist



**6. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- MH Community Service Standards-Environment of Care & Safety, 26 Tex. Admin. Code §301.323
- National Fire Protection Association’s Life Safety Code Health and Human Services, Title 26 Tex. Part 1, Admin. Code Ch. 301, Subchapter G

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

DRAFT

# EXHIBIT F-39



<b>Policy No:</b>	<b>Subject:</b> The Use of Service and Assistance Animals in The Harris Center Facilities Pertaining to Patients and Visitors	
<b>AGENCY POLICY</b>		<b>Initial Approval Date:</b> 2/27/2019
<b>Sponsor:</b> Enterprise Risk Management		<b>New Board Approval Date:</b>

**1. PURPOSE**

The purpose of this policy is to provide guidance concerning the rights of individuals with disabilities to utilize service or assistance animals in agency facilities, as defined under the Americans with Disabilities Act and state law.

**2. POLICY**

It is the policy of The Harris Center that individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of The Harris Center’s facilities where members of the public, participants in services, programs or activities, or invitees, where applicable, are allowed to go. Therapy Animals, emotional support or comfort animals, and companion animals are not considered service animals and are therefore not permitted in agency facilities. The Harris Center does not “certify” animals as Service Animals.

**3. APPLICABILITY/SCOPE**

All of The Harris Center facilities.

**3. PROCEDURES**

- A. Permissible Inquiries
- B. Impermissible Inquiries
- C. Exceptions
- D. Notice
- E. Care of an Animal
- F. Inability to Care for Animal
- G. Interference by Others
- H. Periods of commitment to psychiatric services
- I. Miniature Horses

**4. RELATED POLICIES/FORMS:**

None

**5. REFERENCES: RULES/REGULATIONS/STANDARDS:**

- City of Houston Ordinance Sec 6-86
- Texas Human Resources Code, Title 8, Chapter 121
- Title II Americans with Disabilities Act, 42 U.S.C. 12.101, et. seq.; 28 CFR Part 36.101, et. seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794

**Approver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **EXHIBIT F-40**



<b>Policy No.</b>	<b>Subject: Signature for Authorization</b>
<b>AGENCY POLICY</b>	<b>Initial Approval Date: 7/30/2012</b>
<b>Sponsor: Finance</b>	<b>New Board Approval Date: 6/2020</b>

**1. PURPOSE**

The purpose of this policy is to identify the Harris Center personnel authorized to sign and approve various requests ~~during~~ the normal course of business to promote efficient operations and establish sound internal controls where only authorized personnel are able to commit the Harris Center to binding obligations and execute contracts on behalf of the Harris Center.

**2. POLICY**

The Harris Center personnel shall designate persons who are authorized to approve all requests for services, contracts, billings, supplies, leave and other items. The Harris Center will define the limits of such authority and sub-delegation authority. The Chief Financial and Administrative Officer shall maintain a list of all personnel, including sub-delegates, granted signature authority by the Harris Center . having authorization to sign, or their authorized designee, both of which are on file with the Chief Financial and Administrative Officer, must approve all requests for services, contracts, billings, supplies, leave, and other items.

**3. APPLICABILITY/SCOPE**

This policy applies to all Harris Center personnel.

**4. PROCEDURES**

- Signature for Authorization
- Check Signing

**5. RELATED POLICIES/FORMS (for reference only)**

**6. REFERENCES: RULES/REGULATIONS/STANDARDS**

Approver Signature: \_\_\_\_\_ Date \_\_\_\_\_

# **EXHIBIT F-41**

**June 2021**

**NEW CONTRACTS UNDER 50k**





SNAPSHOT SUMMARY  
 NEW CONTRACTS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								

FY21 NEW CONTRACTS		*CROSS FISCAL YEAR CONTRACTS		*MULTI-YEAR CONTRACTS				
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ADMINISTRATION</b>								
1	Dura Pier Facilities Services, LTD dba Facilities Resources	Yes	Parking Lot Revisions		\$12,273.74	05/24/21- 08/31/21	Capital Funds FY21.1126.22	RFQ/Tag-On to Choice Partners Cooperative Contract No. 17/020CG-06  Purchasing received a request from Facility Services on Thursday, May 6, 2021 for 6160 South Loop East, ADA Parking Lot Revisions, to delete old ramps and slope/restripe ADA parking spaces for the Substance Abuse Program at 6160 South Loop East Location. Two (2) vendor quotes were received. Both vendors are Certified HUBs. Facility Services recommendation is to move forward with Dura Pier Facilities Services, LTD dba Facilities Resources. <b>NTE: \$11,273.74</b> <b>Contingency: \$1,000.00</b> <b>Total NTE: \$12,273.74</b>
2	JT Taylor & Associates, LLC	No	Consulting Services		\$30,000.00	05/14/21- 08/31/21	GR	N/A  Consulting service for a new provider compensation program related to physician assistant (PA) internship program, physician resident supervision and advanced practice provider production plans.
3	Phase Engineering, Inc.	Yes	Professional Environmental Services		\$3,600.00	05/03/21- 08/31/21	NE landsite FM21.1126.01	RFQ  The Agency is engaged in multiple property and facility projects that require Professional Environmental Services. Contractor has the requisite education and skills to perform Phase I and other environmental services.
4	Pivot Point Consulting, A Vaco Company	No	EPIC EHR Reporting and Data Extraction Services		\$48,000.00	06/01/21- 08/31/22	EHR21.11.58.01	Tag-On to Harris County Contract #18/0274  Purchasing received a request from Rick Hurst, Director of Information Technology on Tuesday, May 24, 2021, for EPIC EHR Reporting and Data Extraction Services. This service is to assist The Harris Center IT Staff with expert level resources for writing and developing EPIC reports since implementation on April 10, 2021. Vendor quote was on a Harris County Contract #18/0274: \$143.00/hour (Experience in EPIC Reporting, SQL SSIS, Caboodle Data Warehouse, SlicerDicer, Tableau) Total NTE: \$48,000.00
<b>CPEP</b>								
<b>CRISIS SERVICES</b>								

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>INTERLOCALS</b>								
	<b>LEASES</b>								
	<b>MENTAL HEALTH SERVICES</b>								
5	Prosumers	No	Consultation and Training Services for Implementation of Consumer Empowerment Group	\$18,000.00	\$18,000.00	09/01/21- 08/31/22	GR	N/A	No Renewal Options Remaining. New Contract is progress.
	<b>PROGRAM MANAGEMENT</b>								
	<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>								
	<b>ADMINISTRATION</b>								
6	Don'Angelo Bivens	No	Executive Coaching Partner		\$17,000.00	06/01/21- 12/01/21	GR	N/A	The Harris Center is seeking an executive coaching partner for the General Counsel with interest in enhancing executive relationships, leadership presence of team and forging a path forward.
	<b>CRISIS SERVICES</b>								
	<b>FORENSICS</b>								
7	Lori Brusman Lovins, Ph.D.	No	Training and Technical Assistance to Operational Staff of the Dual Diagnosis Residential Program		\$20,000.00	06/01/21- 05/31/22	GR	N/A	To provide training and technical assistance to operational staff of the Dual Diagnosis Residential Program to improve the delivery of evidence-based practices in a correctional setting for individuals with mental health, substance use and criminality issues.





## Executive Contract Summary

### Contract Section



#### Contractor\*

DuraPier / Facilities Services, LTD dba Facilities Sources

#### Contract ID #\*

2021-0132

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

6/15/2021

#### Parties\* (?)

Dura Pier / Facilities Sources and The Harris Center

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote                    | <input checked="" type="checkbox"/> Tag-On         |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

5/24/2021

#### Contract Term End Date\* (?)

8/31/2021

If contract is off-cycle, specify the contract term (?)

#### Fiscal Year\* (?)

2021

#### Amount\* (?)

\$ 12,273.74

#### Funding Source\*

General Revenue (GR)

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Contracting with DuraPier to do parking lot revisions to meet ADA requirements for Substance Abuse program at 6160 S Loop East, they are a Tag-On to Choice Partners 17/020CG-06.

\$11,273.74 per quote + \$1,000.00 contingency = TOTAL \$12.273.74

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY2020 to current - various projects

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Please provide the HUB status\***

WBE - Women owned business.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

DuraPier 6160 ADA Parking Lot.pdf

1.17MB

**Vendor/Contractor Contact Person**

**Name\***

DuraPier / Wayne Bryant

**Address\***

Street Address

13124 Player Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77045-3106

Country

US

**Phone Number\***

7133375700

**Email\***

wayne@facilitiesources.com

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 12,273.74	556000
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable\* (?)

see attached proposal

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

HARPER, SARAH A

Submission Date

5/13/2021

## Budget Manager Approval(s)



Approved by

Approval Date

5/13/2021

## Procurement Approval



Approved by

Approval Date

5/13/2021

## Contract Owner Approval



Approved by

Approval Date

5/13/2021

## Contracts Approval

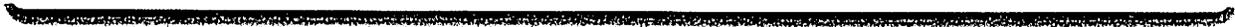
Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

Approval Date\*

5/13/2021





**Due Diligence Project PUR-FY21-0186  
6160 South Loop East ADA Parking Lot Revisions**

Purchasing received a request from Facility Services on Thursday, May 6, 2021, for 6160 South Loop East, ADA Parking Lot Revisions to delete old ramps and slope/restripe ADA parking spaces.

Two (2) vendor quotes were received:

Dura Pier Facilities Services, LTD DBA/Facilities Sources – quote: \$11,273.74.  
Choice Partners Cooperative; contract No.17/020CG-06

Virtue Construction Partners LLC – quote: \$12,516.32

Both vendors are Certified Historically Underutilized Business (HUBs).

Facility Services recommendation is to move forward with:

**Dura Pier Facilities Services, LTD DBA/Facilities Resources**

NTE: (Not to Exceed) \$11,273.74  
Contingency: \$1,000.00  
Total NTE: \$12,273.74

Funding Source is Unit 1126 – 556000 (Capital Project – FY21-1126-22)

**Submitted By:**

  
\_\_\_\_\_  
Carlos Traslavina  
Purchasing Buyer I

**Recommended By:**

  
\_\_\_\_\_  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

  
\_\_\_\_\_  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

Contract Section **Contractor\***

JTAYLOR

**Contract ID #\***

2021-0137

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

JTaylor &amp; Associates, LLC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal        |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                 |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification   |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                      |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven             |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Consulting |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

5/14/2021

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 30,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                          |
| <input type="checkbox"/> Consumer Driven Contract                  | <input checked="" type="checkbox"/> New Contract/Agreement   |
| <input type="checkbox"/> Memorandum of Understanding               | <input type="checkbox"/> Amendment to Existing Contract      |
| <input type="checkbox"/> Affiliation or Preceptor                  | <input type="checkbox"/> Service/Maintenance                 |
| <input type="checkbox"/> BAA/DUA                                   | <input type="checkbox"/> IT/Software License Agreement       |
| <input type="checkbox"/> Pooled Contract                           | <input type="checkbox"/> Lease                               |
| <input type="checkbox"/> Renewal of Existing Contract              | <input type="checkbox"/> Other <input type="text" value=""/> |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Consulting service for a new provider compensation program related to physician assistant (PA) internship program, physician resident supervision and advanced practice provider production plans.

**Contract Owner\***

Scott Rule

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

2019-2020

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Please provide an explanation\***

N/A

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

JTAYLOR Engagement Letter Agreement 2021 (v.1.Fnl-Fully Executed).pdf	1.27MB
---	--------

**Vendor/Contractor Contact Person****Name\***

Anna Brewer

**Address\***

Street Address

4800 Overton Plaza

Address Line 2

Suite #360

City

Fort Worth

State / Province / Region

TX

Postal / Zip Code

76109-4428

Country

US

**Phone Number\***

817-924-5900

**Email\***

abrewer@jtaylor.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 30,000.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name	Submission Date
ARCENEUX, LINDA M.	5/20/2021

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

Approval Date

5/21/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Scott D Rule*

Approval Date

5/21/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasteyia Behm*

Approval Date\*

5/21/2021



## Executive Contract Summary

### Contract Section


**Contractor\***

Phase Engineering Inc.

**Contract ID #\***

2021-0130

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

Phase Engineering Inc. and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

5/3/2021

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 3,600.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type** (\*) (?)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant             |
| <input type="checkbox"/> Consumer Driven Contract                  | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding               | <input type="checkbox"/> Amendment to Existing Contract    |
| <input type="checkbox"/> Affiliation or Preceptor                  | <input type="checkbox"/> Service/Maintenance               |
| <input type="checkbox"/> BAA/DUA                                   | <input type="checkbox"/> IT/Software License Agreement     |
| <input type="checkbox"/> Pooled Contract                           | <input type="checkbox"/> Lease                             |
| <input type="checkbox"/> Renewal of Existing Contract              | <input type="checkbox"/> Other                             |

**Justification/Purpose of Contract/Description of Services Being Provided** (\*) (?)

The Agency is engaged in multiple property and facility projects that require Professional Environmental Services. Contractor has the requisite education and skills to perform Phase I and other environmental services.

**Contract Owner**\*

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor**\*

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)** (\*) (?)

Yes  No  Unknown

**Please provide the HUB status**\*

WBE - Women owned business.

**Community Partnership** (\*) (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

Agreement for Services.pdf	227.4KB
Owner Seller Questionnaire.pdf	66.41KB
Phase Engineering - Proposal Letter.pdf	75.92KB
User Responsibilities Questionnaire.pdf	44.43KB

**Vendor/Contractor Contact Person****Name**\*

Melanie Edmundson P.G. Principal

**Address**\*

Street Address

5524 Cornish Street

Address Line 2

City

Houston

Postal / Zip Code

77007-4304

State / Province / Region

TX

Country

United States

**Phone Number**\*

7134769844

**Email**\*

proposals@phaseengineering.com

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 1,800.00	900040

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 1,800.00	900040

Budget Manager	Secondary Budget Manager
OSHMAN, JODEL	RAMIREZ, PRISCILLA M

Provide Rate and Rate Descriptions if applicable \* (?)

N/A

Project WBS (Work Breakdown Structure \* (?)

NE landsite FM21.1126.01 1126/900040

Requester Name	Submission Date
TILLER, SILVIA T	5/11/2021

## Budget Manager Approval(s)



Approved by

*Erica Brown*

Approval Date

5/12/2021

Approved by

*Jodel Oshman*

Approval Date

5/12/2021

## Procurement Approval



Approved by

*Sharon Brauner*

Approval Date

5/13/2021

## Contract Owner Approval



Approved by

*Todd McCorquodale*

Approval Date

5/13/2021

## Contracts Approval

**Approve\***

- Yes
- No, reject entire submission
- Return for correction

**Approved by\***

*Shadeyia Belm*

**Approval Date\***

5/13/2021



# Executive Contract Summary

## Contract Section

**Contractor\***

Pivot Point Consulting, A Vaco Company

**Contract ID #\***

2021-0145

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

Pivot Point Consulting, A Vaco Company  
THC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

8/31/2022

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 48,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                        |
| <input type="checkbox"/> Consumer Driven Contract       | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract    |
| <input type="checkbox"/> Affiliation or Preceptor       | <input checked="" type="checkbox"/> Service/Maintenance    |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement     |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                             |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other                             |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

The Harris Center IT staff request expert level resources for writing and developing EPIC reports since implementation on April 10th.

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

- Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

EPIC EHR Reporting and Data Extraction Services-Due Diligence 2021_05_26.pdf	177.73KB
Harris Health EPIC Consultant GA-07577 Pivot Point Consulting A Vaco Company.pdf	8.69MB
Project Request - EPIC EHR fy21-190 5-2021.pdf	11.92KB
Renewal of Agreement with Harris Health System - Pivot Point Consulting A Vaco Company 03102021.pdf	145.15KB

**Vendor/Contractor Contact Person**

**Name\***

Pivot Point Consulting Paul Meyer

**Address\***

Street Address

5410 Maryland Way

Address Line 2

SUITE 460

City

Brentwood

State / Province / Region

TN

Postal / Zip Code

37027-5064

Country

US

**Phone Number\***

281-705-2368

**Email\***

pmeyer@pivotpointconsulting.com

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 48,000.00	900060
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

## Provide Rate and Rate Descriptions if applicable\* (?)

EPIC Reporting Services \$143.00/hour \$48000  
Tag on to Harris Health Contract

## Project WBS (Work Breakdown Structure\* (?)

EHR21.1158.01

Requester Name	Submission Date
BOSWELL, SHAWNTI R	5/26/2021

## Budget Manager Approval(s)



Approved by

*Erica Brown*

Approval Date

5/26/2021

## Procurement Approval



Approved by

*Sharon Brauner*

Approval Date

5/26/2021

## Contract Owner Approval



Approved by

*Mustafa Cochinwala*

Approval Date

5/26/2021

## Contracts Approval

Approve\*

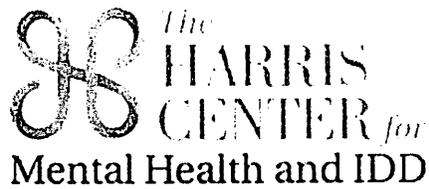
- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasthya Behn*

Approval Date\*

5/27/2021



**Due Diligence Project PUR-FY21-190  
EPIC EHR Reporting and Data Extraction Services**

Purchasing received a request from Rick Hurst, Director of Information Technology on Tuesday, May 24, 2021, for EPIC EHR Reporting and Data Extraction Services. This service is to assist The Harris Center IT staff with expert level resources for writing and developing EPIC reports since implementation on April 10, 2021.

Vendor quote was on a Harris County Contract 18/0274:

Pivot Point Consulting - \$143.00/Hour (Experience in EPIC reporting, SQL SSIS, Caboodle data warehouse, SlicerDicer, Tableau)

Information Technology's recommendation is to move forward with the vendor:

**Pivot Point Consulting, A Vaco Company**

Total NTE: (Not to Exceed) \$48,000.00

Funding Source is Unit 1158, GL Account# 900060 (EHR21.1158.01)

**Submitted By:**

Handwritten signature of Sharon Brauner in cursive.

Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

**Recommended By:**

Handwritten signature of Nina M. Cook in cursive.

Nina M. Cook, MBA, CTPM  
Director of Purchasing

Handwritten signature of Sean Kim in cursive.

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6660
Contractor Name:	Prosumers
Interlocal Agreement:	No
Service (brief description):	Consultation and Training Services
Term for Off-Cycle Only:	Note: No Renewal Options Remaining. New Contract Needed.
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$18,000.00 ✓
Rate(s)/Rate(s) Description:	See Exhibit A
Unit(s) Served:	2200
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140510
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

**RECEIVED MAY 24 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: no change

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$18,000 ✓

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ (GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY)

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) ✓
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) ✓, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) ✓

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downing

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Downing (Printed Name)

[Signature] (Signature). REQUIRED

**PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.**



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Don'Angelo Bivens

**Contract ID #\***

2021-0128

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

The Harris Center  
Don'Angelo Bivens

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

12/1/2021

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 8,500.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 8,500.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |   |   |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant          |
| <input type="checkbox"/> Consumer Driven Contract       | <input type="checkbox"/> New Contract/Agreement         |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor       | <input type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                        | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                          |
| <input type="checkbox"/> Renewal of Existing Contract   | <input type="checkbox"/> Other                          |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

The Harris Center is seeking an executive coaching partner for the General Counsel with interest in enhancing executive relationships, leadership presence of team and forging a path forward.

**Contract Owner\***

Kendra Thomas

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

DonAngelo Bivens bio 01.2021.pdf	233.9KB
Kendra Thomas The Harris Center Proposal.pdf	209.48KB

**Vendor/Contractor Contact Person**

**Name\***

Don'Angelo Bivens

**Address\***

Street Address

5642 N 79th St

Address Line 2

City

Milwaukee

Postal / Zip Code

53218

State / Province / Region

WI

Country

United States

**Phone Number\***

312-502-4230

**Email\***

dangelo.bivens@gmail.com

**Budget Section**

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 17,000.00	542000
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name GERARDO, CHRISTINA A.	Submission Date 5/6/2021
---	-----------------------------

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/6/2021

#### Procurement Approval

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Kendra Thomas*

Approval Date

5/7/2021

#### Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskyia Behn*

Approval Date\*

5/7/2021



## Executive Contract Summary

### Contract Section

**Contractor\***

Lori Brusman Lovins, Ph.D.

**Contract ID #\***

2021-0142

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

The Harris Center for MH and IDD and Lori Bursman Lovins, Ph.D.

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other none

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

5/31/2022

**If contract is off-cycle, specify the contract term (?)**

first contract with vendor; will cross fiscal years

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 6,500.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 13,500.00

**Funding Source \***

General Revenue (GR)

**Contract Description / Type \* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided \* (?)**

Provide training and technical assistance to operational staff of the Dual Diagnosis Residential Program to improve the delivery of evidence-based practices in a correctional setting for individuals with mental health, substance use and criminality issues.

**Contract Owner \***

Monalisa Jiles

**Previous History of Contracting with Vendor/Contractor \***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB) \* (?)**

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Lori Brusman Lovins, Ph.D.

**Address \***

Street Address

3983 Wrens Nest Blvd

Address Line 2

City

Maumee

Postal / Zip Code

43537-8952

State / Province / Region

OH

Country

US

**Phone Number \***

513-476-1258

**Email \***

brusmla@bgsu.edu

**Budget Section**

Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6001	\$ 20,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	

**Provide Rate and Rate Descriptions if applicable\* (?)**

\$1000/day - on-site visit + expense (2 days)  
 \$100/hour - off-site consultation rate (90 hours)  
 \$125/hour - virtual training/couching (60 hours)

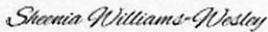
**Project WBS (Work Breakdown Structure\* (?)**

n/a

<b>Requester Name</b>	<b>Submission Date</b>
WILLIAMS-WESLEY, SHEENIA L.	5/21/2021

**Budget Manager Approval(s)** 

**Approved by**



**Approval Date**  
5/21/2021

**Procurement Approval** 

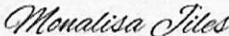
**Approved by**



**Approval Date**

**Contract Owner Approval** 

**Approved by**



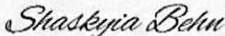
**Approval Date**  
5/21/2021

**Contracts Approval**

**Approve\***

- Yes
- No, reject entire submission
- Return for correction

**Approved by\***



**Approval Date\***  
5/24/2021



## Executive Contract Summary

### Contract Section



**Contractor\***

RKG Parking Solutions

**Contract ID #\***

2021-0133

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

RKG Parking Solutions and The Harris Center for MH and IDD Services

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other none

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

2/28/2022

**If contract is off-cycle, specify the contract term (?)**

end of county fiscal year

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 9,000.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 18,000.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Parking needs for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown

**Contract Owner\***

Monalisa Jiles

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Celica Cervantes

**Address\***

Street Address

19506 Gentle Creek Way

Address Line 2

City

Cypress

Postal / Zip Code

77429-4786

State / Province / Region

TX

Country

US

**Phone Number\***

832-248-9405

**Email\***

info@rkgparkingsolutions.com

**Budget Section**

Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6702	\$ 27,000.00	544005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	

Provide Rate and Rate Descriptions if applicable\* (?)

n/a

Project WBS (Work Breakdown Structure\* (?)

n/a

<b>Requester Name</b>	<b>Submission Date</b>
WILLIAMS-WESLEY, SHEENIA L.	5/12/2021

### Budget Manager Approval(s)

Approved by

*Sheenia Williams-Wesley*

Approval Date  
5/12/2021

### Procurement Approval

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by

*Monalisa Jiles*

Approval Date  
5/13/2021

### Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskyia Behm*

Approval Date\*  
5/14/2021



## Executive Contract Summary

### Contract Section



#### Contractor\*

Global Software, LLC d/b/a insightsoftware

#### Contract ID #\*

2021-0140

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

6/15/2021

#### Parties\* (?)

Global Software, LLC d/b/a insightsoftware and The Harris Center

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input checked="" type="checkbox"/> Request for Proposal                 | <input checked="" type="checkbox"/> Sole Source    |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

6/30/2021

#### Contract Term End Date\* (?)

6/29/2024

If contract is off-cycle, specify the contract term (?)

Yes off-cycle, from June/2021 to June 2024.

#### Fiscal Year\* (?)

2021

#### Amount\* (?)

\$ 43,241.01

#### Funding Source\*

General Revenue (GR)

**Contract Description / Type\* (?)**

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

Excel plug-in used to generate reports by connecting directly to ROSS and other databases (as needed). Eliminates copy/paste - reducing time spent building monthly reports and ad-hoc reports.

**Contract Owner\***

Sean Kim

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Please provide an explanation\***

This is a single source, the only provider of this software package.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

DUE DILIGENCE FINANCIAL REPORTING SOFTWARE.pdf	226.59KB
insightsoftware MSSA.docx	77.7KB
Harris Center June proposal - 5.21.2021.pdf	467.15KB

**Vendor/Contractor Contact Person** 

**Name\***

Thomas Vigdor

**Address\***

Street Address

8529 Six Forks Road

Address Line 2

Suite 400

City

Raleigh

Postal / Zip Code

27615

State / Province / Region

NC

Country

US

**Phone Number\***

919-372-4690

**Email\***

thomas.vigdor@insightsoftware.com

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 43,241.01	551002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

## Provide Rate and Rate Descriptions if applicable\* (?)

Annual Maintenance Fee - 7,500.02

One-time training - 5,400

## Project WBS (Work Breakdown Structure)\* (?)

N/A

## Requester Name

PAICK, DANIEL S

## Submission Date

5/20/2021

## Budget Manager Approval(s)



## Approved by

*Ricardo Campbell*

## Approval Date

5/20/2021

## Procurement Approval



## Approved by

*Sharon Brauner*

## Approval Date

5/21/2021

## Contract Owner Approval



## Approved by

*Sean Kim*

## Approval Date

5/21/2021

## Contracts Approval

## Approve\*

- Yes
- No, reject entire submission
- Return for correction

## Approved by\*

*Shastegia Behn*

## Approval Date\*

5/21/2021





## DUE DILIGENCE FINANCIAL REPORTING SOFTWARE

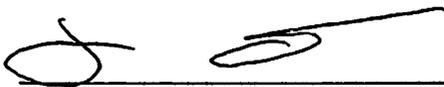
A request from Accounting and Finance to purchase Financial Reporting Software was received in April 2021. This purchase will be a tool for Accounting and Finance that will provide uniform reporting, built in flexibility to rearrange existing reports and the ability to build reports from the ground up easily.

The product, Spreadsheet Server, works with our current financial system and has seamless integration with excel. The product is unique and no competitive software could be found. Additionally, the software can only be sourced from InsightSoftware. It is the recommendation of the Director of Budget and Cost Accounting to proceed with Spreadsheet Server.

- **Vendor – InsightSoftware**
- **Product – Spreadsheet Server**
- **Amount - \$43,241.01**
- **Funding Source – 1122 – Accounting and Finance**
- **NTE - \$43,241.01**

The will be an off cycle contract anticipated to begin upon award of contract for one year. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended.

The Fiscal Year 2021 budget is \$43,241.01, subject to the appropriation and availability of funds. The funding source is Accounting and Finance (1122).




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Frances Otto, CTCD  
Buyer II




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Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager




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Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

# EXHIBIT F-42

**June 2021**

**Affiliation Agreements, Grants,  
MOU's and Revenues**

**Information Only**

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
	<b>FY21 CONTRACTS</b>						
	<b>AFFILIATION AGREEMENTS</b>						
1	University of Houston	No	C.T. Bauer College of Business Student Internships	New	06/01/21- 06/30/26	GR	This agreement will allow students enrolled at the C.T. Bauer College of Business at University of Houston complete internships at The Agency. These students are interested in the healthcare industry and are eager to learn from our Organization. The students would abide by all agency policies and procedures.
	<b>DAY LEASES</b>						
	<b>GRANTS</b>						
	<b>MOA</b>						
	<b>MOU</b>						
2	Career and Recovery Resources, Inc.	No	Substance Abuse Treatment and other related Social and Mental Health Services	Amendment	09/01/21- 08/31/22	State Funds	In amends to the Agency accepting the changes to "Roles of the Parties" outlined in the Amendment Agreement.
	<b>REVENUE</b>						
3	1 Care Premier Services, LLC	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
4	1 on 1 KF Homes	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
5	1 on 1 KF Homes, Inc.	No	Behavioral Support and Community Support Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
6	A New Hope Development Program, Inc.	No	Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
7	A New Hope Development Program, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
8	A Place to Stand HCS, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
9	Above All Others	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
10	Accountable Source, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
11	Advancing Abilities, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
12	Alexis's Care Facility	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
13	All About U- HCS	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
14	Amcare Residential Living	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
15	Angels of Colour	No	Behavioral Support and Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
16	Angels That Work For Quality Service, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
17	Anointed Caring Homes, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
18	Assured Quality Care Services, LLC	No	Consumer Driven	New	05/20/21- 08/31/21	State Funds	Consumer and family has chosen to receive Day Habilitation services from the Day Program.
19	Avant Residential and Community Service Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
20	Baylor College of Medicine	No	Be-Well Be-Connected Program	New Revenue (\$54,000.00)	09/30/19- 09/29/23	Federal Grant (SAMSHA)	The Agency, through the work efforts of its Lead Family Coordinator, Ms. Shea Meadows, will develop and coordinate a family input process to support decision making and authentic family voice at all System of Care (SOC) levels. Ensures that families representing the target population have the information necessary to make choices for improved planning and service delivery; and to participate in design, implementation, assessment, policy creation, and governance of the SOC.

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
21	Center for Pursuit dba The Center	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
22	Coastal Community Care	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
23	Compassion Community Living Center, LLC	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
24	Crystal Support Care	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
25	Divine Embrace Health Services	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
26	Glo's Hope Corporation	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
27	Glover's Care Facility	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
28	Laura McKenna, HCS, LLC	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
29	Lisa A. Thomas	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
30	Mena Health, Inc.	No	Behavioral Support and Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
31	NGC Healthcare Services, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
32	PACE Opportunity Centers, Inc.	No	Behavioral Support and Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
33	Paradise Care Center	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
34	Resource Health Services, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
35	Restore Healthcare Services	No	Behavioral Support and Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
36	Royal Care, Inc.	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
37	S & E Enterprise, LLC	No	Day Habilitation Services	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement
38	Supporting Families First	No	Behavioral Support and Community Support Services provided through the STARS Clinic	Renewal	09/01/21- 08/31/22	N/A	Annual Renewal of Agreement



## Executive Contract Summary

### Contract Section

**Contractor\***

University of Houston

**Contract ID #\***

2021-0136

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

The Harris Center for Mental Health and IDD and University of Houston's C.T. Bauer College of Business

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven            |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

6/1/2021

**Contract Term End Date\* (?)**

6/30/2026

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\* (?)**

- |  |  |
|--|--|
| <input type="checkbox"/> Personal/Professional Services      | <input type="checkbox"/> Consultant                        |
| <input type="checkbox"/> Consumer Driven Contract            | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding         | <input type="checkbox"/> Amendment to Existing Contract    |
| <input checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance               |
| <input type="checkbox"/> BAA/DUA                             | <input type="checkbox"/> IT/Software License Agreement     |
| <input type="checkbox"/> Pooled Contract                     | <input type="checkbox"/> Lease                             |
| <input type="checkbox"/> Renewal of Existing Contract        | <input type="checkbox"/> Other                             |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

This agreement will allow students enrolled at the C.T. Bauer College of Business at University of Houston complete internships at The Harris Center for Mental Health and IDD. These students are interested in the healthcare industry and are eager to learn from our organization. They would abide by all agency policies and procedures.

**Contract Owner\***

Lesleigh Robertson

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

Current agreements with UH School of Communication and Graduate College of Social Work

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Please provide an explanation\***

UH is not HBCU

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

University of Houston

**Supporting Documentation Upload (?)****Vendor/Contractor Contact Person****Name\***

Praveen Kumar

**Address\***

Street Address

4750 Calhoun Road

Address Line 2

Room 334

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number\*

832-452-5626

Email\*

pkumar@uh.edu

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name

MCGILL, VALERIE R

Submission Date

5/17/2021

**Budget Manager Approval(s)**

Approved by



Approval Date

5/18/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by



Approval Date

5/18/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskyia Behn*

Approval Date\*

5/18/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

CAREER and RECOVERY RESOURCES, INC.

#### Contract ID #\*

7014

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/18/2021

#### Parties\* (?)

Career and Recovery Resources, Inc. and The Harris Center for Mental Health and IDD Services

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU      |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/1/2020

#### Contract Term End Date\* (?)

8/31/2021

If contract is off-cycle, specify the contract term (?)

#### Current Contract Amount\*

\$ 0.00

#### Increase Not to Exceed\*

\$ 0.00

#### Revised Total Not to Exceed (NTE)\*

\$ 0.00

**Fiscal Year\*** (?) 2021 **Amount\*** (?) \$ 0.00

**Funding Source\***  
State

**Contract Description / Type\*** (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Amendment

**Justification/Purpose of Contract/Description of Services Being Provided\*** (?)

The Harris Center accepts the changes to "Roles of the Parties" outlined in the attachment.

**Contract Owner\***  
Michael Downey

**Previous History of Contracting with Vendor/Contractor\***  
 Yes  No  Unknown

**Please add previous contract dates and what services were provided\***  
September 1, 2019 to August 31, 2020

**Vendor/Contractor a Historically Underutilized Business (HUB)\*** (?)  
 Yes  No  Unknown

**Community Partnership\*** (?)  
 Yes  No  Unknown

**Specify Name\***  
United Way of Greater Houston

**Supporting Documentation Upload** (?)

MOU - Career and Recovery Resources, Inc FY21, amendment.pdf	640.77KB
MOU - new language acceptable.msg	184.5KB

**Vendor/Contractor Contact Person**

**Name\***  
Jeff Berry, Program Director

**Address\***  
Street Address  
2525 San Jacinto Street  
Address Line 2  
City  
Houston  
Postal / Zip Code  
77002-9131

State / Province / Region  
TX  
Country  
US

## Phone Number\*

713 754 7005

## Email\*

jeff.berry@careerandrecovery.org

## Budget Section

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

## Provide Rate and Rate Descriptions if applicable\* (?)

0.00

## Project WBS (Work Breakdown Structure\* (?)

0.00

## Requester Name

SHELBY, DEBBIE C

## Submission Date

4/29/2021

## Budget Manager Approval(s)

## Approved by

*Debbie Chambers Shelby*

## Approval Date

4/29/2021

## Contract Owner Approval

## Approved by

*Michael Denney*

## Approval Date

4/29/2021

## Contracts Approval

## Approve\*

- Yes
- No, reject entire submission
- Return for correction

## Approved by\*

*Belinda Stude*

## Approval Date\*

4/30/2021

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current FY21 contract details information is provided below but should not be revised on this document. Please evaluate the Contractor’s performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for FY22 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7703
Contractor Name:	1 Care Premier Services, LLC
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

*CONTRACT REVENUE*  
**EVALUATION AND RENEWAL FORM**  
**FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7178
Contractor Name:	1 on 1 KF Homes
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7283
Contractor Name:	1 on 1 KF Homes, Inc.
Interlocal Agreement:	No
Service Description:	Behavioral and Community Support Services
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for **FY2022** with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. \_\_\_ Robert Stakem, Jr., VP – IDD Services \_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) \_\_\_ Amanda Willis, Practice Manager, IDD Services \_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_ Mamie Adams-Austin \_\_\_\_\_ (Printed Name)

\_\_\_ Mamie Adams-Austin \_\_\_\_\_ (Signature). **REQUIRED**

Contract Owner: \_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). **REQUIRED**

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6839
Contractor Name:	A New Hope Development Program, Inc.
Interlocal Agreement:	No
Service Description:	Behavioral Support and Community Support Services provided through the STARS clinic
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. \_\_\_\_\_ Robert Stakem, Jr., VP – IDD Services \_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) \_\_\_\_\_ Amanda Willis, Practice Manager, IDD Service \_\_\_\_\_.

**APPROVALS:**

Budget Manager:  Mamie Adams-Austin  (Printed Name)

Mamie Adams-Austin  (Signature). **REQUIRED**

Contract Owner:  Robert Stakem, Jr.  (Printed Name)

\_\_\_\_\_ (Signature). **REQUIRED**

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6483
Contractor Name:	A New Hope Development Program, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7803
Contractor Name:	A Place to Stand HCS, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager – IDD Services

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6394
Contractor Name:	Above All Others
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6417
Contractor Name:	Accountable Source, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

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*CONTRACT REVENUE*  
**EVALUATION AND RENEWAL FORM**  
**FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6317
Contractor Name:	Advancing Abilities, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7704
Contractor Name:	Alexis's Care Facility
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6456
Contractor Name:	All About U-HCS
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager, IDD Services

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

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FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6062
Contractor Name:	Amcare Residential Living
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem\_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan\_\_\_\_\_.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6254
Contractor Name:	Angels of Colour
Interlocal Agreement:	No
Service Description:	Behavioral Support services, RN nursing services, Community Support services
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

**Comments/Other Concerns**

Please remove RN Nursing Services from the service description in Section A. These services are not provided under this contract.

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. \_\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) \_\_\_Amanda Willis, Practice Manager – IDD Services\_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)  
 \_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). **REQUIRED**

Contract Owner: \_\_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)  
 \_\_\_\_\_ (Signature). **REQUIRED**

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FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6767
Contractor Name:	Angels That Work For Quality Service, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor’s performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6683
Contractor Name:	Anointed Caring Homes, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y)   x   (N)       .

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract.   Robert Stakem, Jr., VP – IDD Services  .

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above)   Amanda Willis, Practice Manager  .

APPROVALS:

Budget Manager:   Mamie Adams-Austin   (Printed Name)

  Mamie Adams-Austin   (Signature). REQUIRED

Contract Owner:   Robert Stakem, Jr.   (Printed Name)

  Robert Stakem   (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.



## Executive Contract Summary

### Contract Section


**Contractor\***

Assured Quality Care Services, LLC

**Contract ID #\***

2021-0141

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

N/A

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                      |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

5/20/2021

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Funding Source\***

State

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

Consumer and family has chose to received DH services from on Day Program.

Contract Owner\*

Robert Stakem

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.83KB

Vendor/Contractor Contact Person

Name\*

Marcus Denman

Address\*

Street Address

440 Benmar Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77060

Country

US

Phone Number\*

281.272.1464

Email\*

marcusdenman@assuredqualitycareservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0.00

Budget Manager	Secondary Budget Manager
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P

Provide Rate and Rate Descriptions if applicable\* (?)

See uploaded document

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name	Submission Date
WILLS, THOMAS	5/20/2021

### Budget Manager Approval(s)

Approved by



Approval Date  
5/20/2021

### Procurement Approval

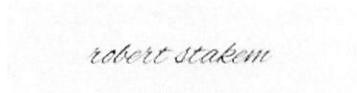
Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by



Approval Date  
5/20/2021

### Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*



Approval Date\*  
5/20/2021

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current **FY21** contract details information is provided below but should not be revised on this document. Please evaluate the Contractor’s performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for **FY22** starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6556
Contractor Name:	Avant Residential and Community Service Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. \_\_\_\_\_ Robert Stakem, Jr., VP – IDD Services \_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager \_\_\_\_\_.

APPROVALS:

Budget Manager: Mamie Adams-Austin \_\_\_\_\_ (Printed Name)

Mamie Adams-Austin \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.



## Executive Contract Summary

### Contract Section

#### Contractor\*

Baylor College of Medicine

#### Contract ID #\*

2021-0135

#### Presented To\*

- Resource Committee
- Full Board

#### Date Presented\*

6/15/2021

#### Parties\* (?)

Baylor College of Medicine and The Harris Center for Mental Health and IDD Services

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

#### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal          |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                   |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification     |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                        |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven               |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other SAMHSA Grant |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/30/2019

#### Contract Term End Date\* (?)

9/29/2023

If contract is off-cycle, specify the contract term (?)

#### Fiscal Year\* (?)

2020

#### Fiscal Year\* (?)

2021

Fiscal Year\* (?)

2022

Fiscal Year\* (?)

2023

Funding Source\*

Federal Grant

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Revenue

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

Be-Well Be-Connected Program:

The HARRIS CENTER, through the work efforts of its Lead Family Coordinator, Ms. Shea Meadows, will develop and coordinate a family input process to support decision making and authentic family voice at all System of Care (SOC) levels. Ensures that families representing the target population have the information necessary to make choices for improved planning and service delivery; and to participate in design, implementation, assessment, policy creation, and governance of the SOC.

Contract Owner\*

Michael Downey

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Brandy Duke

Address\*

Street Address

One Baylor Plaza, MS BCM310

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

USA

Phone Number\*

713-798-7297

Email\*

bduke@bcm.edu

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 54,000.00	420000
<b>Budget Manager</b> SHELBY, DEBBIE C	<b>Secondary Budget Manager</b> LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable\* (?)

0.00

Project WBS (Work Breakdown Structure\* (?)

FY22 - \$54,000

Requester Name

SHELBY, DEBBIE C

Submission Date

5/14/2021

**Budget Manager Approval(s)**

Approved by

*Debbie Chambers Shelby*

Approval Date

5/14/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Michael Donney*

Approval Date

5/14/2021

**Contracts Approval**

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskeyia Belu*

Approval Date\*

5/14/2021

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6740
Contractor Name:	Center for Pursuit dba The Center
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)   x   (N)     .

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the **Contract Owner** for this Contract.   Robert Stakem, Jr., VP – IDD Services  .

Please state the name of the **Contract Manager** that will review and approve monthly invoices and manage this Contract (if different from above)     Amanda Willis, Practice Manager – IDD Services  .

**APPROVALS:**

**Budget Manager:**   Mamie Adams-Austin   (Printed Name)

  Mamie Adams-Austin   (Signature). **REQUIRED**

**Contract Owner:**   Robert Stakem, Jr.   (Printed Name)

  Robert Stakem   (Signature). **REQUIRED**

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7692
Contractor Name:	Coastal Community Care
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6302
Contractor Name:	Compassion Community Living Center, LLC
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)   x   (N)       .

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract.   Robert Stakem  .

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above)   Lily Pan  .

**APPROVALS:**

Budget Manager:   Mamie Adams   (Printed Name)

  Mamie Adams-Austin   (Signature). REQUIRED

Contract Owner:   Robert Stakem   (Printed Name)

  Robert Stakem   (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT REVENUE  
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FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6402
Contractor Name:	Crystal Support Care
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6410
Contractor Name:	Divine Embrace Health Services
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A).
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A).

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7496
Contractor Name:	Glo's Hope Corporation
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y) XX (N) \_\_\_\_.
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y) \_\_\_\_ (N) \_\_\_\_ (N/A) X.
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y) X (N) \_\_\_\_ (N/A) \_\_\_\_.
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y) X (N) \_\_\_\_ (N/A).
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y) X (N) \_\_\_\_ (N/A).

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7726
Contractor Name:	Glover's Care Facility
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) .

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

1

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7498
Contractor Name:	Laura McKenna, HCS, LLC
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) \_\_\_\_.
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_\_.
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y) \_\_\_\_ (N) \_\_\_\_ (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N) \_\_\_\_ (N/A) \_\_\_\_.
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N) \_\_\_\_ (N/A).
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N) \_\_\_\_ (N/A).

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7327
Contractor Name:	Lisa A. Thomas
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
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FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6564
Contractor Name:	Mena Health, Inc.
Interlocal Agreement:	No
Service Description:	Behavioral Support and Community Support Services provided through STARS
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns



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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6403
Contractor Name:	NGC Healthcare Services, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N)     .

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lilly Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7558
Contractor Name:	PACE Opportunity Centers, Inc.
Interlocal Agreement:	No
Service Description:	Behavioral Support and Community Support Services through the STARS Clinic
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)   x   (N)     .

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the **Contract Owner** for this Contract.   Robert Stakem, Jr., VP – IDD Services  

Please state the name of the **Contract Manager** that will review and approve monthly invoices and manage this Contract (if different from above)   Amanda Willis, Practice Manager – IDD Services  .

**APPROVALS:**

**Budget Manager:**   Mamie Adams-Austin   (Printed Name)  
  Mamie Adams-Austin   (Signature). **REQUIRED**

**Contract Owner:**   Robert Stakem, Jr.   (Printed Name)  
 \_\_\_\_\_ (Signature). **REQUIRED**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7342
Contractor Name:	Paradise Care Center
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6401
Contractor Name:	Resource Health Services, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6594
Contractor Name:	Restore Healthcare Services
Interlocal Agreement:	No
Service Description:	Behavioral Support Services and Community Support Services provided through STARS
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) .

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

\$72.12	HOURLY	BEHAVIRAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager

**APPROVALS:**

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6414
Contractor Name:	Royal Care, Inc.
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6472
Contractor Name:	S & E Enterprise, LLC
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6987
Contractor Name:	Supporting Families First
Interlocal Agreement:	No
Service Description:	Behavioral Supports Services, Community Support Services provided through the STARS Clinic
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)   x   (N)       .

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

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**D. RENEWAL INFORMATION FOR FY2022:**

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\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract.   Robert Stakem, Jr., VP – IDD Services  

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above)   Amanda Willis, Practice Manager, IDD Services  .

**APPROVALS:**

Budget Manager:   Mamie Adams-Austin   (Printed Name)

  Mamie Adams-Austin   (Signature). REQUIRED

Contract Owner:   Robert Stakem, Jr.   (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7568
Contractor Name:	Trinity Ayomide, LLC c/o Christie Samuel
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) .

REASON for DNR: \_\_\_\_\_

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**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the **Contract Owner** for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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Contract Section **Contractor\***

University of Texas at Austin

**Contract ID #\***

2021-0126

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

University of Texas at Austin and The Harris Center for Mental Health and IDD Services

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal           |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                    |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification      |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On                         |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven                |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Federal Award |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/11/2020

**Contract Term End Date\* (?)**

8/31/2024

If contract is off-cycle, specify the contract term (?)

**Fiscal Year\* (?)**

2021

**Fiscal Year\* (?)**

2022

**Fiscal Year\* (?)**

2023

**Fiscal Year\* (?)**

2024

**Funding Source\***

Federal Grant

**Contract Description / Type\* (?)**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                        |
| <input type="checkbox"/> Consumer Driven Contract       | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding    | <input type="checkbox"/> Amendment to Existing Contract    |
| <input type="checkbox"/> Affiliation or Preceptor       | <input type="checkbox"/> Service/Maintenance               |
| <input checked="" type="checkbox"/> BAA/DUA             | <input type="checkbox"/> IT/Software License Agreement     |
| <input type="checkbox"/> Pooled Contract                | <input type="checkbox"/> Lease                             |
| <input type="checkbox"/> Renewal of Existing Contract   | <input checked="" type="checkbox"/> Other Revenue Award    |

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)**

The organization will serve as a local performance site for the NIMH-funded activities under "Advancing the Early Psychosis Intervention Network in Texas (EPINET-TX)." The organization will engage providers in the collection of evaluation data on participants in their First Episode Psychosis program and provide de-identified data to the UT data collection system. Organizations will also support at least one representative to serve on the First Episode Psychosis Consortium, which will meet quarterly through web-based on in-person meetings. The organization will participate in several pilot research studies over the four year period focused on approaches to supporting reduced harm from substance use for coordinated specialty care participants.

Four-Year Award total = \$96,668; Award this period = \$24,167.

**Contract Owner\***

Michael Downey

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)**

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)****Vendor/Contractor Contact Person****Name\***

Adam Sharp, CRA, Senior Grants Specialist

**Address \***

Street Address

University of Texas at Austin

Address Line 2

City

Austin

Postal / Zip Code

78712

State / Province / Region

TX

Country

US

**Phone Number \***

512 471 2457

**Email \***

adamsharp@austin.utexas.edu

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2424	\$ 0.00	000000

**Budget Manager**

SHELBY, DEBBIE C

**Secondary Budget Manager**

LOERA, ANGELICA D

Provide Rate and Rate Descriptions if applicable \* (?)

\$0.00

Project WBS (Work Breakdown Structure \* (?)

\$0.00

**Requester Name**

SHELBY, DEBBIE C

**Submission Date**

5/5/2021

**Budget Manager Approval(s)**

**Approved by**

*Debbie Chambers Shelby*

**Approval Date**

5/5/2021

**Procurement Approval**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Michael Downey*

**Approval Date**

5/5/2021

## Contracts Approval

Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shashya Behn*

Approval Date\*

5/5/2021

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7685
Contractor Name:	Waymaker, LLC
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?  
(Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?  
(Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?  
(Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?  
(Y)  (N)  (N/A) .

Comments/Other Concerns

*RENEWAL DETERMINATION:*

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**C. RENEWAL INFORMATION FOR FY2022:**

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**D. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem .

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan .

**APPROVALS:**

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

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**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6628
Contractor Name:	Weathers & Associates
Interlocal Agreement:	No
Service Description:	Behavioral Support Services and Community Support Services provided through the STARS clinic.
NTE:	N/A
Designated Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

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D. RENEWAL INFORMATION FOR FY2022:

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\$72.12	HOURLY	BEHAVIORAL SUPPORT
\$29.96	HOURLY	COMMUNITY SUPPORTS

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. \_\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) \_\_\_Amanda Willis, Practice Manager – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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FY 2022 CONTRACTS**

The current FY21 contract details information is provided below but should not be revised on this document. Please evaluate the Contractor’s performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for FY22 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6618
Contractor Name:	Weathers & Associates
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Thomas Wills or Lily Pan
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
\_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].


E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. Robert Stakem.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Lily Pan.

APPROVALS:

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT REVENUE  
EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS**

The current FY21 contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for FY22 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7509
Contractor Name:	Weathers & Associates
Interlocal Agreement:	No
Service Description:	Day Habilitation Services
NTE:	N/A
Designated Contract Requester:	Amanda Willis or Margo Childs
Contract Owner:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Were Services delivered as specified in the Contract/MOU? (Y)  (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable? (Y)  (N)  (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract? (Y)  (N)  (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N)  (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N)  (N/A) .

Comments/Other Concerns

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_\_\_.

REASON for DNR: \_\_\_\_\_  
 \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F., if contract is DNR]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

**Rates for Fiscal Year 2022:**

<u>Level of Need</u>		<u>Rate</u>
Intermittent	(LON 1) (HCS)	\$24.61/day per consumer
Limited	(LON 5) (HCS)	\$27.08/day per consumer
Extensive	(LON 8) (HCS)	\$32.00/day per consumer
Pervasive	(LON 6) (HCS)	\$39.97/day per consumer
TxHmL	(DAY HAB)	\$25.95/day per consumer
Employment Assistance		\$28.96 per hour
Supportive Employment		\$28.96 per hour

**E. CONTRACT MANAGERS AND OWNERS:**

Please state the name of the Contract Owner for this Contract. Robert Stakem, Jr., VP – IDD Services

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Amanda Willis, Practice Manager,- IDD Services

**APPROVALS:**

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

# EXHIBIT F-43

# **June 2021**

## **AMENDMENTS UNDER 50k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$50,000

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS			*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>										
1	Landtech, Inc.	Yes	Land Survey Services	\$5,800.00	\$18,200.00	\$24,000.00	03/01/21- 08/31/21	NE Landsite FM21.1126.01 SE Landsite FM21.1126.04	RFQ	To amend the current contract to secure professional land survey services for two land sites located in the NE and SE Corridors, in anticipation of possible purchase of the sites.
2	SmithCo Construction	No	Renovation Services	\$45,540.00	\$1,250.00	\$46,790.00	05/17/21- 08/31/21	Capital Funds FM21.1126.16	RFQ	The ECS is for an Amendment to cover cost of Payment Bond for the Construction, Renovation and/or Replacement Services.
<b>CPEP</b>										
<b>CRISIS SERVICES</b>										
<b>FORENSICS</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>										
3	Katia Rubi Lemus	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$12,600.00	\$5,000.00	\$17,600.00	09/01/20- 08/31/21	State Grant	N/A	To amend the current contract of additional hours awarded to the individual.
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>										
<b>INTERLOCALS</b>										
<b>LEASES</b>										
<b>MENTAL HEALTH SERVICES</b>										
<b>PROGRAM MANAGEMENT</b>										

Contract Section **Contractor\***

Landtech, Inc.

**Contract ID #\***

2021-0090

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

LandTech Inc. and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

3/1/2021

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

March 1, 2021 through August 31, 2021

**Current Contract Amount\***

\$ 5,800.00

**Increase Not to Exceed\***

\$ 18,200.00

**Revised Total Not to Exceed (NTE)\***

\$ 24,000.00

**Fiscal Year\*** (?)

**Amount\*** (?)

2021

\$ 18,200.00

**Funding Source\***

General Revenue (GR)

**Contract Description / Type\*** (?)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                     |
| <input type="checkbox"/> Consumer Driven Contract                  | <input type="checkbox"/> New Contract/Agreement         |
| <input type="checkbox"/> Memorandum of Understanding               | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor                  | <input type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                                   | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                           | <input type="checkbox"/> Lease                          |
| <input type="checkbox"/> Renewal of Existing Contract              | <input type="checkbox"/> Other                          |

**Justification/Purpose of Contract/Description of Services Being Provided\*** (?)

This Amendment is to secure professional land survey Services for two land sites located in the NE and SE Corridors in anticipation of possible purchase of the sites.

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

- Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

new contract initiated March 1, 2021. Ending August 31, 2021 unless renewed.

**Vendor/Contractor a Historically Underutilized Business (HUB)\*** (?)

- Yes  No  Unknown

**Please provide the HUB status\***

HUB - State.

**Community Partnership\*** (?)

- Yes  No  Unknown

**Supporting Documentation Upload** (?)

LandTech- Paul Kwan.pdf	183.38KB
7583 East Little York - Houston - Tx 77019. Quote -1- Landtech 4.30.21.pdf	126.99KB
Survey - 0 Long Drive Houston Texas - Quote 1- Land Tech 4.30.21.pdf	134.68KB

**Vendor/Contractor Contact Person**



**Name\***

LandTech Inc./ Paul Kwan

**Address \***

Street Address

2525 North Loop West

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008

Country

US

**Phone Number \***

713.861.7068

**Email \***

pkwan@landtech-inc.com

**Budget Section**

**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 9,400.00	900040

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 8,800.00	900040

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

**Provide Rate and Rate Descriptions if applicable\* (?)**

N/A

**Project WBS (Work Breakdown Structure\* (?)**

NE LANDSITE FM21.1126.01  
SE LANDSITE FM21.1126.04

Requester Name	Submission Date
TILLER, SILVIA T	5/4/2021

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

Approval Date

5/4/2021

**Procurement Approval**

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Todd McCorquodale*

Approval Date

5/5/2021

### Contracts Approval

Approve \*

- Yes
- No, reject entire submission
- Return for correction

Approved by \*

*Shaskeyia Belu*

Approval Date \*

5/5/2021

Contract Section **Contractor \***

Smithco Construction

**Contract ID # \***

2021-0134

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

6/15/2021

**Parties \* (?)**

Smithco Construction

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven           |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

5/17/2021

**Contract Term End Date \* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Current Contract Amount \***

\$ 45,540.00

**Increase Not to Exceed \***

\$ 1,250.00

**Revised Total Not to Exceed (NTE) \***

\$ 46,790.00

Fiscal Year\* (?)

2021

Amount\* (?)

\$ 46,790.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Construction

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

addition of required payment bond as an amendment to the contract

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

12/2020 painting project

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

Yes  No  Unknown

Please provide an explanation\*

does not meet criteria

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Smithco Construction / Macy Smith

Address\*

Street Address

1907 Blake Road

Address Line 2

City

Sugar Land

State / Province / Region

TX

Postal / Zip Code

77478-2501

Country

US

Phone Number\*

8325459519

Email\*

smithcoconstruction@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 1,250.00	900040
Budget Manager BROWN, ERICA S.	Secondary Budget Manager CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

\$1,250.00 bond

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.16

Requester Name

HARPER, SARAH A

Submission Date

5/14/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/14/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

5/14/2021

Contracts Approval

Approve\*

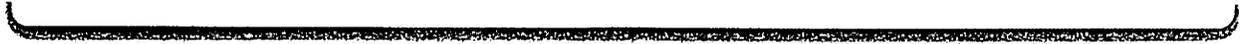
- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasteyia Belu*

Approval Date\*

5/14/2021





**Due Diligence Project PUR-FY21-0166  
Hillcroft Day Hab Renovations (Revised to include Bond)**

Purchasing received a request from Facility Services on Tuesday, March 23, 2021. Day Hab program at Gessner is relocating to 6125 Hillcroft, Houston, TX 77081, the facility needs to be renovated to provide classrooms and occupancy permit classification changed for the program.

Four (4) vendor quotes were received:

- SmithCo Construction – \$41,790.00 Including Performance & Payment Bond.
- Virtue Construction Partners LLC - \$48,225.42 Including Payment Bond.
- Facilities Sources - \$62,511.33 Including Reimbursable Bond
- Guaranteed Builders, Inc. - \$66,504.00

SmithCo Construction and Guaranteed Builders, Inc. are not Historically Underutilized Business (HUB), but Facilities Sources and Virtue Construction Partners LLC are active Texas Certified HUB vendors.

Facility Services' recommendation is to move forward with SmithCo Construction the vendor that has the lowest price.

**SmithCo Construction**

NTE: (Not to Exceed) \$41,790.00  
Contingency: \$5,000.00  
Total NTE: \$46,790.00

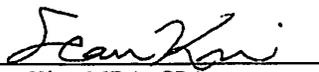
Funding Source is Unit 1126, GL Account# 900040 (Capital Project – FM21-1126-16)

**Submitted By:**

  
Carlos Traslayina  
Purchasing Buyer I

**Recommended By:**

  
Sharon Brauner, C.P.M, A.P.P.  
Purchasing Manager

  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

Contract Section **Contractor\***

Katia Rubi Lemus

**Contract ID #\***

7066

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/15/2021

**Parties\* (?)**

Katia Rubi Lemus, The Harris Center

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s)\***

Check all that Apply

- |   |  |
|---|--|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On                    |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven           |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/1/2020

**Contract Term End Date\* (?)**

8/31/2021

If contract is off-cycle, specify the contract term (?)

**Current Contract Amount\***

\$ 12,600.00

**Increase Not to Exceed\***

\$ 5,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 17,600.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 17,600.00

Funding Source\*

State Grant

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided\* (?)

The provider will be providing CFC and Respite to an individual with IDD. Additionally, the individual was awarded additional hours on plan which has caused an need for an increase on contract.

Contract Owner\*

Robert Stakem

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided\*

9/1/2020 - 8/31/2021

Vendor/Contractor a Historically Underutilized Business (HUB)\* (?)

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Katia Rubi Lemus

Address\*

Street Address

1222 Aldine Mail Route Road

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77039

Country

US

Phone Number\*

281 683-6343

## Email\*

patrina.anthony@theharriscenter.org

## Budget Section

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,500.00	543009

<b>Budget Manager</b> ADAMS-AUSTIN, MAMIE L	<b>Secondary Budget Manager</b> STAKEM, ROBERT P
--	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,500.00	543005

<b>Budget Manager</b> ADAMS-AUSTIN, MAMIE L	<b>Secondary Budget Manager</b> STAKEM, ROBERT P
--	---

## Provide Rate and Rate Descriptions if applicable\* (?)

\$9.00 per hour for individuals with LON 1 &amp; 5

\$10.00 per hour for individuals with LON 8 &amp; 6

## Project WBS (Work Breakdown Structure\* (?)

n/a

## Requester Name

ANTHONY, PATRINA R

## Submission Date

5/4/2021

## Budget Manager Approval(s)

## Approved by

*Mamie Adams-Austin*

## Approval Date

5/4/2021

## Contract Owner Approval

## Approved by

*robert stakem*

## Approval Date

5/4/2021

## Contracts Approval

## Approve\*

- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasthya Bahu*

Approval Date\*

5/5/2021

# **EXHIBIT F-44**

# **June 2021**

## **RENEWALS UNDER 50k**

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>									
1	Applied Technical Services, LLC	No	Roof Anchor Inspections	\$750.00	\$3,300.00	04/01/21- 08/31/25	GR	Quote	To renew the existing contract. FY22: \$33,000.00 for Anchor Testing and Inspection FY23: \$750.00 (Annual Inspection) FY24: \$750.00 (Annual Inspection)
2	Ash Automated Control Systems, Inc.	No	HVAC Energy Maintenance Services	\$32,500.00	\$32,500.00	09/01/21- 08/31/22	GR	Software Agreement	Annual Renewal of Agreement
3	Audimation Services, Inc.	No	Technical Training for IT Department on Script Writing	\$10,000.00	\$10,000.00	09/01/21- 08/31/22	GR	Software Agreement	Annual Renewal of Agreement
4	BMC Software, Inc.	No	Track-IT Support Software	\$14,130.43	\$16,500.00	09/01/21- 08/31/22	GR	Software Agreement	Annual Renewal of Agreement
5	Centre Technologies, Inc.	No	Technical Consultant Services	\$30,000.00	\$30,000.00	09/01/21- 08/31/22	GR	Tag-On to DIR-TSO-4111	Annual Renewal of Agreement
6	Comcast	No	Data Circuit Services for EPIC EHR	\$37,788.00	\$37,788.00	09/01/21- 08/31/22	GR	Legacy Agreement	Annual Renewal of Agreement
7	Future Com, LTD.	No	Digital Defense Assessments	\$27,540.00	\$31,540.00	09/01/21- 08/31/22	GR	Software Agreement	Annual Renewal of Agreement
8	Garratt-Callahan Company	No	Water Treatment Services at 9401 Location	\$12,867.00	\$15,000.00	09/01/21- 08/31/22	GR	Legacy Agreement	Annual Renewal of Agreement
9	GenSolutions, LLC	No	Generator Maintenance and Inspection Services	\$26,521.13	\$26,521.13	09/01/21- 08/31/22	GR	Professional Services	Annual Renewal of Agreement
10	Humble Elevator Services, Inc.	No	Agency Elevator Services	\$9,641.12	\$11,121.56	09/01/21- 08/31/22	GR	RFQuote	Annual Renewal of Agreement
11	Indigo Beam, LLC	No	Pre-paid Consulting Services for SharePoint	\$30,000.00	\$30,000.00	09/01/21- 08/31/22	GR	Tag-On to DIR-TSO-4078	Annual Renewal of Agreement
12	Legal Files Software, Inc.	No	Software for Legal and Contract Services Case Management	(Legal Services) \$31,444.00 (Contract Services)	\$4,272.00 (Legal Services) \$3,279.00 (Contract Services)	Legal Services: 12/30/14-08/31/21 Contract Services 12/18/18-08/31/21	GR	Software Agreement	Annual Renewal of Agreement

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
13	MSX Group, LLC	No	Financial Operations Proprietary Budgeting Software	\$10,000.00	\$5,151.00	09/01/21- 08/31/22	GR	RFQuote	Annual Renewal of Agreement
14	Next Level Urgent Care, LLC	No	Workers Compensation Medical Treatment Services	\$6,000.00	\$6,000.00	09/01/21- 08/31/22	GR	RFQ	Annual Renewal of Agreement
15	NFS Hospitality Corporation, Inc.	No	Rendezvous Workspace Scheduling Solution Software	\$5,564.00	\$3,641.36	09/01/21- 08/31/22	GR	Software Subscription	Annual Renewal of Agreement
16	Niederhofer Enterprises, Inc.	No	Groundskeeping Services	\$8,100.00	\$8,100.00	09/01/21- 08/31/22	GR	Professional Services	Annual Renewal of Agreement
17	Refinitiv US LLC	No	AutoAudit Software License	\$1,060.00	\$1,100.00	09/01/21- 08/31/22	GR	RFQuote	Annual Renewal of Agreement
18	SunCoast Resources, Inc.	No	Generator Maintenance & Support Services	\$20,000.00	\$20,000.00	09/01/21- 08/31/22	GR	Evergreen	Annual Renewal of Agreement
19	UpKeep Technologies, Inc.	No	Computerized Maintenance Management Asset Collection/Preventative Maintenance Scheduling Services	\$15,900.00	\$14,400.00	09/01/21- 08/31/22	GR	RFQuote	Annual Renewal of Agreement
	<b>CPEP</b>								
20	Angelica Padilla dba Lice Care Solutions, LLC	No	Lice Removal Services	\$5,000.00	\$5,000.00	09/01/21- 08/31/22	State Funds	RFQuote	Annual Renewal of Agreement
	<b>CRISIS SERVICES</b>								
21	Emergency Temporary Housing (Master Pool)	No	Emergency Housing Services	\$6,000.00	\$6,000.00	09/01/21- 08/31/22	Grant	RFA	Temporary emergency Housing for up to 21 days. Vendor will provide emergency services pursuant to National and Local Emergency Declarations for "COVID-19" and the "Winter Storm".
22	Health Care Solutions for Special Populations dba Patient Care Intervention Center	No	Unified Care Continuum Platform Community Data Exchange or CDX and Data Discovery Analysis for Jail Diversion Program/Population	\$21,794.00	\$21,794.00	09/01/21- 08/31/22	State Funds	Care Coordination Agreement	Annual Renewal of Agreement
23	HEB Grocery Company, LP dba H-E-B	No	Pharmacy Discount Program for Prescriptions	\$1,000.00	\$1,000.00	09/01/21- 08/31/22	GR	Community Service Agreement	Annual Renewal of Agreement

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
24	Housing & Transition Master Pool-CCAP Formerly Houston Downtown Management District (Pool- 2)	No	Transitional Housing Services for CCAP Consumers	\$24,803.74	\$18,803.74	09/01/21- 08/31/22	Grant	RFA	Annual Renewal. Currently two (2) vendors that provides Transitional Housing for CCAP Consumers.
25	Housing & Transition Master Pool-CCSI (Pool- 3)	No	Short-Term Housing Services for CCSI Consumers	\$25,000.00	\$25,000.00	09/01/21- 08/31/22	City of Houston Grant	RFA	Annual Renewal. Currently three (3) vendors that provides temporary Housing and Transitional Services to Consumers in the CCSI Program.
26	Houston Recovery Center- Sobering Center	No	Substance Abuse Resources & Assessments	\$2,000.00	\$2,000.00	09/01/21- 08/31/22	State Grant	Professional Service Agreement	To renew the contract for NARCAN Spray Administration Training.
25	Jail Diversion Inpatient Bed (Master Pool- 1)	No	Inpatient Psychiatric Bed Services for the Jail Diversion Services	\$50,000.00	\$16,500.00	09/01/21- 08/31/22	State Contract	RFP	Annual Renewal of Agreement
26	Temporary Housing for Jail Diversion (Master Pool- 9)	No	Temporary Housing Services for Jail Diversion	\$76,800.00	\$22,901.00	09/01/21- 08/31/22	County Funds	RFA	Annual Renewal of Agreement
27	X-Ray Mobile Texas, Inc.	No	Mobile X-Ray Services	\$9,999.00	\$9,999.00	09/01/21- 08/31/22	Grant	RFQuote	Annual Renewal of Agreement
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
28	Burke Center	No	Psychological Testing/Evaluation for Eligible Consumers	\$1,250.00	\$1,250.00	09/01/21- 08/31/22	State Funds	Sole Source	Annual Renewal of Agreement
29	CC Assessment Services	No	Psychological Testing/Evaluation for Eligible Consumers	\$24,500.00	\$24,500.00	09/01/21- 08/31/22	State Funds	Consumer Driven	Annual Renewal of Agreement
30	Center for Pursuit dba The Center	No	Residential Living (RO23)	\$31,195.00	\$31,195.00	09/01/21- 08/31/22	State Funds	Consumer Driven	Annual Renewal of Agreement
31	City of El Lago	No	Leased Space for Coffeehouse Program	\$9,600.00	\$9,600.00	09/01/21- 08/31/22	State Funds	Lease	Annual Renewal of Agreement
32	Easter Seals of Greater Houston, Inc.	No	Day Camp & Respite Services	\$11,300.00	\$11,300.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
33	Modern Psychological and Allied Services, PLLC	No	Psychological Testing/Evaluation for Eligible Consumers	\$24,500.00	\$24,500.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
34	Morgan and Associates Dental Office	No	Dental Services	\$7,000.00	\$7,000.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
35	The Arc of Greater Houston	No	Community/ Family to Family	\$20,000.00	\$20,000.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
36	The Arc of Greater Houston	No	Community Family Task Force	\$12,000.00	\$12,000.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
37	The Arc of Greater Houston	No	Day Respite Services	\$21,896.00	\$21,896.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
38	The Arc of Greater Houston	No	Overnight Respite	\$39,165.00	\$39,165.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
39	The Arc of Greater Houston	No	Camp Champions	\$15,000.00	\$15,000.00	09/01/21- 08/31/22	State Funds	CFC/IDD Services	Annual Renewal of Agreement
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
40	Audiological & Vision Services Master Pool Contract (Pool-1)	No	Audiological & Vision Services	\$1,905.00	\$1,905.00	09/01/21- 08/31/22	State Funds	Professional Services	Annual Renewal of Agreement
41	Therapy Services Master Pool	No	Speech Language/Occupational and Physical Therapy	\$25,000.00	\$25,000.00	09/01/21- 08/31/22	State Funds	Professional Services	Annual Renewal of Agreement
42	Thomas H. Mann	No	Psychological Services	\$15,000.00	\$12,000.00	09/01/21- 08/31/22	Federal/State/ Medicaid	Professional Services	Annual Renewal of Agreement
<b>INTERLOCALS</b>									
<b>LEASES</b>									
43	The Bill Clair Family Mortuary, Inc.	No	Parking Lease located at 2603 Southmore Street, Houston, Texas	\$8,640.00	\$8,640.00	09/01/21- 08/31/22	GR	Lease	Annual Renewal of Agreement
44	Gillett Properties, Ltd.	No	Property Lease located at 7171 Highway 6. Ste. 206 North for ECI Satellite Location	\$11,388.00	\$11,388.00	09/01/21- 08/31/22	State Funds	Lease	Annual Renewal of Agreement
<b>MENTAL HEALTH SERVICES</b>									
45	Coalition for the Homeless of Houston	No	Client Advocacy Services	\$20,000.00	\$20,000.00	09/01/21- 08/31/22	GR	Professional Services	Annual Renewal of Agreement

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
46	MyStrength, Inc.	No	Agency-Wide Web & Mobile Application Software & Support Services	\$40,000.00	\$40,000.00	09/01/21- 08/31/22	GR	RFQuote	Annual Renewal of Agreement
47	Network Sciences, Inc.	No	Sub-user software agreement to access database for consumer's eligibility	\$25,000.00	\$25,000.00	09/01/21- 08/31/22	GR	Legacy Software	Annual Renewal of Agreement
48	Tejas Behavioral Health Management Association	No	Managed Care Generator Software	\$7,200.00	\$7,200.00	09/01/21- 08/31/22	GR	Sole Source	Annual Renewal of Agreement
	<b>PROGRAM MANAGEMENT</b>								
	<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>								
	<b>ADMINISTRATION</b>								
49	Centre Technologies, Inc.	No	Tegile IntelliCare Premium Support Services	\$13,161.40	\$15,000.00	07/10/20- 11/30/21	GR	Tag-On to DIR-TSO-3334	Annual Renewal of Agreement
50	Doximity, Inc.	No	Online (Telehealth) Voice and Video Platform for Medical Professionals	\$15,000.00	\$15,000.00	07/23/20- 12/31/21	GR	Software Agreement	Annual Funding Only.
51	Everbridge, Inc.	No	Safe Signal Monitoring Services	\$52,320.03	\$40,537.50	09/01/20- 08/31/23	GR	Harris County Tag-On No. 17-0304	Annual Funding Only.
52	Future Com, LTD.	No	Maintenance and Support for the Gigamon Ethernet	\$26,552.18	\$27,000.00	08/15/20- 08/14/21	GR	Tag-On to TIPS #200105	Annual Renewal of Agreement
53	Performance Logic, Inc.	No	Project Management System Software	\$12,500.04	\$12,218.00	11/01/21- 10/31/22 Funding Term (09/01/21- 08/31/22)	GR	Legacy Software	Annual Funding Only.
54	SHI Government Solutions	No	Kaspersky License and Support Renewal	\$41,974.74	\$20,501.75	09/05/20- 09/13/21	GR	Tag-On to Omnia Partners-IT Solutions Contract #2018011-02	Annual Renewal of Agreement
55	SmartDeploy (A Disregarded Entity of Prowess Consulting, LLC)	No	Hardware Independent OS and Software Deployment Services	\$35,000.00	\$13,500.00	12/31/18- 12/31/21	GR	RFQuote	Annual Renewal of Agreement
56	Southeast Texas Regional Advisory Council	No	Hospital Healthcare Preparedness Program ("HPP")	\$125.00	\$125.00	02/01/19- 06/30/22	GR	Professional Services	Annual Funding Only. Final year of contract.





**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2021-0103
Contractor Name:	Applied Technical Services, LLC
Interlocal Agreement:	
Service (brief description):	Roof Anchor Inspections
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$750.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1817
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140983
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON: For load test and inspections on roof anchors

**RECEIVED MAY 25 2021**



Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$3300.00\_. FY22 Rate(s)\_\$3300.00\_ UNIT\_\_1817\_\_\_\_  
GL CODE\_\_557000\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\$750.00\_\_\_\_. FY23 Rate(s) \_\_\$750.00\_ UNIT \_\_1817\_\_\_\_ GL CODE \_\_557001\_  
FY24 \_\_\$750.00 \_\_\_\_\_. FY24 Rate(s) \_\_\$750.00\_ UNIT \_\_1817\_\_\_\_ GL CODE \_\_557001\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_N/A\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Todd McCorquodale\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Karen Hurst\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

Erica Brown Digitally signed by Erica Brown  
Date: 2021.05.19 13:57:00 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

Todd McCorquodale Digitally signed by Todd McCorquodale  
Date: 2021.05.19 16:32:05 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7005
Contractor Name:	Ash Automated Control Systems, Inc.
Interlocal Agreement:	
Service (brief description):	HVAC Energy Maintenance Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$32,500.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140765
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON: FOR CONTINUED HVAC ENERGY MAINTENANCE SERVICES

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\$32,500.00\_\_. FY22 Rate(s)\_ \$32,500.00\_ UNIT\_\_1899\_ GL CODE\_\_557000\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_n/a\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Oscar Garcia\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:00:24 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:31:43 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7594
Contractor Name:	Audimation Services, Inc.
Interlocal Agreement:	No
Service (brief description):	Technical Training for IT Dept on script writing.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$10,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1102
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140657
Contract Requester:	Eggle MacKinney
Contract Owner:	Anthony Robinson

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y)X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22: \$10,000.00. FY22 Rate(s): N/A UNIT: 1102 GL CODE: 542000.

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$10,000.00.

**E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract: David Fojtik .

**APPROVALS:**

**Budget Manager: ERICA BROWN (Printed Name)**

Erica Brown Digitally signed by Erica Brown  
Date: 2021.05.25 13:27:04 -05'00' (Signature). REQUIRED

**Vice President/Contract Owner: D. ANTHONY ROBINSON (Printed Name)**

D. Anthony Robinson Digitally signed by D. Anthony  
Robinson  
Date: 2021.05.25 14:52:13 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6132
Contractor Name:	BMC Software, Inc.
Interlocal Agreement:	No
Service (brief description):	Track-IT Support Software
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$14,130.43
Rate(s)/Rate(s) Description:	Per Renewal Quote
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140387
Contract Requester:	Rick Hurst
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 16,500. FY22 Rate(s) 16,500  
UNIT 1130  
GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

**Ricardo Campbell** Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:55:01 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7773
Contractor Name:	Centre Technologies, Inc.
Interlocal Agreement:	No
Service (brief description):	Technical Consultant Services (DIR-TSO-4144 Tag-on)
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On
Contract NTE (your current budget):	\$30,000.00
Rate(s)/Rate(s) Description:	Hourly Rate Varies
Unit(s) Served:	1130
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140408
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 28 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 30,000. FY22 Rate(s) 30,000  
UNIT 1130  
GL CODE 542000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:12:02 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7696
Contractor Name:	Comcast
Interlocal Agreement:	No
Service (brief description):	Data Circuit for EPIC EHR
Term for Off-Cycle Only:	36 month term which starts after circuit construction completion.
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$37,788.00
Rate(s)/Rate(s) Description:	\$3,149.00 per month
Unit(s) Served:	1130
G/L Code(s):	564004
FY21 Purchase Order Number:	CT140437
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) XX\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 37,788. FY22 Rate(s) 37,788  
UNIT 1130  
GL CODE 564004. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_, FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_, FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 12:56:20 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5324
Contractor Name:	Future Com, LTD.
Interlocal Agreement:	No
Service (brief description):	Digital Defense Assessments
Term for Off-Cycle Only:	9/1/2020 – 8/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On
Contract NTE (your current budget):	\$27,540.00
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140433
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED JUN 0<sup>1</sup> 2021**  
R

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*SB* 1130 - 553002 - 27,540.  
1130 - 553003 - 4,000

Please provide the NTE for FY22 <sup>*SB*</sup> ~~27,540~~ . FY22 Rate(s) \_\_\_\_\_ UNIT 1130 # 31,540  
GL CODE 553003 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA

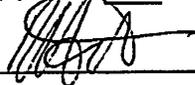
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 16:21:49 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022**, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6159
Contractor Name:	Garratt Callahan Company
Interlocal Agreement:	
Service (brief description):	Water Treatment Services @ 9401
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$12,867.00
Rate(s)/Rate(s) Description:	\$1,072.25/ month
Unit(s) Served:	1817
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140572
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: WATER TREATMENT SERVICES AT 9401

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$15,000.00\_. FY22 Rate(s)\_\_\_ \$15,000.00\_ UNIT\_1817\_\_ GL CODE\_557000\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_GR\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_N/A\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_\_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_\_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_Todd McCorquodale\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_Oscar Garcia\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:02:16 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:31:24 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7385
Contractor Name:	GenSolutions, LLC
Interlocal Agreement:	
Service (brief description):	Generator Mantinance and Inspection Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Bid
Contract NTE (your current budget):	\$26,521.13
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140680
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: GENERATOR MAINTENANCE AND INSPECTION SERVICES

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\_\$26,521.13\_. FY22 Rate(s)\_\_\_ \$26,521.13\_ UNIT\_\_1899\_ GL CODE\_557000\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_GR\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_X\_\_\_
2. Will the scope of the Services change? (Y)\_X\_\_\_ or (N)\_\_\_, if yes, provide brief description. \_\_\_ADDING FACILITY 1869 (6160 S LOOP E) TO SERVICES\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_N/A\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_Todd McCorquodale\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_Oscar Garcia\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:04:06 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:31:04 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7531
Contractor Name:	Humble Elevator Services
Interlocal Agreement:	
Service (brief description):	Elevator Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$9,641.12
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899
G/L Code(s):	569009
FY21 Purchase Order Number:	CT140514
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) X\_\_\_\_\_.
2. Were Services delivered as specified in the Contract? (Y)X (N) \_\_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X (N) \_\_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N)\_\_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_\_.
2. REASON: ELEVATOR SERVICES

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_11,121.56\_\_. FY22 Rate(s)\_ 11,121.56\_\_ UNIT\_\_1899\_\_ GL CODE\_\_569009\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_N/A\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Lisa Cantu\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:05:47 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:30:46 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7774
Contractor Name:	Indigo Beam, LLC
Interlocal Agreement:	No
Service (brief description):	Pre-paid Consulting Services for SharePoint
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	DIR-TSO-4078 Tag-on
Contract NTE (your current budget):	\$30,000.00
Rate(s)/Rate(s) Description:	Hourly Rate \$135
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140576
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) x\_\_.
2. Were Services delivered as specified in the Contract? (Y)x\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)x\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_ (N)\_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_ (N) \_\_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 18 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \_\_\$30,000\_\_\_\_. FY22 Rate(s) \_\_ \$30,000\_\_ UNIT \_\_1130 \_\_ GL CODE \_\_553003\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract \_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager:                     Ricardo Campbell                     (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.18 13:06:53 -05'00' (Signature). REQUIRED

Contract Owner: \_\_RICK HURST\_\_\_\_\_ (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6298
Contractor Name:	Legal Files Software, Inc.
Interlocal Agreement:	No
Service (brief description):	Software for Legal and Contract Services Case Management
Term for Off-Cycle Only:	Legal Services: 12/30/2014 – Until Contract Services: 12/18/2018 – Until
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE ( your current budget):	\$4,727.00 <i>Specifically for Legal Services</i> \$31,444.00 <i>Specifically for Contract Services</i>
Rate(s)/Rate(s) Description:	Per Invoice
Unit(s) Served:	1110 and 1119
G/L Code(s):	553002
FY21 Purchase Order Number:	CT141035 (all funds on this PO were used by Legal Services) CT140488 (all funds on this PO were used by Contract Services)
Contract Requester:	Kendra Thomas and Silvia Tiller
Contract Owner:	Kendra Thomas

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_\_ (N) \_\_\_\_ . N/A
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

**RECEIVED JUN 01 2021**

- 1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_\_.
- 2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$3,279.00 . FY22 Rate(s) N/A UNIT 1119  
 GL CODE 553002. If Contract is a multi-year term, please provide the following. N/A

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
 FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_ or (N)
- 2. Will the scope of the Services change? (Y)  or (N) \_\_\_\_, if yes, provide brief description.  
The contract is just annual maintenance and support since installation, migration and training were completed in FY21.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days NO. [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
 (Y) \_\_\_\_ or (N) \_\_\_\_ N/A

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Silvia Tiller.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Silvia Tiller.



**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6298
Contractor Name:	Legal Files Software, Inc.
Interlocal Agreement:	No
Service (brief description):	Software for Legal and Contract Services Case Management
Term for Off-Cycle Only:	Legal Services: 12/30/2014 – Until Contract Services: 12/18/2018 – Until
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE ( your current budget):	\$4,727.00 <i>Specifically for Legal Services</i> \$31,444.00 <i>Specifically for Contract Services</i>
Rate(s)/Rate(s) Description:	Per Invoice
Unit(s) Served:	1110 and 1119
G/L Code(s):	553002
FY21 Purchase Order Number:	CT141035 (all funds on this PO were used by Legal Services) CT140488 (all funds on this PO were used by Contract Services)
Contract Requester:	Kendra Thomas and Silvia Tiller
Contract Owner:	Kendra Thomas

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N)\_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)\_\_\_\_ (N) \_\_\_\_ N/A
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1  
**RECEIVED JUN 01 2021**

- 1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_\_.
- 2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$4272.00. FY22 Rate(s) N/A UNIT 1110  
 GL CODE 553002. If Contract is a multi-year term, please provide the following. N/A

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
 FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_ or (N)
- 2. Will the scope of the Services change? (Y)  or (N) \_\_\_\_, if yes, provide brief description.  
The contract is just annual maintence and support since installation, migration and training were completed in FY21.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days NO. [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
 (Y) \_\_\_\_ or (N) \_\_\_\_ N/A

**IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

**G. RESPONSIBLE PARTY:**

Please state the name of the **Contract Owner** for this Contract Kendra Thomas.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract Kendra Thomas.

APPROVALS:

Budget Manager: Erica Brown (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.06.01 08:13:24 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7414
Contractor Name:	MSX Group, LLC
Interlocal Agreement:	No
Service (brief description):	Financial Operations Proprietary Budgeting Software
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$10,000.00
Rate(s)/Rate(s) Description:	See Exhibit A and A1
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140471
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X \_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X \_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X \_\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 12 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 5,151. FY22 Rate(s) 5,151 UNIT 1130  
GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

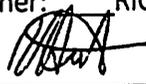
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.12 16:26:34 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7530
Contractor Name:	Next Level Urgent Care
Interlocal Agreement:	No
Service (brief description):	Workers Compensation Medical Treatment Services.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE ( your current budget):	\$6,000.00
Rate(s)/Rate(s) Description:	\$60.00 Drug/Alcohol Screens (=\$35.00 Drug/\$25.00 Alcohol) \$40.00 X-Ray Services Workers' Compensation Treatment: TDI-TWC Fee Schedule
Unit(s) Served:	1117
G/L Code(s):	543024
FY21 Purchase Order Number:	CT140468
Contract Requester:	Egla Mackinney
Contract Owner:	Anthony Robinson

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21?  YES  No
2. Were Services delivered as specified in the Contract?  YES  No
3. Did Contractor perform duties in a manner consistent with standards of the profession?  
 YES  No
4. Did Contractor adhere to the contracted schedule (if applicable)?  YES  No
5. Were reports, billing and/or invoices submitted in a timely manner?  YES  No
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?  YES  No
7. Did Contractor render services consistent with Agency policy and procedures?  YES  No
8. Maintained legally required standards for certification, licensure, and/or training?  
 YES  No

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

Is the Contract being renewed for FY2022 with this Contractor?  YES  No  
REASON:

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$6,000.00. FY22 Rate(s) \$60 Dru & Alcohol Screenings (\$35 Drug/\$25 Alcohol) and \$50 X-Rays UNIT: 1117 GL CODE: 543024

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$6,000.00.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards]  YES  No
2. Will the scope of the Services change?  YES  No, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change?  YES  No
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  YES  No

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract: Eunice Davis.

**APPROVALS:**

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.25 13:02:11 -05'00' (Signature). REQUIRED

Vice President/Contract Owner: D. Anthony Robinson (Printed Name)

D. Anthony Robinson Digitally signed by D. Anthony  
Robinson  
Date: 2021.05.25 14:51:20 -05'00' (Signature). REQUIRED

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Received 5/14/21

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6665
Contractor Name:	NFS Hospitality Corporation, Inc.
Interlocal Agreement:	No
Service (brief description):	Rendezvous Workspace Scheduling Solution Software
Term for Off-Cycle Only:	8/23/2016 - Until Terminated; automatic one-year renewals
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$5,564.00
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140473
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) x.
2. Were Services delivered as specified in the Contract? (Y) x (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_.
2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 3,641.36. FY22 Rate(s) \_\_\_\_\_ UNIT 1130  
GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

~~IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.~~

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_\_\_\_.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.14 10:17:35 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7228
Contractor Name:	Neiderhofer Enterprises, Inc.
Interlocal Agreement:	
Service (brief description):	Groundskeeping
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$8,100.00
Rate(s)/Rate(s) Description:	\$100 *16 (cuts) of the corner lot @ 2000 Cedar Bayou Rd \$500 for special "call out" cuts \$250 *24 (cuts) @2001 Cedar Bayou Rd
Unit(s) Served:	1801
G/L Code(s):	569003
FY21 Purchase Order Number:	CT140575
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) \_\_X\_\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_X\_\_ (N) \_\_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_X\_\_ (N) \_\_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_X\_\_ (N)\_\_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_X\_\_ (N) \_\_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_X\_\_ (N) \_\_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_X\_\_ (N) \_\_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_X\_\_ (N) \_\_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_X\_\_ (N) \_\_\_\_\_.

2. REASON: FOR CONTINUED SERVICES AT THE 2001 CEDAR BAYOU ROAD LOCATION IN BAYSHORE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \_\_\$8100.00\_\_. FY22 Rate(s)\_ \$8100.00\_\_ UNIT\_\_1801\_ GL CODE\_\_569003\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\$8100.00\_\_. FY23 Rate(s) \_\_\$8100.00\_\_ UNIT \_\_1801\_\_ GL CODE \_\_569003\_\_  
FY24 \_\_\$8100.00\_\_. FY24 Rate(s) \_\_\$8100.00\_\_ UNIT \_\_1801\_\_ GL CODE \_\_569003\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_\_X\_\_ if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_N/A\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_Sarah Harper\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:10:18 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:30:12 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6840
Contractor Name:	Refinitiv US LLC
Interlocal Agreement:	No
Service (brief description):	AutoAudit Software License. Automatic Annual Renewal License Fee.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$1,060.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1102
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140684
Contract Requester:	Eggle MacKinney
Contract Owner:	Anthony Robinson

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON:

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22: \$1,100.00. FY22 Rate(s) N/A UNIT: 1102  
GL CODE: 553002.

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$1,100.00.

E. CONTRACT FUNDING SOURCE:      GR      [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)      or (N)   X
2. Will the scope of the Services change? (Y)      or (N)   X  , if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)      or (N)   X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)      or (N)   X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract: David Fojtik .

APPROVALS:

Budget Manager: ERICA BROWN (Printed Name)

Erica Brown Digitally signed by Erica Brown  
Date: 2021.05.25 13:28:22 -05'00' (Signature). REQUIRED

Vice President/Contract Owner: D. ANTHONY ROBINSON (Printed Name)

D. Anthony Robinson Digitally signed by D. Anthony  
Robinson  
Date: 2021.05.25 14:52:40 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6475
Contractor Name:	SunCoast Resources
Interlocal Agreement:	
Service (brief description):	Generator Maintenance
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$20,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1899
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140762
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y)X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for **FY2022** with this Contractor? (Y) X (N) \_\_\_.
2. REASON: FUEL SERVICE FOR AGENCY GENERATORS

**RECEIVED MAY 25 2021**  
1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_ \$20,000.00\_. FY22 Rate(s)\_ \$20,000.00\_ UNIT\_ 1899\_ GL CODE\_ 557000\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y) \_\_X\_\_ or (N) \_\_\_\_\_, if yes, provide brief description. ADDING FACILITY 1869 (6160 S Loop E) to the services
3. Is the payment deadline different than net (45)? If yes, please provide the net days n/a [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract \_\_\_\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_\_\_\_Oscar Garcia\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:28:40 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:32:24 -05'00' (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7797
Contractor Name:	UpKeep Technologies, Inc.
Interlocal Agreement:	
Service (brief description):	Computerized Maintenance Management Asset Collection/ Preventative Maintenance Scheduling Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$15,900.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1124
G/L Code(s):	551002
FY21 Purchase Order Number:	CT140633
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: 3 YEAR CONTRACT

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\$14,400.00\_\_. FY22 Rate(s)\_\_ \$14,400.00\_ UNIT\_ 1124\_ GL CODE\_\_551002\_\_. If Contract is a multi-year term, please provide the following.

FY23\_\_\$14,400.00\_\_. FY23 Rate(s)\_\_\$14,400.00\_\_ UNIT\_ 1124\_\_ GL CODE\_\_551002\_\_  
FY24\_\_\_\_\_ FY24 Rate(s)\_\_\_\_\_ UNIT\_\_\_\_\_ GL CODE\_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_N/A\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_Todd McCorquodale\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_Sarah Harper\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Erica Brown\_\_\_\_\_ (Printed Name)

**Erica Brown** Digitally signed by Erica Brown  
Date: 2021.05.19 14:31:51 -05'00' (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Todd McCorquodale\_\_\_\_\_ (Printed Name)

**Todd McCorquodale** Digitally signed by Todd  
McCorquodale  
Date: 2021.05.19 16:32:41 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2021-0078
Contractor Name:	Angelica Padilla dba Lice Care Solutions, LLC
Interlocal Agreement:	
Service (brief description):	Lice Removal Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$5,000.00
Rate(s)/Rate(s) Description:	\$180/ 1 <sup>st</sup> hour; \$125 each additional hour
Unit(s) Served:	9403
G/L Code(s):	543053
FY21 Purchase Order Number:	CT140946
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$5,000. FY22 Rate(s) \$180 1st hr. \$125 add. hr. UNIT 9261  
GL CODE 543053. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kornmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kornmayer (Printed Name)

Kim Kornmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyla.behn@theharriscenter.org](mailto:shaskyla.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2021-0071
Contractor Name:	P-Emergency Temporary Housing (ETH)
Interlocal Agreement:	No
Service (brief description):	Emergency Temporary Housing Pool for Vendors who provide emergency housing on short notice and for less than 21 days.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$6,000.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9238
G/L Code(s):	595031
FY21 Purchase Order Number:	FY21 CT140917
Contract Requester:	Amber Honsinger
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$6,000. FY22 Rate(s) Varies UNIT 9238  
GL CODE 595031. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$6,000.

**E. CONTRACT FUNDING SOURCE:** private Grant [SR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:** Agreement in place with Houston Downtown Management District

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of PS the Contract Owner for this Contract Amber Honsinger Kim Kommayer

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Amber Honsinger.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: Kim Kommayer (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7300
Contractor Name:	Health Care Solutions for Special Populations dba Patient Care Intervention Center (PCIC)
Interlocal Agreement:	No
Service (brief description):	Unified Care Continuum Platform Community Data Exchange or CDX and Data Discovery Analysis for Jail Diversion program/population.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$21,794.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9403
G/L Code(s):	574000
FY21 Purchase Order Number:	CT140591
Contract Requester:	Priscilla Ramirez
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$21,794.00 . FY22 Rate(s) same UNIT 9261  
GL CODE 574000 .

\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: n/a .

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) X
2. Will the scope of the Services change? (Y) or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Priscilla Ramirez .

APPROVALS:

Budget Manager: Priscilla Ramirez (Printed Name)

*Priscilla Ramirez* (Signature). REQUIRED

Vice President/Contract Owner: Kim Kommayer (Printed Name)

*Kim Kommayer* (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskvia.behn@theharriscenter.org](mailto:shaskvia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	5628
Contractor Name:	HEB Grocery Company, LP dba H-E-B
Interlocal Agreement:	No
Service (brief description):	Pharmacy Discount Program Agreement for prescriptions.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$1,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9206
G/L Code(s):	547001
FY21 Purchase Order Number:	CT140450
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kommayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-compliance with the nature of this form via email to the Contracts Services Department. (DO NOT ANSWER QUESTIONS IN SETS A, B, C, D, E, and F.)

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$1,000.00. FY22 Rate(s) NA UNIT 9206  
GL CODE 547001.

IF THE NTE IS SPLIT BETWEEN UNIFORMS AND OTHER, LIST ALL OF THE UNIFORMS AND OTHER NECESSARY.

List all applicable Contract Line Item Release numbers in Budget Manager.

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)      or (N) X
2. Will the scope of the Services change? (Y)      or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)      or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)      or (N) X

IF YES, PLEASE ATTACH APPROPRIATE CHANGES TO THIS CONTRACT.

**G. RESPONSIBLE PARTY:**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). (DO NOT SIGN)

Vice President/Contract Owner: Kim Kommayer (Printed Name)

[Signature] (Signature). (DO NOT SIGN)

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contractservices@theharriscenter.org](mailto:contractservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7262
Contractor Name:	P-Housing & Transition (CCAP)
Interlocal Agreement:	No
Service (brief description):	Master Pool: Currently two (2) vendors provides Transitional Housing Services for CCAP Consumers (formerly HDMD).
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE (your current budget):	\$24,803.74
Rate(s)/Rate(s) Description:	\$650.00 per month
Unit(s) Served:	9238
G/L Code(s):	595031
FY21 Purchase Order Number:	CT140616
Contract Requester:	Amber Honsinger and/or Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$18,803.74 <sup>PS</sup>. FY22 Rate(s) \$650 per mo. UNIT 9238  
GL CODE 595031. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$18,803.74 <sup>12</sup>

E. CONTRACT FUNDING SOURCE: Private <sup>PS</sup> [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES: Grant Agreement in place with Houston Downtown Management District

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the <sup>PS</sup> Contract Owner for this Contract Amber Honsinger Kim Kommayer

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Amber Honsinger.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: Kim Kommayer (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7810
Contractor Name:	P-Housing & Transition (CCSI)
Interlocal Agreement:	No
Service (brief description):	Master Pool: Currently three (3) vendors provide temporary 'Housing and Transitional Services' to consumers in the CCSI Program.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE ( your current budget):	\$25,000.00
Rate(s)/Rate(s) Description:	\$650.00
Unit(s) Served:	9229
G/L Code(s):	543074
FY21 Purchase Order Number:	CT140504
Contract Requester:	Amber Honsinger
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$25,000. FY22 Rate(s) \$650 per mo. UNIT 9229  
GL CODE 543074. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$25,000.

E. CONTRACT FUNDING SOURCE: ~~private~~ Grant [SR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

City of Houston, GR

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) x
2. Will the scope of the Services change? (Y) \_\_\_ or (N) x, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) x
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) x

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name Kim Kornmayer of the Contract Owner for this Contract ~~Amber Honsinger~~.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Amber Honsinger.

APPROVALS:

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: Kim Kornmayer (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyla.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B".

**A. CURRENT FY 2021 CONTRACT INFORMATION –**

Contract ID#:	7860
Contractor Name:	Houston Recovery Center (HRC) LGC – Sobering Center
Interlocal Agreement:	No
Service (brief description):	NARCAN spray administration training.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$2,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9263
G/L Code(s):	549005
FY21 Purchase Order Number:	CT140792
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) Y\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY. No significant deficiencies within FY21.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

1  
**RECEIVED MAY 11 2021**

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$2000. FY22 Rate(s) NA  
UNIT 9263  
GL CODE 549005.

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE:** GRANT [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

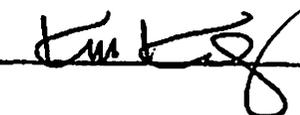
1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X \_\_\_
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X \_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10]. NO
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X \_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X \_\_\_

**G. RESPONSIBLE PARTY:**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Omar Sesay/Ashley Neubauer.

**APPROVALS:**

Budget Manager:  (Printed Name)  
\_\_\_\_\_ (Signature).

Vice President/Contract Owner: Kim Kommayer (Printed Name)  
 (Signature).

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7279
Contractor Name:	Master Pool-Jail Diversion Inpatient Bed
Interlocal Agreement:	N/A
Service (brief description):	Inpatient Psychiatric Bed Services for the Jail Diversion Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$50,000.00
Rate(s)/Rate(s) Description:	\$625.00 per bed day
Unit(s) Served:	9405
G/L Code(s):	543044
FY21 Purchase Order Number:	CT140635
Contract Requester:	Priscilla Ramirez
Contract Owner:	Thomas Mitchell/Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_ .

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_ .

2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$16,500 (pooled) FY22 Rate(s) same UNIT 9405  
GL CODE 543044. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$16,500.00.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kormmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Priscilla Ramirez.

APPROVALS:

Budget Manager: Priscilla Ramirez (Printed Name)

Priscilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kormmayer (Printed Name)

Kim Kormmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyla.behn@theharriscenter.org](mailto:shaskyla.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7256
Contractor Name:	P-Temporary Housing for Jail Diversion
Interlocal Agreement:	No
Service (brief description):	Master Pool: Nine (9) vendors provide temporary housing services for jail diversion.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Request for Applications
Contract NTE ( your current budget):	\$76,800.00
Rate(s)/Rate(s) Description:	\$650 per month
Unit(s) Served:	9405
G/L Code(s):	543004
FY21 Purchase Order Number:	FY21 CT140681 (Master Pool)
Contract Requester:	Priscilla Ramirez
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$22,901 (pooled) FY22 Rate(s) same UNIT 9405  
GL CODE 543004. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$22,901.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Kim Kornmayer.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Pricilla Ramirez.

APPROVALS:

Budget Manager: Pricilla Ramirez (Printed Name)

Pricilla Ramirez (Signature). REQUIRED

Contract Owner: Kim Kornmayer (Printed Name)

Kim Kornmayer (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7848
Contractor Name:	X-Ray Mobile Texas, Inc.
Interlocal Agreement:	No
Service (brief description):	Mobile X-Ray Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE ( your current budget):	\$9,999.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	Varies
G/L Code(s):	543031
FY21 Purchase Order Number:	CT140701
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kornmayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$9,999.99. FY22 Rate(s) \_\_\_\_\_ UNIT 9205/9209/9403  
GL CODE 543031. (see attached)

IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.

List all possible UNITS GL codes. (Please refer to Budget Manager.)

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA.

E. CONTRACT FUNDING SOURCE: GRANT/GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGE(S) - NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Evelyn Locklin.

APPROVALS:

Budget Manager: Jodei Oshman / Priscilla Ramirez (Printed Name)

[Signature] (Signature). REQUIRED

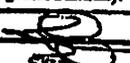
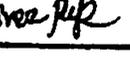
Vice President/Contract Owner: Kim Kommayer (Printed Name)

[Signature] (Signature). REQUIRED

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**FY 2022 FINANCIAL INFORMATION**

List all applicable units/GL codes. (\*Insert additional rows as needed. Total must be equal to requested NTE.)

AMOUNT(S)	RATE(S) DESCRIPTION	UNIT(S) SERVED	GL/EXPENSE CODE(S)	BUDGET MANAGER APPROVALS (signature/initials):
\$ 6,999.99	no change	9205	543031	Jodel Oshman 
\$ 1,000.00	no change	9209	543031	Jodel Oshman 
\$ 2,000.00	this will come from Priscilla no change 3/1/2	9403	543031	Priscilla Ramirez 
\$ 9,999.99	TOTAL NTE			

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7542
Contractor Name:	Burke Center
Interlocal Agreement:	Yes
Service (brief description):	Psychological Testing/Evaluation to determine IDD Eligibility
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Sole Source</i>
Contract NTE (your current budget):	\$1,250.00
Rate(s)/Rate(s) Description:	\$125 per assessment
Unit(s) Served:	3355
G/L Code(s):	543065
FY21 Purchase Order Number:	CT140528
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22\_\_\$1,250.00\_\_\_\_. FY22 Rate(s)\_\_\$125.00 per assessment\_\_\_\_  
UNIT\_\_3355\_ GL CODE\_\_543065\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_N/A\_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: \_STATE\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) \_\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_\_X\_\_ if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_x\_\_ or (N) \_\_\_\_\_  
Maximum of 5 assessments/yearly.
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N) \_\_X\_\_

**IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract\_\_Robert Stakem, Jr. , VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_Floyd Harrison, Program Director – IDD Eligibility Determination, Margo Childs, Program Director – IDD Services\_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Mamie Adams-Austin*\_\_\_\_\_ (Signature). **REQUIRED**

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7871
Contractor Name:	CC Assessment Services
Interlocal Agreement:	
Service (brief description):	Psychological Testing/Evaluation to determin IDD Eligibility
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$24,500.00
Rate(s)/Rate(s) Description:	\$150 per assessment
Unit(s) Served:	3355
G/L Code(s):	540503
FY21 Purchase Order Number:	CT140528
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22\_\$24,500.00\_\_\_\_\_. FY22 Rate(s)\_\$350.00 per assessment\_\_\_\_\_ UNIT\_\_3355\_\_\_\_\_ GL CODE\_\_540503\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_ N/A\_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: \_\_STATE\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_\_\_X\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_\_\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_\_\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_\_\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_Floyd Harrison, Program Director – IDD Eligibility Determination, Margo Childs, Program Director – IDD Services\_\_\_\_\_.

**APPROVALS:**

Budget Manager: \_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7205
Contractor Name:	Center for Pursuit dba The Center
Interlocal Agreement:	
Service (brief description):	Residential Living (RO23)
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$31,195.00
Rate(s)/Rate(s) Description:	\$85.23/day per authorized Consumer
Unit(s) Served:	3570
G/L Code(s):	543004
FY21 Purchase Order Number:	CT140618
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) x \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) x (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_.
2. REASON:

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\$31,195.00\_\_\_\_\_. FY22 Rate(s)\_\_\$85.23/per authorized consumer\_\_\_\_\_ UNIT\_\_3570\_\_\_\_ GL CODE\_\_543004\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_N/A\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_STATE\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_x\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_x\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_x\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_x\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Robert Stakem, Jr., VP –IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature).  
**REQUIRED**

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem

Digitally signed by Robert Stakem  
DN: cn=Robert Stakem, ou=The Harris Center, ou=EDD Services  
Division, email=Robert.Stakem@TheHarrisCenter.org, c=US  
Date: 2021.05.27 16:14:17 -0500

\_\_\_\_\_  
(Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7085
Contractor Name:	City of El Lago
Interlocal Agreement:	Yes
Service (brief description):	Leased Space for Coffeehouse Program
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Sole Source</i>
Contract NTE (your current budget):	\$9,600.00
Rate(s)/Rate(s) Description:	\$800/month
Unit(s) Served:	
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140588
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$9,600.00\_. FY22 Rate(s)\_\$200.00/weekly; NTE \$800.00 per month\_ UNIT\_\_\_\_\_GL CODE\_126006\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_N/A\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_STATE\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Amanda Willis, Practice Manager – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)

\_\_\_Robert Stakem\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7206
Contractor Name:	Easter Seals of Greater Houston, Inc.
Interlocal Agreement:	
Service (brief description):	Day Camp & Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$11,300.00
Rate(s)/Rate(s) Description:	\$8.76/hr (up to 43 Consumers *6hrs/day*5 days)
Unit(s) Served:	3519
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140516
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X \_\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$11,300.00. FY22 Rate(s) \$8.76/hr (up to 43 Consumers \*6hrs/day\*5 days) UNIT 3519  
GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$11,300.00.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Network Services/Margo Childs, Program Director – IDD Contract Services.

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7052
Contractor Name:	Morgan and Associates Dental Office
Interlocal Agreement:	
Service (brief description):	Consumer Dental Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$7,000.00
Rate(s)/Rate(s) Description:	\$1,000.00 per Consumer
Unit(s) Served:	3585
G/L Code(s):	543011
FY21 Purchase Order Number:	CT140543
Contract Requester:	Thomas Wills
Contract Owner:	Lily Pan

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_ X \_\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED MAY 24 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$7000.00 . FY22 Rate(s) \$1000.00 per consumer  
UNIT 3585

GL CODE 543011 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Lily Pan\_\_\_\_\_.

APPROVALS:

Budget Manager: Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

Mamie Adams-Austin\_\_\_\_\_ (Signature).  
**REQUIRED**

Contract Owner: Robert Stakem\_\_\_\_\_ (Printed Name)

Robert Stakem\_\_\_\_\_ (Signature). **REQUIRED**

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7865
Contractor Name:	Modern Psychological and Allied Services, PLLC
Interlocal Agreement:	
Service (brief description):	Psychological Testing/Evaluation to determine IDD Eligibility
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Sole Source</i>
Contract NTE (your current budget):	\$24,500.00
Rate(s)/Rate(s) Description:	\$350 per evaluation
Unit(s) Served:	3355
G/L Code(s):	543503
FY21 Purchase Order Number:	CT140723
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ (N) X\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ (N) X\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22\_ \$24,500.00\_. FY22 Rate(s)\_ \$350 per evaluation \_\_\_  
UNIT\_3355\_ GL CODE\_ 543503\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_N/A\_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: STATE\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract\_\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_Floyd Harrison, Program Director – Eligibility Determination, Margo Childs, Program Director – IDD Services\_\_\_\_\_.

**APPROVALS:**

Budget Manager: Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

Mamie Adams-Austin\_\_\_\_\_ (Signature).  
**REQUIRED**

Contract Owner: \_\_\_\_\_ Robet Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem \_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7195
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Community/ Family to Family
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$20,000.00
Rate(s)/Rate(s) Description:	\$83.33 per Consumer
Unit(s) Served:	3381
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140520
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$20,000.00. FY22 Rate(s) \$83.33 per Consumer UNIT 3381 GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 . FY23 Rate(s) UNIT GL CODE
FY24 . FY24 Rate(s) UNIT GL CODE

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) X
2. Will the scope of the Services change? (Y) or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? N If yes, please provide the net days [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Services, Margo Childs, Program Director - IDD Services

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature).
REQUIRED

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ *Robert Stakem* \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022**, starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7193
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Community Family Task Force
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$12,000.00
Rate(s)/Rate(s) Description:	\$3,000.00/Quarterly
Unit(s) Served:	3384
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140583
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) x\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) x\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x\_\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x\_\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**  
1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$12,000.00. FY22 Rate(s) \$3000.00/Quarterly UNIT 3384 GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

**E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) x \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services.

**APPROVALS:**

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature).

**REQUIRED**

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7198
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	ARC Day Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$21,896.00
Rate(s)/Rate(s) Description:	\$8.32/ hour* 20 Consumers
Unit(s) Served:	3479
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140584
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ (N) X.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$21,896.00. FY22 Rate(s) \$8.32/ hour\* 20 Consumers UNIT 3479 GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services.

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature).

REQUIRED

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7196
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Overnight Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Consumer Driven</i>
Contract NTE (your current budget):	\$39,165.00
Rate(s)/Rate(s) Description:	\$6.30/ hour
Unit(s) Served:	3383
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140522
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

RECEIVED JUN 01 2021<sup>1</sup>

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \_\_\_\$39,165.00\_\_\_\_\_. FY22 Rate(s)\_\_\_ \$6.30/ hour  
UNIT\_\_\_ 3383\_\_\_\_\_  
GL CODE\_\_\_ 543000\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_N/A\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_STATE\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_\_\_X\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days  
\_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_\_\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y)\_\_\_ or (N)\_\_\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_Robert Stakem, Jr., VP –IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Mamie Adams-Austin*\_\_\_\_\_ (Signature).

**REQUIRED**

Contract Owner: \_\_\_\_\_ Robert Stakem, Jr. \_\_\_\_\_ (Printed Name)

Robert Stakem \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7194
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Camp Champions
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Consumer Driven
Contract NTE (your current budget):	\$15,000.00
Rate(s)/Rate(s) Description:	\$187.50 per Consumer, up to 80 Consumers
Unit(s) Served:	3380
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140585
Contract Requester:	Margo Childs
Contract Owner:	Margo Childs

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01<sup>1</sup>2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$15,000.00. FY22 Rate(s) \$187.50 per Consumer, up to 80 Consumers UNIT 3380 GL CODE 543000. If Contract is a multi-year term, please provide the following.

FY23 . FY23 Rate(s) UNIT GL CODE
FY24 . FY24 Rate(s) UNIT GL CODE

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) X
2. Will the scope of the Services change? (Y) or (N) X, if yes, provide brief description.
3. Is the payment deadline different than net (45)? N If yes, please provide the net days [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Katrina Carter, IDD Services, Margo Childs, Program Director – IDD Services

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM****FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5308
Contractor Name:	P-Audiological & Vision Services Master Pool Contract
Interlocal Agreement:	
Service (brief description):	Audiological & Vision Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE (your current budget):	\$1,905.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	3360
G/L Code(s):	543011
FY21 Purchase Order Number:	CT140593
Contract Requester:	Marlene Hollier/ Margo Childs
Contract Owner:	Marlene Hollier

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

RECEIVED MAY 21 2021

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\$1,905.00\_\_\_. FY22 Rate(s)\_\_\_\_\_ UNIT\_\_3360\_\_ GL CODE\_\_543011\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts:\_\_\$1,905.00\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_STATE\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) \_\_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_Robert Stakem, Jr., VP – IDD Services\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_Marlene Hollier, Director ECI Services\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_Mamie Adam-Austins\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Mamie Adams-Austin*\_\_\_\_\_ (Signature).  
**REQUIRED**

Contract Owner: \_\_Robert Stakem, Jr.\_\_\_\_\_ (Printed Name)

\_\_\_\_\_*Robert Stakem*\_\_\_\_\_ (Signature). **REQUIRED**

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contractservices@theharriscenter.org](mailto:contractservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6781
Contractor Name:	P-Therapy Services Master Pool
Interlocal Agreement:	
Service (brief description):	Speech/Language Therapy Occupational/Physical Therapy
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>RFA</i>
Contract NTE (your current budget):	\$25,000.00
Rate(s)/Rate(s) Description:	\$86.01/45 minutes - Speech/Language Therapy \$97.86/ 45 minutes - Occupational/Physical Therapy
Unit(s) Served:	3360
G/L Code(s):	543012
FY21 Purchase Order Number:	CT140592
Contract Requester:	Marlene Hollier/ Margo Childs
Contract Owner:	Marlene Hollier

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \_\$25,000.00\_. FY22 Rate(s) \$86.01/45 minutes - Speech/Language Therapy \$97.86/ 45 minutes - Occupational/Physical Therapy \_UNIT\_3360\_

GL CODE 543012. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\$25,000.00\_.

**E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N) X \_\_\_
2. Will the scope of the Services change? (Y) \_\_\_ or (N) X \_\_\_ if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N) X \_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N) X \_\_\_

**IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Marlene Hollier, Director – ECI Services.

**APPROVALS:**

Budget Manager: Mamie Adam-Austin (Printed Name)

Mamie Adams-Austin (Signature). **REQUIRED**

Contract Owner: Robet Stakem, Jr. (Printed Name)

Robert Stakem (Signature). **REQUIRED**

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022, starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7514
Contractor Name:	Thomas H. Mann
Interlocal Agreement:	
Service (brief description):	Psychological Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	<i>Sole Source</i>
Contract NTE (your current budget):	\$15,000.00
Rate(s)/Rate(s) Description:	\$75 per hour
Unit(s) Served:	3550/3579/3609/3611/3692
G/L Code(s):	543021
FY21 Purchase Order Number:	CT140696
Contract Requester:	Lily Pan
Contract Owner:	Robert Stakem

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_ X\_\_ (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_\_\$12,000\_\_\_\_\_. FY22 Rate(s)\_\_\_\$75\_\_\_  
UNIT\_\_3550/3579/3609/3611/3692 \$2400 for each unit\_\_\_  
GL CODE\_\_\_453021\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_NA\_\_\_\_\_. FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_NA\_\_\_\_\_. FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_Federal/state/Medicaid\_\_\_\_\_  
[GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_X\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_\_\_X\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days  
\_\_No\_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N) X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y)\_\_\_ or (N) X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_Robert Stakem\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Lily Pan\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_Robert Stakem\_\_\_\_\_ (Printed Name)

\_\_\_Robert Stakem\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6541
Contractor Name:	The Bill Clair Family Mortuary, Inc.
Interlocal Agreement:	No
Service (brief description):	Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFA
Contract NTE ( your current budget):	\$8,640.00
Rate(s)/Rate(s) Description:	12 Parking Spaces @ \$50.00 each
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	FY21 PO CT140440
Contract Requester:	Patricia Singh
Contract Owner:	Kim Kommayer

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_ .

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_\_ .
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

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**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$8,640. FY22 Rate(s) <sup>12 spaces @</sup> @\$50 ea UNIT 9810  
GL CODE 126006. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA

**E. CONTRACT FUNDING SOURCE:** GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) x
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) x, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) x
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) x

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner for this Contract Donna Olson-Salas.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Donna Olson-Salas.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: Kim Kormmayer (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	5340
Contractor Name:	Gillett Properties, Ltd.
Interlocal Agreement:	No
Service (brief description):	Property lease located at 7171 Highway 6, Ste. 206 North for ECI satellite location.
Term for Off-Cycle Only:	Month-to-Month Lease Term
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$11,388.00
Rate(s)/Rate(s) Description:	\$949 per month
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140416
Contract Requester:	Marlene Hollier or Margo Childs
Contract Owner:	Robert Stakem

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)XX\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$11,388.00. FY22 Rate(s) \$949 per month UNIT 3360 GL CODE 126006. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: STATE [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? N If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Robert Stakem, Jr., VP – IDD Services.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Marlene Hollier, Director – ECI Services.

APPROVALS:

Budget Manager: Mamie Adams-Austin (Printed Name)

Mamie Adams-Austin (Signature).  
**REQUIRED**

Contract Owner: Robert Stakem, Jr. (Printed Name)

Robert Stakem (Signature). **REQUIRED**

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7578
Contractor Name:	Coalition for the Homeless of Houston
Interlocal Agreement:	No
Service (brief description):	Care Coordination Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$20,000.00
Rate(s)/Rate(s) Description:	\$20,000.00
Unit(s) Served:	2200
G/L Code(s):	543022
FY21 Purchase Order Number:	CT140434
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

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1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*No change*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$120,000

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA  
[i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)  
[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)  
[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6536
Contractor Name:	MyStrength, Inc.
Interlocal Agreement:	No
Service (brief description):	Mental Health Web Based Mobile Application Software for a Consumer behavioral health and wellness program.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$40,000.00
Rate(s)/Rate(s) Description:	\$40,000.00
Unit(s) Served:	<del>2812</del> 2912
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140604
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: no change

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT 2212  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$140,000

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_ or (N)  if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days net [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Dawley.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby.

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Dawley (Printed Name)



\_\_\_\_\_  
(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6833
Contractor Name:	Network Sciences, Inc.
Interlocal Agreement:	No
Service (brief description):	Sub-user software agreement to access database for consumer's eligibility.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$25,000.00
Rate(s)/Rate(s) Description:	See Exhibit B
Unit(s) Served:	2200
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140472
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) .
2. Were Services delivered as specified in the Contract? (Y)  (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)  (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)  (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y)  (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y)  (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y)  (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y)  (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y)  (N) \_\_\_.
2. REASON:

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: **NO change**

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: **\$25,000**

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ (GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY)

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
- 2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days **NA** [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract **M Dawney**

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract **A Shelby**

APPROVALS:

Budget Manager: **Debbre Chambers Shelby** (Printed Name)

**[Signature]** (Signature). REQUIRED

Contract Owner: **M Dawney** (Printed Name)

**[Signature]** (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7739
Contractor Name:	Tejas Behavioral Health Management Association
Interlocal Agreement:	No
Service (brief description):	MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$7,200.00
Rate(s)/Rate(s) Description:	See Exhibit A
Unit(s) Served:	2200
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140505
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*NO change*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$ 7,200

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ (GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY)

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  if yes, provide brief description.
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby.

APPROVALS:

Budget Manager Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)

 \_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6641
Contractor Name:	Centre Technologies, Inc.
Interlocal Agreement:	No
Service (brief description):	Tegile IntelliCare Support
Term for Off-Cycle Only:	EOS Date 11/30/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$13,161.40
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	553001
G/L Code(s):	1130
FY21 Purchase Order Number:	CT140299
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

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Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_15,000\_\_\_\_\_. FY22 Rate(s)\_\_\_15,000\_\_\_\_\_  
UNIT\_\_1130\_\_\_\_\_  
GL CODE\_\_553001\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_\_\_X\_\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N)\_\_\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_\_ or (N)\_\_\_X\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_\_ or (N)\_\_\_X\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ Ricardo Campbell \_\_\_\_\_ (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 13:49:47 -05'00' \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ HURST \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7805
Contractor Name:	Doximity, Inc.
Interlocal Agreement:	No
Service (brief description):	Online (telehealth) Voice and Video Platform for medical professionals.
Term for Off-Cycle Only:	7/23/2020 – 12/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$15,000.00 ✓
Rate(s)/Rate(s) Description:	\$15,000.00 annually
Unit(s) Served:	2200 ✓
G/L Code(s):	551002 ✓
FY21 Purchase Order Number:	CT140532
Contract Requester:	Linda Arceneaux
Contract Owner:	Sylvia Muzquiz (formerly Dr. Knox)

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

**RECEIVED MAY 25 2021**  
1.

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*no change*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: *\$1 15,000*

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  , if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days *NA*  
[i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract *S. Muzequit*

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract *D Shelby*

APPROVALS:

Budget Manager *Debbie Chambers Shelby* (Printed Name)  
*[Signature]* (Signature). REQUIRED

Contract Owner: *Sylvia Muzequit-Drummond MD* (Printed Name)  
*[Signature]* (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7807
Contractor Name:	Everbridge, Inc.
Interlocal Agreement:	No
Service (brief description):	Everbridge provides the Agency's Mass Notification Incident Management Service as well as the Safety Connection Base Service (see amendment 1). (NOTE: Replacement for Alert Media Safe Signal.)
Term for Off-Cycle Only:	36 Month Term (9/1/2020 – 8/31/2023)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Harris County Tag-on No. 17-0304
Contract NTE (your current budget):	\$52,320.03
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140513
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_\_ (N) \_\_\_.

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2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$40,537.50 . FY22 Rate(s) \$40,537.50  
UNIT 1130  
GL CODE 553003 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: NA .

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days NET 30 [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA .

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL .

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.25 12:55:37 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7016
Contractor Name:	Future Com, Ltd.
Interlocal Agreement:	No
Service (brief description):	Maintenance and Support for the Gigamon Ethernet
Term for Off-Cycle Only:	8/15/2020 – 8/14/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On
Contract NTE (your current budget):	\$26,552.18
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140562
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) XX\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\_27,000\_\_\_\_\_. FY22 Rate(s)\_\_27,000\_\_\_\_\_  
UNIT\_1130\_\_\_\_\_  
GL CODE\_553002\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_ or (N) \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_HURST/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ *Ricardo Campbell* \_\_\_\_\_ (Printed Name)

**Ricardo Campbell** Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:48:08 -05'00' \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ HURST \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ *[Signature]* \_\_\_\_\_ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6638
Contractor Name:	Performance Logic
Interlocal Agreement:	No
Service (brief description):	Project management system software to track performance of the 1115 Waiver DSRIP projects and Agency wide projects for Project Management.
Term for Off-Cycle Only:	November 1 – October 31 annual term
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$12,500.04
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1128, 1130, 1177
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140414
Contract Requester:	Maria Richardson
Contract Owner:	Maria Richardson/Scott Rule

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓ \_\_\_.
2. Were Services delivered as specified in the Contract? (Y) ✓ \_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ \_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ✓ \_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ \_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ \_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ \_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) ✓ \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ \_\_\_ (N) \_\_\_.
2. REASON: Needed for project management

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22 \$ 12,218.00. FY22 Rate(s) \_\_\_\_\_  
 GL CODE \_\_\_\_\_.

AMOUNT(S)	RATE(S) DESCRIPTION	UNIT(S) SERVED	GL/EXPENSE CODE(S)
\$ 3,936.00	(15 X 492 power users)	1128	553002
\$ 7,790.00	(15 X 492 power users = \$7,380 ) - (2 X \$205 standard users = \$410)	1130	553002
\$ 492.00	(1 X 492 power users)	1177	553002

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE PROVIDE FY22 NTE ABOVE AND ATTACH FINANCIAL SHEET.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$ 12,218.00.

**E. CONTRACT FUNDING SOURCE:** GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) ✓
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) ✓, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days N [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) ✓

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract Maria Richardson, Anthony Jones, Nina Cook.

**APPROVALS:**

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
 Date: 2021.05.04 16:24:57 -05'00' (Signature). REQUIRED

Budget Manager: Erica Brown (Printed Name)

Erica Brown Digitally signed by Erica Brown  
 Date: 2021.05.04 17:03:36 -05'00' (Signature). REQUIRED

Vice President/Contract Owner:     Maria Richardson     (Printed Name)

    Maria Richardson     (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7814
Contractor Name:	Shi Gov't Solutions
Interlocal Agreement:	No
Service (brief description):	Kaspersky license and support renewal.
Term for Off-Cycle Only:	9/5/2020 - 9/13/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On to Omnia Partners- IT Solutions Contract #2018011-02
Contract NTE (your current budget):	\$41,974.74
Rate(s)/Rate(s) Description:	\$41,974.74
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140484
Contract Requester:	Wes Farris, Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_\_.
2. REASON: CONTINUED USE

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 <sup>SB</sup> ~~45,000~~ \$20,501.75 . FY22 Rate(s) <sup>SB</sup> ~~45,000~~ \$20,501.75  
UNIT 1130  
GL CODE 553002 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X\_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X\_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X\_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X\_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract FARRIS/BOSWELL\_\_\_\_\_.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.06.01 10:49:14 -05'00' (Signature). REQUIRED

Contract Owner: RICK HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7355
Contractor Name:	SMARTDEPLOY a disregarded entity of PROWESS CONSULTING, LLC
Interlocal Agreement:	No
Service (brief description):	Hardware Independent OS and Software Deployment Services
Term for Off-Cycle Only:	Initial Term: 12/31/2018 – 12/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$35,000.00
Rate(s)/Rate(s) Description:	\$35,000.00
Unit(s) Served:	1147
G/L Code(s):	553002, 553003
FY21 Purchase Order Number:	FY19 PO CT138841
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 <sup>SB</sup> ~~36,750~~ \$13,500 . FY22 Rate(s) <sup>SB</sup> ~~36,750~~ \$13,500  
UNIT ~~4147~~ 1130

GL CODE 553002, 553003 . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_\_\_\_\_ X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA .

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL .

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.01 08:22:02 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7326
Contractor Name:	Southeast Texas Regional Advisory Council (SETRAC)
Interlocal Agreement:	Yes
Service (brief description):	Healthcare Preparedness Program ("HPP") Participating Agency Agreement.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$125.00
Rate(s)/Rate(s) Description:	Service fees as applicable.
Unit(s) Served:	2379
G/L Code(s):	595000
FY21 Purchase Order Number:	CT140481
Contract Requester:	Egla MacKinney
Contract Owner:	Anthony Robinson

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_ (N) X.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

**RECEIVED MAY 25 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2022:**

Please provide the NTE for FY22: \$125.00. FY22 Rate(s): as applicable UNIT: 2379  
GL CODE: 595000.

**\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.**

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$125.00.

**E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ GR \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

**IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

**G. RESPONSIBLE PARTY:**

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract: Eunice Davis.

**APPROVALS:**

**Budget Manager: Ricardo Campbell (Printed Name)**

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.25 13:28:36 -05'00' (Signature). **REQUIRED**

**Vice President/Contract Owner: D. Anthony Robinson (Printed Name)**

D. Anthony Robinson Digitally signed by D. Anthony Robinson  
Date: 2021.05.25 14:51:46 -05'00' (Signature). **REQUIRED**

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current **FY21** information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6759
Contractor Name:	Partners Healthcare System, Inc. The McLean Hospital Corporation
Interlocal Agreement:	No
Service (brief description):	Behavior And Symptom Identification Scale (BASIS-24) End User License Software Agreement (EULA)
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$4,580.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1173
G/L Code(s):	553002
FY21 Purchase Order Number:	CT139717
Contract Requester:	Evette Muro
Contract Owner:	Tolu Fashola

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)\_\_\_ X\_\_ (N) \_\_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)\_\_\_ X\_\_ (N) \_\_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_\_ (N)\_\_\_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_\_ (N) \_\_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_\_ (N) \_\_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_\_ (N) \_\_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_\_ (N) \_\_\_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_\_ (N) \_\_\_\_\_.
2. REASON:

**RECEIVED MAY 14 2021**  
1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$4,580.00. FY22 Rate(s) N/A  
UNIT 1173  
GL CODE 553002.

\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ GR \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Tolu Fashola.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.11 13:02:32 -05'00' (Signature). REQUIRED

Vice President/Contract Owner: Tolu Fashola (Printed Name)

T.Fash (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year.\* Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	6791
Contractor Name:	Partners Healthcare System, Inc. The McLean Hospital Corporation
Interlocal Agreement:	No
Service (brief description):	Perceptions of Care (POC) Webscore End User License Software Agreement (EULA)
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$2,900.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1173
G/L Code(s):	553002
FY21 Purchase Order Number:	CT139543
Contract Requester:	Evette Muro
Contract Owner:	Tolu Fashola

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ (N) X\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ (N) X\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) X\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \_\_\_ (N) X\_\_.
2. REASON:

**RECEIVED MAY 14 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$2,900.00. FY22 Rate(s) N/A  
UNIT 1173  
GL CODE 553002.

\*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.

List all applicable Units/GL codes. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Tolu Fashola

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.11 13:03:49 -05'00' (Signature). REQUIRED

Vice President/Contract Owner: Tolu Fashola (Printed Name)

T.Fash (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7717
Contractor Name:	Lanier Parking Meter Services, LLC DBA REEF Park
Interlocal Agreement:	No
Service (brief description):	JD Parking Lease for Spaces at 1200 Baker Street
Term for Off-Cycle Only:	1/1/2021 – 12/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE ( your current budget):	\$73,500.00
Rate(s)/Rate(s) Description:	\$70 per parking space; \$20 per Access Card
Unit(s) Served:	6202
G/L Code(s):	544005
FY21 Purchase Order Number:	CT140428
Contract Requester:	Sheenia Wesley-Williams
Contract Owner:	Mona Jiles

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X.
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$19,600\_. FY22 Rate(s)\_\$4900 p/m\_ UNIT\_ 6202\_\_\_  
GL CODE\_544005\_\_\_\_. If Contract is a multi-year term, please provide the following.  
FY23 \_\$0\_\_\_\_\_ FY23 Rate(s) \_\$0 p/m\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_  
FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_

E. CONTRACT FUNDING SOURCE: \_\_GR \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

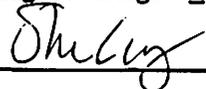
G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract \_\_Sean McElroy\_\_\_\_\_.

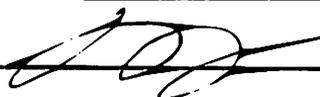
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_Sean McElroy and Sheenia Williams-Wesley\_\_\_\_\_.

APPROVALS:

Budget Manager: \_Sheenia Williams-Wesley\_\_\_\_\_ (Printed Name)

 \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: **Sean McElroy, M.Ed., LPC-S** \_\_\_\_\_ (Printed Name)

 \_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7497
Contractor Name:	Baylor College of Medicine Department of Psychiatry
Interlocal Agreement:	No
Service (brief description):	Psychiatric Residential Services: IDD/Autism
Term for Off-Cycle Only:	07/01/21 – 06/30/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$23,891.00
Rate(s)/Rate(s) Description:	\$63.54
Unit(s) Served:	2208
G/L Code(s):	540400
FY21 Purchase Order Number:	CT140666
Contract Requester:	Angelica Loera
Contract Owner:	Dr. Muzquiz

**B. EVALUATION OF FY21/22 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2021/FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**RECEIVED MAY 19 2021**

D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY21/22 \$24,907.68. FY21/22 Rate(s) \$63.54 UNIT 2208 GL CODE 540504. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21	07/1/21- 08/31/21	\$4,600.00
FY22	09/1/21- 06/30/22	\$20,307.68

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$24,907.68.

E. CONTRACT FUNDING SOURCE: HHSC [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N) X\_\_
2. Will the scope of the Services change? (Y)\_\_\_\_ or (N) X\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days 30 [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_ or (N) X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_ or (N) X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this contract Sylvia Muzquiz-Drummond, MD.

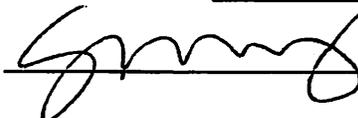
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Sylvia Muzquiz-Drummond, MD.

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

 (Signature). REQUIRED

Contract Owner: Sylvia Muzquiz-Drummond, MD (Printed Name)

 (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7840
Contractor Name:	Treatment Advocacy Center ✓
Interlocal Agreement:	No
Service (brief description):	Assisted Outpatient Treatment (AOT) Training and Technical Assistance Services
Term for Off-Cycle Only:	11/13/2020 - 7/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$5,000.00
Rate(s)/Rate(s) Description:	\$5,000.00 ✓
Unit(s) Served:	2200 ✓
G/L Code(s):	549005 ✓
FY21 Purchase Order Number:	CT140760
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) ✓.
2. Were Services delivered as specified in the Contract? (Y) ✓ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) ✓ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) ✓.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ✓ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ✓ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) ✓ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) \_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) ✓ (N) \_\_\_.
2. REASON:

**RECEIVED MAY 25 2021<sup>1</sup>**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

*No change*

Please provide the NTE for FY22 \_\_\_\_\_ . FY22 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_  
GL CODE \_\_\_\_\_ . If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$ 5,000

E. CONTRACT FUNDING SOURCE: \_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N)
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N)  , if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days NA  
[i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N)
5. Are there any changes to the Submission deadlines for notes or supporting documentation?  
(Y) \_\_\_\_\_ or (N)

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract M Downey.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract D Shelby.

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner: M Downey (Printed Name)

[Signature] (Signature). REQUIRED

**PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskya.behn@theharriscenter.org](mailto:shaskya.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.**

**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7802
Contractor Name:	CenturyLink Communications, LLC dba Lumen Technologies Group
Interlocal Agreement:	No
Service (brief description):	Back-up Data Circuits for EPIC
Term for Off-Cycle Only:	36 Month Term (Est. Term 11/3/2020 – 11/3/2023)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$71,659.84
Rate(s)/Rate(s) Description:	\$1,888.32 per month
Unit(s) Served:	1130
G/L Code(s):	564004
FY21 Purchase Order Number:	CT141023
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) \_\_\_ X\_\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 28 2021**  
1

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 24,000. FY22 Rate(s) 24,000  
UNIT 1130  
GL CODE 564004. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:42:40 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7486
Contractor Name:	Comcast Enterprise Services
Interlocal Agreement:	No
Service (brief description):	Network connectivity for 911 Crisis Diversion Center
Term for Off-Cycle Only:	36 month term. Est. Term 7/1/2019 – 6/30/2022
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$3,900.00
Rate(s)/Rate(s) Description:	\$325 per month for 36 months
Unit(s) Served:	1130
G/L Code(s):	546004
FY21 Purchase Order Number:	CT140512
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 27 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 3,900. FY22 Rate(s) 3,900  
UNIT 1130

GL CODE 564000 564004. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_
5. Are there any changes to the Submission deadlines for notes or supporting X documentation? (Y) \_\_\_\_\_ or (N) X \_\_\_\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 13:33:12 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7671
Contractor Name:	CTEK Security, Inc.
Interlocal Agreement:	No
Service (brief description):	Vendor Security Management Services (external)
Term for Off-Cycle Only:	March 1, 2020 – March 1, 2023
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$14,500.00
Rate(s)/Rate(s) Description:	Quarterly Invoice Rate - \$3,625.00
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140422
Contract Requester:	Wes Farris or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y)X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y)X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ X\_\_ (N)\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CURRENTLY UNDER YR 2 OF 3YR TERM

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_14,500\_\_\_\_\_. FY22 Rate(s)\_14,500\_\_\_\_\_  
UNIT\_1130\_\_\_\_\_  
GL CODE\_553002\_553003. If Contract is a multi-year term, please provide the following.

FY23\_\_\_\_\_. FY23 Rate(s)\_\_\_\_\_ UNIT\_\_\_\_\_ GL CODE\_\_\_\_\_  
FY24\_\_\_\_\_. FY24 Rate(s)\_\_\_\_\_ UNIT\_\_\_\_\_ GL CODE\_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_\_\_GR\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_ or (N)\_X\_\_
2. Will the scope of the Services change? (Y)\_\_\_ or (N)\_X\_\_\_, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y)\_\_\_ or (N)\_X\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y)\_\_\_ or (N)\_X\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_\_COCHINWALA\_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_FARRIS\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_ Ricardo Campbell \_\_\_\_\_ (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.06.03 10:44:39 -05'00' \_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_ HURST \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2020-0015
Contractor Name:	Greater Houston Healthconnect
Interlocal Agreement:	No
Service (brief description):	Master Participation Agreement. Internet-Based system that provides secure electronic exchange of PHI information with other providers.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Initial Term 3 Years (3/9/2021 – 3/9/2024); Automatic Renewals thereafter
Contract NTE (your current budget):	\$15,500.00
Rate(s)/Rate(s) Description:	\$15,000.00 annually
Unit(s) Served:	1130
G/L Code(s):	574000
FY21 Purchase Order Number:	CT140648
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the Contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \_\_\_ (N) X\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \_\_\_ (N) X\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) \_\_\_ (N) X\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON: CONTINUED USE

**RECEIVED MAY 28 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 15,500. FY22 Rate(s) 15,500  
UNIT 1130  
GL CODE 574000. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell  
Date: 2021.05.27 15:26:56 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor’s performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7841
Contractor Name:	PolicyStat
Interlocal Agreement:	No
Service (brief description):	Software for document storage and management
Term for Off-Cycle Only:	Initial Term 12/1/2020 – 11/30/2023
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	\$27,500
Rate(s)/Rate(s) Description:	\$27,500 per year
Unit(s) Served:	1102
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140781
Contract Requester:	Tony Jones, Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) X .
2. Were Services delivered as specified in the Contract? (Y) X (N) \_\_\_ .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_ .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_ .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_ .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_ .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_ .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_ .

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) \_\_\_ .
2. REASON: CONTINUED USE

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022: \$44,654

Please provide the NTE for FY22 \$27,500. FY22 Rate(s) \$27,500 UNIT 1102  
GL CODE 553002. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X, if yes, provide brief description.  
\_\_\_\_\_
3. Is the payment deadline different than net (45)? If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract \_\_\_\_\_.

APPROVALS:

Budget Manager: Erica Brown (Printed Name)

**Erica Brown** Digitally signed by Erica Brown Date: 2021.06.03 15:07:08 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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**CONTRACT EVALUATION AND RENEWAL FORM  
FY 2022 CONTRACTS PROCESS**

The current FY21 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022 starting with Section "B". In the event of non-renewal, please provide the reason.

**A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	2020-0034
Contractor Name:	Slosson Educational Publications, Inc.
Interlocal Agreement:	No
Service (brief description):	License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.
Term for Off-Cycle Only:	5 Year Term: 2/1/2021 – 2/1/2026
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$371.00
Rate(s)/Rate(s) Description:	ABC Kit - \$171.00; Reproduction Fee - \$2.50 per reproduction/consumer
Unit(s) Served:	3623
G/L Code(s):	551003
FY21 Purchase Order Number:	CT140908
Contract Requester:	Margo Childs
Contract Owner:	Robert Stakem

**B. EVALUATION OF FY21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY21? (Y) \_\_\_ (N) x.
2. Were Services delivered as specified in the Contract? (Y) x (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x (N) \_\_\_.

**IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.**

**C. RENEWAL DETERMINATION:**

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) x (N) \_\_\_.
2. REASON:

**RECEIVED JUN 01 2021**

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22\_\$371.00\_\_\_\_\_. FY22 Rate(s)\_Service/Maintenance for Licensing agreement for ABC Administration and Reproduction Fee - \$2.50 per reproduction/consumer\_\_\_\_\_ UNIT\_\_3623\_\_\_\_\_ GL CODE\_551003\_\_\_\_\_. If Contract is a multi-year term, please provide the following.

FY23\_\_\_\_\_ . FY23 Rate(s)\_\_\_\_\_ UNIT\_\_\_\_\_ GL CODE\_\_\_\_\_
FY24\_\_\_\_\_ . FY24 Rate(s)\_\_\_\_\_ UNIT\_\_\_\_\_ GL CODE\_\_\_\_\_

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_N/A\_\_\_\_\_.

E. CONTRACT FUNDING SOURCE: \_State\_\_\_\_\_ [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)\_\_\_\_ or (N)\_x\_\_
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) \_x\_\_, if yes, provide brief description.
3. Is the payment deadline different than net (45)? N/A If yes, please provide the net days \_\_\_\_\_ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) \_x\_\_
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) \_x\_\_

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract\_\_Robert Stakem, Jr., \_\_\_\_\_.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract\_\_\_\_\_Amanda Willis\_\_\_\_\_.

APPROVALS:

Budget Manager: \_\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Printed Name)

\_\_\_\_Mamie Adams-Austin\_\_\_\_\_ (Signature). REQUIRED

Contract Owner: \_\_\_\_\_Robert Stakem, Jr \_\_\_\_\_ (Printed Name)

\_\_\_\_Robert Stakem\_\_\_\_\_ (Signature). REQUIRED

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# **EXHIBIT F-45**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

ACT Assertive Community Treatment  
 ADL Activities of Daily Living  
 AFDC Aid to Families with Dependent Children  
 ALF Assisted Living facility  
 ANSA Adult Needs and Strengths Assessment  
 AOT Assisted out-patient treatment

APS Adult Protective Services  
 ARC Association for Retarded Citizens  
 AUDIT-C Alcohol Use Disorders Identification Test

**B**

BABY CANS Baby Child Assessment needs (3-5 years)  
 BHO Behavioral Health Organization  
 BDSS Brief Bipolar Disorder Symptom Scale  
 BNSA Brief Negative Symptom Assessment

**C**

CANS Child and Adolescent Needs and Strengths  
 CAPES Child and Adolescent Psychiatric Emergency Services  
 CAPS Child and Adolescent Psychiatric Services  
 CARE Client Assessment and Registration  
 CARF Commission on Accreditation of Rehabilitation Facilities  
 CAS Child and Adolescent Services  
 CBCL Children's Behavioral Checklist  
 CBHN Community Behavioral Health Network  
 CBT Cognitive behavior therapy  
 CCBHC Certified Community Behavioral Health Clinic  
 CCR Clinical case review  
 CCSI Chronic Consumer Stabilization Initiative  
 CCU Crisis Counseling Unit  
 CHIP Children's Health Insurance Plan  
 CIDC Chronically Ill and Disabled Children  
 CIRT Crisis Intervention Response Team  
 CIWA Clinical Institute Withdrawal Assessment for Alcohol  
 CMAP Children's Medication Algorithm Project  
 CMBHS Clinical Management for Behavioral Health Services  
 CMS Centers for Medicare and Medicaid  
 COC Continuity of Care

<b>COD</b>	<b>Co-Occurring Disorders Unit</b>
<b>COPSD</b>	<b>Co-occurring Psychiatric and Substance Abuse Disorders</b>
<b>COR</b>	<b>Council on Recovery</b>
<b>CPEP</b>	<b>Comprehensive Psychiatric Emergency Programs</b>
<b>CPOSS</b>	<b>Charleston Psychiatric Outpatient Satisfaction Scale</b>
<b>CPS</b>	<b>Children's Protective Services</b>
<b>CRCG</b>	<b>Community Resource Coordination Group</b>
<b>CRU</b>	<b>Crisis Residential Unit</b>
<b>CSC</b>	<b>Community Service Center</b>
<b>CSCD</b>	<b>Community Supervision and corrections department</b>
<b>CSP</b>	<b>Community Support plan</b>
<b>CSU</b>	<b>Crisis Stabilization Unit</b>
<b>CYS</b>	<b>Community Youth Services</b>

**D**

<b>DFPS</b>	<b>Department of Family and Protective Services</b>
<b>DHHS</b>	<b>Department of Health and Human Services</b>
<b>DID</b>	<b>Determination of Intellectual Disability</b>
<b>DLA-20</b>	<b>Daily Living Activities-20 Item Version</b>
<b>DRB</b>	<b>Dangerousness review board</b>
<b>DSM-5</b>	<b>Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition</b>
<b>DSRIP</b>	<b>Delivery System Reform Incentive Payment Program</b>

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

<b>FACT</b>	<b>Forensic Assertive Community Team</b>
<b>FF</b>	<b>Flex Funds</b>
<b>FSIQ</b>	<b>Full Scale Intelligence Quotient</b>
<b>FSPA</b>	<b>Jail -Forensic Single Portal</b>
<b>FTND</b>	<b>Fagerstrom Test for Nicotine Dependence</b>
<b>FY</b>	<b>Fiscal Year</b>

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

<b>HAM-A</b>	<b>Hamilton Rating Scale for Anxiety</b>
<b>HCJPD</b>	<b>Harris County Juvenile Probation Department</b>
<b>HCPC</b>	<b>Harris County Psychiatric Center</b>
<b>HCPI</b>	<b>Harris County Psychiatric Intervention</b>
<b>HCPS</b>	<b>Harris County Protective Services for Children and Adults</b>
<b>HCS</b>	<b>Home and Community Services</b>
<b>HCS-O</b>	<b>Home and Community Services – OBRA</b>
<b>HCSO</b>	<b>Harris County Sheriff's Office</b>
<b>HH</b>	<b>Harris Health System</b>
<b>HHS</b>	<b>Health Human Services</b>
<b>HHSC</b>	<b>Health and Human Services Commission</b>
<b>HMO</b>	<b>Health Maintenance Organization</b>
<b>HOT</b>	<b>Homeless Outreach Team</b>
<b>HPD</b>	<b>Houston Police Department</b>
<b>HRC</b>	<b>Houston Recovery Center</b>

**I**

<b>ICAP</b>	<b>Inventory for Client and Agency Planning</b>
<b>ICC</b>	<b>Interim Care Clinic</b>
<b>ICF-ID</b>	<b>Intermediate Care Facility for Intellectual Disability</b>
<b>IEP</b>	<b>Individual Education Plan</b>
<b>IFSP</b>	<b>Individual Family Support Plan</b>
<b>IHR</b>	<b>In Home Respite</b>
<b>IRG</b>	<b>Innovative Resource Group</b>
<b>IRP</b>	<b>Individualized recovery plan</b>

**J**

<b>JDC</b>	<b>Juvenile Detention Center</b>
<b>JJAEP</b>	<b>Juvenile Justice Alternative Education Program</b>
<b>JSS</b>	<b>Job Satisfaction Scale</b>

**K****L**

<b>LAR</b>	<b>Legislative Appropriations Request</b>
<b>LIDDA</b>	<b>Local IDD Authority</b>
<b>LMHA</b>	<b>Local Mental Health Authority</b>
<b>LOC</b>	<b>Level of Care – LOC A= Authorized and LOC R= Calculated</b>
<b>LOS</b>	<b>Length of Stay</b>
<b>LPHA</b>	<b>Licensed Professional of the Healing Arts</b>
<b>LSA</b>	<b>Local Service Area</b>

**M**

<b>MACRA</b>	<b>Medicare Access and CHIP Reauthorization Act</b>
<b>MAPS</b>	<b>Mental Retardation Adult Psychiatric Services</b>
<b>MBOW</b>	<b>Medicaid Managed Care Report (Business Objects)</b>
<b>MCO</b>	<b>Managed Care Organization</b>
<b>MCOT</b>	<b>Mobil Crisis Outreach Team</b>
<b>MCAS</b>	<b>Multnomah Community Assessment Scale</b>
<b>MDU</b>	<b>Multiple Disabilities Unit</b>
<b>MHW</b>	<b>Mental Health Warrant</b>
<b>MMPI-2</b>	<b>Minnesota Multiphasic Personality Inventory 2<sup>nd</sup> Edition</b>
<b>MoCA</b>	<b>Montreal Cognitive Assessment</b>
<b>MSU</b>	<b>Maximum security unit</b>

**N**

<b>NAMI</b>	<b>National Alliance for the Mentally Ill</b>
<b>NEO</b>	<b>New Employee Orientation</b>
<b>NGRI</b>	<b>Not Guilty for Reason of Insanity (46C)</b>
<b>NPC</b>	<b>Neuro-Psychiatric Center</b>
<b>NWCSC</b>	<b>Northwest Community Service Center</b>

**O**

<b>OSAR</b>	<b>Outreach Screening Assessment and Referral</b>
<b>OASS</b>	<b>Overt Agitation Severity Scale</b>
<b>OHR</b>	<b>Out of Home Respite</b>
<b>OVSOM</b>	<b>Office of Violent Sexual Offenders Management</b>

**P**

<b>PAP</b>	<b>Patient Assistance Program (for Prescriptions)</b>
<b>PASARR</b>	<b>Preadmission Screening and Annual Residential Review</b>
<b>PATH</b>	<b>Project to Assist in the Transition from Homelessness</b>
<b>PCH</b>	<b>Personal Care Home</b>
<b>PCM</b>	<b>Patient care monitoring</b>
<b>PDP</b>	<b>Person Directed Plan</b>
<b>PDSA</b>	<b>Plan-Do-Study-Act</b>
<b>PES</b>	<b>Psychiatric Emergency Services</b>
<b>PHCRU</b>	<b>Post Hospitalization Crisis Residential Unit</b>
<b>PHQ-9</b>	<b>Patient Health Questionnaire-9 Item Version</b>
<b>PHQ-A</b>	<b>Patient Health Questionnaire-9 Modified for Adolescents</b>
<b>PI</b>	<b>Performance Improvement</b>
<b>PIP</b>	<b>Performance Improvement Plan</b>
<b>PMAB</b>	<b>Prevention and Management of Aggressive Behavior</b>
<b>POC</b>	<b>Plan of Care</b>

PoC-IP Perceptions of Care-Inpatient  
 ProQOL Professional Quality of Life Scale  
 PSRS Positive Symptom Rating Scale  
 PSS Parent Satisfaction Scale

**Q**

QAIS Quality Assurance and Improvement System  
 QMHP Qualified Mental Health Professional  
 QI Quality Improvement  
 QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

**R**

RC Rehab Coordination  
 ROI Release of Information  
 RM Recovery Manager  
 RTC Residential Treatment Center

**S**

SAM Service Authorization and Monitoring  
 SAMHSA Substance Abuse and Mental Health Services Administration  
 SC Service Coordination  
 SECSC Southeast Community Service Center  
 SEFRC Southeast Family Resource Center  
 SMAC Sequential Multiple Analysis tests  
 SMHF State mental health facility  
 SNF Skilled Nursing Facility  
 SP Service Package (SP1, etc)  
 SPA Single portal authority  
 SSLC State living facility  
 SWCSC Southwest Community Service Center  
 SWFRC Southwest Family Resource Center  
 SUD Substance Use Disorder

**T**

TAC Texas Administrative code  
 TANF Temporary Assistance for Needy Families  
 TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments  
 TDCJ Texas Department of Criminal Justice  
 THKC Texas Health Kids  
 THSteps Texas Health Steps  
 TIC Trauma informed Care  
 TMAP Texas Medication Algorithm Project

**TMHP** Texas Medicaid & Healthcare partnership  
**TJJD** Texas Juvenile Justice Department  
**TRR** Texas Resiliency and Recovery  
**TWC** Texas Workforce Commission

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**