HARRIS CENTER for Mental Health and IDD Transformina Lives The Harris Center for Mental Health and IDD 9401 Southwest Freeway Houston, TX 77074 Steve Schnee Conference Room# 104

> Teleconference available Phone number 1-877-422-8614 Extension 1982338#

> > Full Board Meeting July 28, 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, June 23, 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-July (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. Audit Committee Report and/or Action (L. Moore, Chair)
- E. Governance Committee Report and/or Action (J. Lykes, Chair)

VI. CONSENT AGENDA

- A. Approve FY'21 Year-to-Date Budget Report-July (EXHIBIT F-3 Sean Kim)
- B. July 2021 New Contracts Over 50K (EXHIBIT F-4 Silvia Tiller)
- C. July 2021 Contract Renewals Over 50K (EXHIBIT F-5 Silvia Tiller)
- D. July 2021 Contract Amendments Over 50K (EXHIBIT F-6 Silvia Tiller)
- E. July 2021 Interlocal Agreements (EXHIBIT F-7 Silvia Tiller)
- F. Plans
 - 1. Disaster & Emergency Plan (EXHIBIT F-8)
- G. Policies

- 1. Closed Record Committee (EXHIBIT F-9)
- 2. Criminal History Clearances (EXHIBIT F-10)
- 3. Employee Job Descriptions (EXHIBIT F-11)
- 4. Confidentiality Disclosure of PHI (EXHIBIT F-12)
- 5. License Certification and Registration (EXHIBIT F-13)
- 6. Nursing Peer Review and Safe Harbor (EXHIBIT F-14)
- 7. Telehealth and Telemedicine Services (EXHIBIT F-15)
- 8. Patient Safety Committee (EXHIBIT F-16)
- 9. Purchasing Card (EXHIBIT F-17)
- 10. Medical Peer Review (EXHIBIT F-18)
- 11. Pharmacy and Unit Medication and Drug Inventory (EXHIBIT F-19) .
- 12. Medication Storage, Preparation and Administration Areas (EXHIBIT F-20)
- 13. Pharmaceutical Representatives (EXHIBIT F-21)
- 14. Suicide and Homicide Prevention (EXHIBIT F-22)

VII. CONSIDER AND RECOMMEND ACTION

A. Board Bylaw Amendment (EXHIBIT F-23 Kendra Thomas)

VIII. REVIEW AND COMMENT

- A. Epic Update (EXHIBIT F-24 Mustafa Cochinwala)
- B. 6160 South Loop Apartment Update (Wayne Young)
- IX. EXECUTIVE SESSION

• Pursuant to §551.071 of the Texas Government Code-Consultation with General Counsel regarding contemplated litigation—Case # 4:21-cv-02351 Lawrence Bell v. Janet May & the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel

- X. RECONVENE INTO OPEN SESSION
- XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
- XII. INFORMATION ONLY
 - A. July 2021 New Contracts Under 50K (EXHIBIT F-25)
 - B. July 2021 Contract Renewals Under 50K (EXHIBIT F-26)
 - C. July 2021 Contract Amendments Under 50K (EXHIBIT F-27)
 - D. July 2021 Affiliation Agreements, Grants, MOU's and Revenues-Information Only (EXHIBIT F-28)
 - E. Revenue Management Metrics (EXHIBIT F-29)
 - F. Supplier Diversity Report for Q1+Q2+Q3 FY 2021 (EXHIBIT F-30)
 - G. Financials by Clinic/NPC for Q1+Q2+Q3 FY 2021 (EXHIBIT F-31)
 - H. COVID-19 PPE & Supplies Vendor List for Q1+Q2+Q3 FY2021 (EXHIBIT F-32)
 - I. Attendance Report (EXHIBIT F-33)

XIII. ADJOURN

Veronica Éranco, 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

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.

PLACE OF MEETING:	Conference Room 104 9401 Southwest Freeway Houston, Texas 77074
TYPE OF MEETING:	Regular
DATE:	June 23, 2021
TRUSTEES	
IN ATTENDANCE:	Mr. Shaukat Zakaria, Chairperson Dr. George Santos, Vice Chairperson-virtual
	Dr. Lois Moore, Vice Chairperson
	Mr. Gerald Womack
	Judge Bonnie Hellums Dr. Robin Gearing
	Mr. Taseer Badar-virtual
	Sheriff Ed Gonzalez, Ex Officio-virtual

TRUSTEES ABSENT: Mr. Jim Lykes

1. Declaration of Quorum

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:58 a.m. noting that a quorum of the Board was in attendance.

2. Public Comments

Mr. Shaukat Zakaria announced the floor is open for public comments. There were no public comments made.

3. Approval of Minutes

MOTION BY: MOORE

SECOND: SANTOS

Board of Trustees June 23, 2021 MINUTES Page 1 of 6

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Wednesday, May 26, 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- June (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
- 6. Consent Agenda

MOTION: Dr. Santos moved to approve Consent Agenda items A through AL with the exception of agenda items AA and AD

SECOND: L. Moore seconded the motion.

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through AL were approved agenda items AA and AD were not approved.

A. Approve FY'21 Year-to-Date Budget Report-June

B. June 2021 New Contracts Over 50K

- C. June 2021 Contract Amendments Over 50K
- D. June 2021 Contract Ratifications Over 50K
- E. June 2021 Contract Renewals Over 50K
- F. June 2021 Interlocal Agreements
- G. Compliance Plan
- H. Infection Control Plan
- I. Agency Abbreviations
- J. Breach Notification
- K. Check Signing

- L. Compliance Department
- M. Faxing Patient Identifying Information
- N. Improvement of Consumer Care Committee
- O. Infection Control
- P. Return to Inpatient Care of Furlough Patient
- Q. Sanctions for Breach of Security and/or Privacy Violations of Health Information
- R. Security of Patient/Individual Identifying Information
- S. Center Related Meeting Expenses
- T. Confidentiality and Disclosure of Patient/Individual Health Information
- U. Consents and Authorizations
- V. Content of Patient Records
- W. Correcting Documentation and Coding Errors
- X. Court Ordered Outpatient Mental Health Services
- Y. Declaration of Mental Health Treatment
- Z. Development and Maintenance of Center Policies
- AA. Least Restrictive Interventions and Management of Aggressive Behavior
- AB. Medication Administration
- AC. Patient Record Administration
- AD. Patient/Individual Access to Medical Records
- AE. Property Inventory
- AF. Referral, Transition and Discharge

Board of Trustees June 23, 2021 MINUTES Page 3 of 6

AG. Request for New Revised Deleted Patient Record Forms

- AH. Requisitioning Vehicle Repairs and Maintenance
- AI. Retention of Patient-Individual Record
- AJ. Safety Drills
- AK. Service Assistance Animals
- AL. Signature for Authorization

7. Review and Comment

- A. Legislative Update Amanda Jones presented on Legislative Session
- B. Current Strategic Plan Update Wayne Young presented on Current Strategic Plan Update

8. Executive Session-

At 10:56 a.m. Chairperson Mr. Shaukat Zakaria 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 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 East, Houston, TX- Silvia Tiller, Director of Contracts

9. Reconvene into Open Session and Take Action

At 11:36 am, the Board of Trustees reconvened into open session.

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

MOTION #1-Mr. Gerald Womack move the Harris Center of Board of Trustees authorize the purchase of real property located at 7583 Little York Road for the Purchase Price indicated in the Real Estate Sales Agreement which amount has been confirmed as a reasonable "Fair Market Price" through two separate professional appraisals, that assessed the value of the land above the offer price agreed to in the fully executed Sales Agreement. The purchase of the property is in the best interest of the Community for the following reasons:

- 1. The Harris Center's Northeast Clinic is located in a high risk flood zone and has experienced catastrophic property losses in 1995 and again 2017. The purchase of the property will allow the Harris Center to mitigate the Harris Center's risk of catastrophic property claims caused by flooding in the future by relocating the services provided at the Northeast Clinic location out of a high-risk flood zone.
- 2. The Harris Center has provided mental health services in Northeast Harris County for almost 30 years and intends to continue to do so for many years to come.
- 3. The Harris Center intends to build a new clinic on the proposed site to meet the growing behavioral health needs of residents residing in Northeast Harris County. The search and selection process for a property to meet the Harris Center's unique needs took three years. The location of the property relative to the client population we serve, and exceptional characteristics of the property will permit the Harris Center to expand its services in the area which provides additional value to the Harris Center.
- 4. The submarket for developable sites of this size (acreage) to accommodate this project is limited.

SECOND: B. Hellums seconded the motion.

BE IT RESOLVED, with unanimous affirmative vote, the Board of Trustees approved the purchase of real property real property located at 7583 Little York Road for the Purchase Price indicated in the Real Estate Sales Agreement to replace the Northeast Clinic located at 7200 North Loop East, Houston, TX.

MOTION #2: Mrs. Hellums, move that the Harris Center Board of Trustees authorize the Chief Executive Officer to execute & deliver in the name of and on behalf of the Harris Center, all contracts and related documents as shall be necessary for the Harris Center to effect the acquisition of the real property located at 7583 Little York Road, Houston, Texas.

SECOND: R. Gearing seconded the motion.

BE IT RESOLVED, with unanimous affirmative vote, the Board of Trustees authorized the Chief Executive Officer to execute & deliver in the name of and on behalf of the Harris Center for property location at 7583 Little York Road, Houston, Texas.

11. ADJOURN MOTION: WOMACK SECOND: GEARING Motion passed with unanimous affirmative votes The meeting was adjourned at 11:36 A.M.

Board of Trustees June 23, 2021 MINUTES Page 5 of 6

Page 9 of 533

Respectfully submitted,

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



Board of Trustees June 23, 2021 MINUTES Page 6 of 6

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report For the Tenth Month and Year to Date Ended June 30, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on July 20, 2021

The Harris Center for Mental Health & IDD

July 20, 2021

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

The monthly financial report for June 30, 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.

Sean Kim, CPA Chief Financial and Administrative Officer

The Harris Center for Mental Health and IDD Financial Summary For the Tenth Month and Year to Date Ended June 30, 2021

Month (,000)												
		Actual	E	Budget	Variance							
Revenues	\$	20,998	\$	21,116	\$	(118)						
Expenditures		23,219		23,772		554						
Excess of Revenues over (under)												
Expenditures before Other Sources	\$	(2,220)	\$	(2,656)	\$	436						

Year-to-date (,000)												
		Actual	B	udget	V	ariance						
Excess of Revenues over (under) Expenditures after Other Sources	\$	22,837	\$	(808)	\$	23,645						

The Harris Center for Mental Health and IDD Comparison of Revenue and Expenses - Actual to Budget For the Tenth Month and Year to Date Ended June 30, 2021

			Month Ended Ju	ne 30), 2021					Ten l	Months Ended J	une	30, 2021	
					Varia	nce							Variance	
					Favorable or (Unfa	vorable)						Favorable or (Unf	avorable)
	Actual		Budget		\$		%		Actual		Budget		\$	%
Total Revenues:														
Harris County and Local	\$ 4,322,353	\$	4,315,514	\$	6,839		0%	\$	46,745,433	\$	43,097,914	\$	3,647,519	8%
PAP / Samples	1,037,423	3	1,583,323		(545,900)		-34%		12,107,719		15,833,230		(3,725,511)	-24%
Interest	3,932	2	41,666		(37,734)	С	-91%		111,249		416,660		(305,411)	-73%
State General	9,575,838		9,642,307		(66,469)		-1%		96,061,647		96,423,095		(361,448)	0%
State Grants	1,473,707		891,778		581,929	d	65%		9,860,801		9,004,056		856,745	10%
Federal Grants	1,265,612		1,063,105		202,507		19%		16,690,685		10,631,047		6,059,638	57%
3rd party billings	3,319,400)	3,578,472		(259,072)	е	-7%	_	30,911,158		34,013,307		(3,102,149)	-9%
Total Revenue	20,998,265		21,116,165		(117,900)	f	-1%		212,488,692		209,419,309		3,069,383	1%
Total Expenses:														
Salaries and Fringe	14.553.378	3	15,924,521		1,371,143	a	9%		159,664,096		159,259,116		(404,980)	0%
Travel	58,007		193.674		135,667	9	70%		476,653		1.686.589		1,209,936	72%
Contracts and Consultants	1,711,674		1,803,375		91,701		5%		16,387,750		18,072,121		1,684,371	9%
HCPC Contract	2,327,336		2,369,794		42,458		2%		23,416,597		23,707,940		291,343	1%
Supplies and Drugs	1,336,398		1,902,142		565,744		30%		15,268,124		19,032,945		3,764,821	20%
Equipment (Purch, Rent, Maint)	1,986,486		377,760		(1,608,726)	h	-426%		12,003,819		3,785,660		(8,218,159)	-2179
Building (Purch, Rent, Maint)	330,247		283,771		(46,476)		-16%		11,780,548		2,831,458		(8,949,090)	-316%
Vehicle (Purch, Rent, Maint)	30,763	3	28,249		(2,514)		-9%		124,827		283,565		158,738	56%
Telephone and Utilities	228,588	3	223,000		(5,588)		-3%		2,098,867		2,229,842		130,975	6%
Insurance, Legal, Audit	138,657	7	137,845		(812)		-1%		1,588,771		1,378,221		(210,550)	-15%
Note Payments	-		-		-		0%		552,424		588,597		36,173	6%
Other	472,434	ł	460,485		(11,949)		-3%		4,064,298		4,671,136		606,838	13%
Claims Denials	44,534	Ļ	67,533		22,999		34%		608,437		675,318		66,881	10%
Reserve for Bad Debt	-		-		-		0%	_	-		-		-	0.0%
Total Expenses	23,218,502	_	23,772,149		553,647	j	2%	-	248,035,211		238,202,508		(9,832,703)	-4%
Excess of Revenues over (under) Expenditures before Other Sources	(2,220,237) a	(2,655,984)		435,747				(35,546,519)		(28,783,199)		(6,763,320)	
Funds from other sources:														
Use of fund balance - CapEx	1,578,188		-		1,578,188				8,625,694		-		8,625,694	
Use of fund balance - COVID-19	-		-		-				3,568,270		-		3,568,270	
Fund Balance DSRIP	629.230		629.230		-				6,299,431		6.300.810		(1,379)	
Waiver 1115 Revenues	2,167,484		2,167,484		_				21,674,861		21,674,861		(1,010)	
DSRIP Transition			2,107,404		1 900 444						- 21,074,001			
	1,809,411		-		1,809,411				17,212,866		-		17,212,866	
COVID-19 FMAP Allocation	-		-		-				-		-		-	
Insurance Proceeds	-		-		-				981,430		-		981,430	
Proceeds from Sale of Assets Unrealized Gain/(Loss) on Securities	-		-		-				21,125		-		21,125 -	
Excess of Revenues over (under)		-						-						
Expenditures after Other Sources	\$ 3,964,076	\$	140,730	\$	3,823,346			\$	22,837,158	b\$_	(807,528)		23,644,686	

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 June 30, 2021

			Month Ended	June 30, 2021		
	Core B	usiness	DS	RIP	Capital Ex	penditures
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 5,361,035	\$ 5,935,695	\$ 2,673	\$ 4,808	-	-
State General Revenue	9,557,885	9,624,354	17,953	17,953	-	-
State Grants	1,473,707	891,778	-	-	-	-
Federal Grants	1,265,612	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,895	1,705,260	-	-
3rd party billings	3,273,933	3,481,087	45,467	97,385	-	-
Total Revenue	20,932,172	20,996,019	4,042,988	1,825,406		
Total Expenses:						
Salaries and Fringe	13,495,702	14,537,799	1,057,676	1,386,722	-	-
Travel	56,091	180,893	1,916	12,781	-	-
Contracts and Consultant	1,598,493	1,685,666	113,181	117,709	-	-
HCPC Contract	2,327,336	2,369,794	-	-	_	-
Supplies and Drugs	1,320,330	1,878,589	16,068	23,553	_	_
Equipment (Purch, Rent, Maint)	359,378	301,054	136,480	76,706	1,490,628	
Building (Rent, Maint)	555,570	148,529	242.687	135,242	87,560	-
Vehicle (Purch, Rent, Maint)	- 26,419	140,529	,	,	07,500	-
Telephone and Utilities	20,419	183,376	4,344	11,710	-	-
	,	,	26,875	39,624	-	-
Insurance, Legal, Audit	110,352	107,747	28,305	30,098	-	-
Note Payments	-	-	-		-	-
Other	460,514	436,841	11,920	23,644	-	-
Claims Denials	44,465	67,038	69	495	-	-
Reserve for Bad Debt	-	-	-	-	-	-
Total Expenses	20,000,793	21,913,865	1,639,521	1,858,284	1,578,188	-
Excess of Revenues over (under)						
Expenditures before Other Sources	931,379	(917,846)	2,403,467	(32,878)	(1,578,188)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	1,578,188	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	629,230	629.230	-	-	-	-
Insurance Proceeds	-		-	-	-	-
Proceeds from Sale of Assets	_	_	_	_	_	_
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
omeanzed Gam/(LUSS) on Securities		-		- 	-	
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,560,609	\$ (288,616)	\$ 2,403,467	\$ (32,878)	\$-	\$-
	============	===========	==========	===========	===========	===========

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 June 30, 2021

			Ten Months End	ed June 30, 2021		
	Core B	usiness	DS	RIP	Capital Ex	penditures
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 58,931,201	\$ 59,299,724	\$ 33,200	\$ 48,080	\$	\$
State General Revenue	95,882,117	96,243,565	179,530	179,530	-	-
State Grants	9,860,801	9,004,056	-	-	-	-
Federal Grants	16,690,685	10,631,047	-	-	-	-
Federal Revenue - DSRIP	-	-	38,887,727	17,052,599	-	-
3rd party billings	29,951,394	33,041,245	959,764	972,062	-	-
Total Revenue	211,316,198	208,219,637	40,060,221			
Total Expenses:						
Salaries and Fringe	147,157,889	145,242,326	12,506,207	14,016,790	-	-
Travel	464,501	1,565,400	12,152	121,189	-	-
Contracts and Consultant	15,543,238	16,896,570	844,512	1,175,551	-	-
HCPC Contract	23,416,597	23,707,940	-	-	-	-
Supplies and Drugs	15,143,725	18,799,628	124,399	233,317	_	-
Equipment (Purch, Rent, Maint)	3,967,824	3,006,575	685,883	779,085	7,350,112	
Building (Purch, Rent, Maint)	9,211,940	1,329,702	1,293,026	1,501,756	1,275,582	
Vehicle (Purch, Rent, Maint)	97,916	168,465	26,911	115,100	1,270,002	
Telephone and Utilities	1,935,386	1,832,655	163,481	397,187	-	-
Insurance, Legal, Audit	1,306,749	1,076,983	282,022	301,238	-	-
Note Payments	1,300,749	1,070,905	552,424	,	-	-
Other	- 3,906,443	- 4,435,529		552,424	-	-
Claims Denials	, ,	, ,	157,855	235,607	-	-
	594,973	670,368	13,464	4,950	-	-
Reserve for Bad Debt	-	-	-	-	-	-
Total Expenses	222,747,181	218,732,141	16,662,336	19,434,194	8,625,694	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(11,430,983)	(10,512,504)	23,397,885	(1,181,923)	(8,625,694)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	8,625,694	-
Use of fund balance - COVID-19	3,568,270	-	-	-	-,020,001	-
Fund Balance DSRIP	6.299.431	6,300,810	-	-	-	-
Insurance Proceeds	979,570	-	1.860	-	-	-
Proceeds from Sale of Assets	21,125	-	.,500	_	_	-
Unrealized Gain/(Loss) on Securities	21,125	-	-	_	-	-
Childranzou Canin (2003) on Coounties			_			
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (562,587)	\$ (4,211,694)	\$ 23,399,745	\$ (1,181,923)	\$-	\$ -
	φ (002,007) ========	φ (+,211,00+) =========	===========	φ (1,101,020) =======	φ	φ ====================================

-

The Harris Center for Mental Health and IDD Comparative Balance Sheet As of June 30, 2021

		Ending I	Balance	2	Incre	ase/(Decrease)	
	N	/ay 31, 2021		ine 30, 2021	more	June	
Assets				,			
Cash and Cash Equivalents	\$	107,068,947	\$	115,147,222	\$	8,078,275	а
Inventory - includes RX		308,972		304,877		(4,095)	b
Prepaid Expenses		2,036,699		2,563,932		527,233	с
A/R Medicaid, Medicare, 3rd Party		13,175,303		14,863,471		1,688,168	
Less Bad Debt Reserve		(4,426,086)		(5,884,594)		(1,458,508)	
A/R Other		23,143,131		24,260,223		1,117,092	d
A/R DSRIP		34,401,618		41,180,372		6,778,754	e
Total Current Assets		175,708,583		192,435,503		16,726,919	•
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		9,882,776		(35,295)	
Vehicles		1,605,231		1,605,231		-	
Construction in Progress		11,370,876		12,973,806		1,602,930	
Total Property, Plant & Equipment		74,559,693		76,127,328		1,567,635	
TOTAL ASSETS	\$	250,268,276	\$	268,562,831	\$	18,294,554	
Liabilities and Fund Balance							
Unearned Income	\$	37,016,471	\$	48,992,867	\$	11,976,396	f
Accrued Payroll and Accounts Payables	Ŧ	22,860,253	÷	25,855,741	Ŧ	2,995,488	g
Current Portion Long Term Debt		-		-		-	-
Total Current Liabilities		59,876,724		74,848,608		14,971,884	
State Escheatment Payable		36,372		34,746		(1,626)	
Total Non Current Liabilities		36,372		34,746		(1,626)	
TOTAL LIABILITIES		59,913,097		74,883,354		14,970,258	
General Fund Balance Nonspendable		20,082,604		20,086,704		4,100	h
Investment in Inventories		308,972		304,877		(4,095)	
Investment In Fixed Assets		74,559,693		76,127,328		1,567,635	
Assigned:							
Current Capital Projects		23,434,381		21,856,193		(1,578,188)	i
Future Purchases of Real Property and IT Infrastructure		1,365,842		1,365,842		-	
Debt Repayment		-		-		-	
Self Insurance ECI Building Use		2,000,000 361,664		2,000,000 361,664		-	
Waiver 1115		42,068,799		41,439,569		(629,230)	
COVID-19 eFMAP Reserve		2,445,788		2,445,788		-	
Compensated Absences		4,854,354		4,854,354		-	
Total		171,482,097		170,842,319		(639,778)	
Year to Date Excess Revenues over							
(under) Expenditures		18,873,082		22,837,158		3,964,076	
TOTAL FUND BALANCE		190,355,179	. <u> </u>	193,679,477		3,324,298	
TOTAL LIABILITIES AND FUND BALANCE	\$	250,268,276	\$	268,562,831	\$	18,294,556	

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Reports For Month and Year to Date Ended June 30, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of June 2021, the tenth month of the fiscal year, The Harris Center is reporting Excess Expenditures over Revenues of \$2,220,237.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$22,837,158 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 \$37,734 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 \$581,929 primarily due to timing of ECI revenues.
- e. Third Party Billings is unfavorable to budget by \$259,072.
- f. Total Revenue is unfavorable to budget by \$117,900.
- g. Salaries and Fringe Benefits are favorable to budget by \$1,371,143.
- h. **Equipment** is unfavorable to budget by \$1,608,726. Equipment purchases exceeding budget were covered by funds designated by the Board through Fund Balance-Capex designations. This includes such items as the final payment for our Epic software this month in the amount of \$1,046,144.
- i. **Building** is unfavorable to original budget by \$46,476, due to building related expenses included in grants awarded after approval of the original budget.
- j. Total Expenses are favorable to budget by \$553,647.

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 because of operations.

		Ending	Increase/(Decrease)				
	N	May 31, 2021	June 30, 2021	June			
Cash - General Fund Bank Of America	\$	2,665,824	\$ 2,664,886	\$	(938)		
Cash - General Fund Chase		12,344,983	48,040,277		35,695,295		
Cash - BOA ACH Vendor		588,697	467,913		(120,784)		
Cash - FSA - Discovery		144,099	144,871		772		
Petty Cash		9,300	9,300		-		
Investments - Texpool General Fund		1,001,549	1,001,559		10		
Investments - Texpool Self Insurance		2,288,859	2,288,884		25		
Investments - Texpool Prime		41,806,476	29,308,805		(12,497,671)		
Investments - Texas Class		46,219,160	 31,220,727		(14,998,433)		
Total Cash and Cash Equivalents	\$	107,068,947	\$ 115,147,222	\$	8,078,275		

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 B	alan	ice	Inci	rease/(Decrease)
	 May 31, 2021		June 30, 2021		June
Inventory - Central Supplies	\$ 11,138	\$	11,138	\$	-
Supplies Purchased	21,500		21,500		-
Supplies Used	(16,762)		(20,857)		(4,095)
Inventory - Drugs	 293,096		293,096		-
Total Inventory	\$ 308,972	\$	304,877	\$	(4,095)

c. Prepaid Expenses increased because of HCPC activity.

II. Comparative Balance Sheet (continued)

d. Account Receivable Other increased in June.

		Ending	Balanc	e	Increase/(Decrease)
	Ma	ay 31, 2021	Ju	ne 30, 2021	June
Villas At Bayou Park	s	53,533	s	53,533	-
Pear Grove	3	19,814	2	26,027	6.213
Pasadena Cottages		71,559		72,325	766
Employee		/1,009		40	40
Acres Homes Garden		63,856		71,385	7,529
General Accounts Receivable		1.304.436		1.365.080	60,644
Building Rents		12,500		1,505,000	(12,500)
Harris County Juvenile Probation		651,208		800,652	149,444
Harris County Community Supervision & Correct		718,082		228,416	(489,666)
Harris County Sheriff Dept.		2,765,604		3,556,596	790,992
ICFMR		191,741		206,879	15,138
ECI Administrative Claiming		184,864		25,490	(159,374)
TCOOMMI -Special Needs		865,867		991,393	125,526
TDCJ - Parole		102,500		82,000	(20,500)
TDCJ - Substance Abuse		71,400		71,400	(,)
TCOOMMI- Juvenile		183,892		108,612	(75,280)
Jail Diversion		3,044,852		3,137,626	92,774
ECI		835,604		1,077,585	241,981
ECI Respite		82		-	(82)
ECI SNAP		19,801		9,900	(9,901)
HUD - Safe Havens		371,737		371,737	-
PATH - Mental Health Block		218,329		218,572	243
MH Block Grant		5,492,730		5,749,547	256,817
MH Block Grant - Coordinated Specialty Care		121,658		125,169	3,511

II. Comparative Balance Sheet (continued)

d. Account Receivable Other (continued)

		Ending	Baland	Ending Balance							
	M	ay 31, 2021	Ju	ne 30, 2021		June					
Title XX Social Services	S	1,015,729	S	1,064,097		48,368					
TANFF to Title XX Block Grant		2,959,245		3,100,162		140,917					
DSHS SAPT Block Grant - SA/OSR		44,232		82,267		38,035					
Enhanced Community Coordinator		87,679		131,149		43,470					
DSHS Mental Health First Aid		22,382		25,875		3,493					
HHSC ZEST - Zero Suicide		108,921		128,965		20,044					
HCC Open Door		204,875		306,383		101,508					
HCS		22,416		22,416		-					
TX Home Living Waiver		(128,841)		(126,830)		2,011					
Federal DSHS Disaster Assistance		1,284,702		1,051,525		(233,177)					
Helpline Contracts		73,009		65,685		(7,324)					
City of Houston - CCSI		50,536		25,268		(25,268)					
City of Houston - DMD		10,331		10,331		-					
City of Houston - 911 CCD Amended		22,266		22,966		700					
	\$	23,143,131	s	24,260,223	s	1,117,092					

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

- f. Unearned Income increased due to receipt of State GR 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 because of operations.
- i. Current Capital Projects decreased because of funding various Board approved capital projects for fiscal year 2021.
- j. Days of Operation in Reserve for Total Agency is 159 days and for Core Business is 98 days versus 157 and 93 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of June 30, 2021, is \$63,819,976 of which 100% is in government pools (Texas Class 49% and TexPool 51%).
- b. Investments this month yielded interest income of \$3,933.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD INVESTMENT PORTFOLIO June 30, 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
GOVERNMENT POOLS	5											
TEXAS CLASS - GF G	J/L 120700	46,219,160	-	(15,000,000)	1,568		31,220,727		48.92%		0.0611%	
TEXPOOL ISF	F G/L 120610	2,288,859	-	-	25		2,288,884		3.59%		0.0131%	
TEXPOOL GF	G/L 120600	1,001,549	-	-	11		1,001,560		1.57%		0.0131%	
TEXPOOL PRIN	ME G/L 120620	41,806,476	-	(12,500,000)	2,329		29,308,805		45.92%		0.0708%	
Subtotal Texpool	-	43,086,969	-	(12,500,000)	2,365		32,599,249		51.08%			
Subtotal Government Poo	bls	95,795,588	-	(27,500,000)	3,933		63,819,976		100.00%			
TOTAL INVESTMENTS	5	\$ 95,795,588	\$ -	\$ (27,500,000)	\$ 3,933	s -	\$ 63,819,976		100.00%			

Total Investment Interest G/L 409000 & 409005	 3,933	3 Month Weighted Average Maturity (Days)	1.00
	-	3 Month Weighted Average Yield	0.0721%
Total Interest	\$ 3,933	3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	0.0167%

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

Report for June 2021

Vendor	Description	Monthly Not-To-Exceed*	Jun-21	YTD Total (Apr -June 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,211,409	\$2,741,163
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disablity Insurance	\$220,000	\$197,480	\$592,949
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,038,106	\$6,134,118
Cigna Dental	Dental Insurance	\$100,000	\$76,800	\$233,713

* 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 June 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 Tenth Month and Year to Date Ended June 30, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on July 20, 2021

The Harris Center for Mental Health & IDD

July 20, 2021

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

The monthly financial report for June 30, 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.

Sean Kim, CPA Chief Financial and Administrative Officer

The Harris Center for Mental Health and IDD Financial Summary For the Tenth Month and Year to Date Ended June 30, 2021

Month (,000)									
		Actual	E	Budget	Va	riance			
Revenues	\$	20,998	\$	21,116	\$	(118)			
Expenditures		23,219		23,772		554			
Excess of Revenues over (under)									
Expenditures before Other Sources	\$	(2,220)	\$	(2,656)	\$	436			

Year-to-date (,000)									
		Actual	В	udget	V	ariance			
Excess of Revenues over (under) Expenditures after Other Sources	\$	22,837	\$	(808)	\$	23,645			

The Harris Center for Mental Health and IDD Comparison of Revenue and Expenses - Actual to Budget For the Tenth Month and Year to Date Ended June 30, 2021

	Month Ended June 30, 2021					Ten Months Ended June 30, 2021				
			Varianc	e				Variance	Э	
			Favorable or (Ur	nfavorable)				Favorable or (Un	favorable)	
	Actual	Budget	\$	%		Actual	Budget	\$	%	
Total Revenues:										
Harris County and Local	\$ 4,322,353	\$ 4,315,514	\$ 6,839	0%	\$	46,745,433	\$ 43,097,914	\$ 3,647,519	8%	
PAP / Samples	\$ 4,322,353 1,037,423	, ,,-		-34%	φ	12,107,719	. , ,	(3,725,511)	-24%	
Interest	, ,	1,583,323	(545,900)				15,833,230		-24 %	
State General	3,932 9,575,838	41,666 9,642,307	(37,734) c (66,469)	-91%		111,249 96,061,647	416,660 96,423,095	(305,411) (361,448)	-73%	
State Grants	9,575,656	9,042,307 891,778	(66,469) 581,929 d	-1 % 65%			9,004,056	856,745	10%	
Federal Grants	1,265,612	1,063,105	202,507	19%		9,860,801 16,690,685	9,004,038	6,059,638	57%	
3rd party billings		, ,		-7%			, ,	(3,102,149)	-9%	
Sid party billings	3,319,400	3,578,472	(259,072) e	-7 70		30,911,158	34,013,307	(3,102,149)	-9%	
Total Revenue	20,998,265	21,116,165	(117,900) f	-1%		212,488,692	209,419,309	3,069,383	1%	
Total Expenses:										
Salaries and Fringe	14,553,378	15,924,521	1,371,143 g	9%		159,664,096	159,259,116	(404,980)	0%	
Travel	58,007	193,674	135,667	70%		476,653	1,686,589	1,209,936	72%	
Contracts and Consultants	1,711,674	1,803,375	91,701	5%		16,387,750	18,072,121	1,684,371	9%	
HCPC Contract	2,327,336	2,369,794	42.458	2%		23,416,597	23,707,940	291.343	1%	
Supplies and Drugs	1,336,398	1,902,142	565,744	30%		15,268,124	19,032,945	3,764,821	20%	
Equipment (Purch, Rent, Maint)	1,986,486	377,760	(1,608,726) h			12,003,819	3,785,660	(8,218,159)	-217%	
Building (Purch, Rent, Maint)	330,247	283,771	(46,476) i	-16%		11,780,548	2,831,458	(8,949,090)	-316%	
Vehicle (Purch, Rent, Maint)	30,763	28,249	(2,514)	-9%		124.827	283.565	158,738	56%	
Telephone and Utilities	228,588	223,000	(5,588)	-3%		2,098,867	2,229,842	130,975	6%	
Insurance, Legal, Audit	138,657	137,845	(812)	-1%		1,588,771	1,378,221	(210,550)	-15%	
Note Payments	-	-	()	0%		552,424	588,597	36,173	6%	
Other	472.434	460,485	(11,949)	-3%		4,064,298	4,671,136	606,838	13%	
Claims Denials	44,534	67,533	22,999	34%		608,437	675,318	66,881	10%	
Reserve for Bad Debt	-	-		0%		-	-	-	0.0%	
Total Expenses	23,218,502	23,772,149	 553,647 j	2%		248,035,211	238,202,508	(9,832,703)	-4%	
Excess of Revenues over (under)										
Excess of Revenues over (under) Expenditures before Other Sources	(2,220,237)	a (2,655,984)	435,747			(35,546,519)	(28,783,199)	(6,763,320)		
Funds from other sources:										
Use of fund balance - CapEx	1,578,188	-	1,578,188			8,625,694	-	8,625,694		
Use of fund balance - COVID-19	-	-	-			3.568.270	-	3,568,270		
Fund Balance DSRIP	629,230	629.230	_			6,299,431	6,300,810	(1,379)		
Waiver 1115 Revenues	2,167,484	2.167.484				21,674,861	21,674,861	(1,010)		
		2,107,404	-				21,074,001			
DSRIP Transition	1,809,411	-	1,809,411			17,212,866	-	17,212,866		
COVID-19 FMAP Allocation	-	-	-			-	-	-		
Insurance Proceeds	-	-	-			981,430	-	981,430		
Proceeds from Sale of Assets	-	-	-			21,125	-	21,125		
Unrealized Gain/(Loss) on Securities	-	-	-			-	-	-		
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 3.964.076	\$ 140,730	\$ 3,823,346		\$	22.837.158	b \$ (807,528)	\$ 23.644.686		

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 June 30, 2021

	Month Ended June 30, 2021									
	Core B	usiness	DS	RIP	Capital Ex	penditures				
	Actual	Budget	Actual	Budget	Actual	Budget				
Total Revenues:										
Local	\$ 5,361,035	\$ 5,935,695	\$ 2.673	\$ 4,808	-	-				
State General Revenue	9,557,885	9,624,354	17.953	17,953	-	-				
State Grants	1,473,707	891,778	-	-	-	-				
Federal Grants	1,265,612	1,063,105	-	-	-	-				
Federal Revenue - DSRIP	-	-	3,976,895	1,705,260	_	-				
3rd party billings	3,273,933	3,481,087	45,467	97,385	-	-				
Total Revenue		20,996,019	4,042,988	1,825,406						
Total Expanses:										
Total Expenses:	40 405 700	44 507 700	4 057 070	4 000 700						
Salaries and Fringe	13,495,702	14,537,799	1,057,676	1,386,722	-	-				
Travel	56,091	180,893	1,916	12,781	-	-				
Contracts and Consultant	1,598,493	1,685,666	113,181	117,709	-	-				
HCPC Contract	2,327,336	2,369,794	-	-	-	-				
Supplies and Drugs	1,320,330	1,878,589	16,068	23,553	-	-				
Equipment (Purch, Rent, Maint)	359,378	301,054	136,480	76,706	1,490,628	-				
Building (Rent, Maint)	-	148,529	242,687	135,242	87,560	-				
Vehicle (Purch, Rent, Maint)	26,419	16,539	4,344	11,710	-	-				
Telephone and Utilities	201,713	183,376	26,875	39,624	-	-				
Insurance, Legal, Audit	110,352	107,747	28,305	30,098	-	-				
Note Payments	-	-	-	-	-	-				
Other	460,514	436,841	11.920	23.644	-	-				
Claims Denials	44,465	67,038	69	495	-	-				
Reserve for Bad Debt	-	-	-	-	-	-				
Total Expenses	20,000,793	21,913,865	1,639,521	1,858,284	1,578,188					
Total Expenses	20,000,793	21,913,003		1,030,204	1,576,166	-				
Excess of Revenues over (under)										
Expenditures before Other Sources	931,379	(917,846)	2,403,467	(32,878)	(1,578,188)	-				
Funds from other sources:										
Use of fund balance - CapEx	-	-	-	-	1,578,188	-				
Use of fund balance - COVID-19	-	-	-	-	-	-				
Fund Balance DSRIP	629,230	629,230	-	-	-	-				
Insurance Proceeds	-	-		-	-	-				
Proceeds from Sale of Assets	_	_		_	_	_				
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-				
Gineanzeu Ganin(LUSS) UN Securities	-	-	- 	- 	-					
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 1,560,609	\$ (288,616)	\$ 2,403,467	\$ (32,878)	\$-	\$-				
	===========	===========	===========	===========	===========					

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 June 30, 2021

	Ten Months Ended June 30, 2021									
	Core Bu	isiness	DS	RIP	Capital Ex	penditures				
	Actual	Budget	Actual	Budget	Actual	Budget				
Total Revenues:										
Local	\$ 58,931,201	\$ 59,299,724	\$ 33,200	\$ 48,080	\$	\$				
State General Revenue	95,882,117	96,243,565	179,530	179.530	-	-				
State Grants	9,860,801	9,004,056	-	-	-	-				
Federal Grants	16,690,685	10,631,047	-	-	-	-				
Federal Revenue - DSRIP	-	-	38,887,727	17,052,599	-	-				
3rd party billings	29,951,394	33,041,245	959,764	972,062	-	-				
Total Revenue	211,316,198	208,219,637	40,060,221							
Total Expenses:										
Salaries and Fringe	147,157,889	145,242,326	12,506,207	14,016,790	-	-				
Travel	464,501	1,565,400	12,152	121.189	-	-				
Contracts and Consultant	15,543,238	16,896,570	844,512	1,175,551	-	_				
HCPC Contract	23,416,597	23,707,940	-	-	-	_				
Supplies and Drugs	15,143,725	18,799,628	124,399	233,317	_	_				
Equipment (Purch, Rent, Maint)	3,967,824	3,006,575	685,883	779,085	7,350,112					
Building (Purch, Rent, Maint)	9,211,940	1,329,702	1,293,026	1,501,756	1,275,582	-				
Vehicle (Purch, Rent, Maint)	97,916	168,465	26,911	115,100	1,270,002	-				
Telephone and Utilities	1,935,386	1,832,655	163,481	,	-	-				
	, ,	, ,	,	397,187	-	-				
Insurance, Legal, Audit	1,306,749	1,076,983	282,022	301,238	-	-				
Note Payments	-	-	552,424	552,424	-	-				
Other	3,906,443	4,435,529	157,855	235,607	-	-				
Claims Denials	594,973	670,368	13,464	4,950	-	-				
Reserve for Bad Debt	-	-	-	-	-	-				
Total Expenses	222,747,181	218,732,141	16,662,336	19,434,194	8,625,694	-				
Excess of Revenues over (under)										
Expenditures before Other Sources	(11,430,983)	(10,512,504)	23,397,885	(1,181,923)	(8,625,694)	-				
Funds from other sources:										
Use of fund balance - CapEx	-	-	-	-	8,625,694	-				
Use of fund balance - COVID-19	3,568,270	-	-	-	- 0,020,004	-				
Fund Balance DSRIP	6.299.431	6,300,810	-	-	-	-				
Insurance Proceeds	979,570	-	1,860	_	_	_				
Proceeds from Sale of Assets	21,125	-	1,000	-	-	-				
Unrealized Gain/(Loss) on Securities	21,120	-	-	-	-	-				
Unrealized Gam/(Loss) on Securities	-	-	-	-	-	-				
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ (562.587)	¢ (4.011.604)	\$ 23,399,745	\$ (1,181,923)	\$ -	¢				
Lychulures aller Other Sources	\$ (562,587) =========	\$ (4,211,694) =========		\$ (1,161,923) =========	ъ - ===========	ф -				
	=	=	=	=	=	=				

-

The Harris Center for Mental Health and IDD Comparative Balance Sheet As of June 30, 2021

	Ending Balance					Increase/(Decrease)		
	Ν	/ay 31, 2021		ine 30, 2021		June		
Assets								
Cash and Cash Equivalents	\$	107,068,947	\$	115,147,222	\$	8,078,275	а	
Inventory - includes RX		308,972		304,877		(4,095)	b	
Prepaid Expenses		2,036,699		2,563,932		527,233	С	
A/R Medicaid, Medicare, 3rd Party		13,175,303		14,863,471		1,688,168		
Less Bad Debt Reserve		(4,426,086)		(5,884,594)		(1,458,508)		
A/R Other		23,143,131		24,260,223		1,117,092	d	
A/R DSRIP		34,401,618		41,180,372		6,778,754	е	
Total Current Assets		175,708,583		192,435,503		16,726,919		
Land		E 000 111		E 000 114				
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		9,882,776		(35,295)		
Vehicles		1,605,231		1,605,231		-		
Construction in Progress		11,370,876		12,973,806		1,602,930		
Total Property, Plant & Equipment		74,559,693		76,127,328		1,567,635		
TOTAL ASSETS	\$	250,268,276	\$	268,562,831	\$	18,294,554		
Liabilities and Fund Balance								
Unearned Income	\$	37,016,471	\$	48,992,867	\$	11,976,396	f	
Accrued Payroll and Accounts Payables	Ψ	22,860,253	Ψ	25,855,741	Ψ	2,995,488	g	
Current Portion Long Term Debt				-		_,,	3	
Total Current Liabilities		59,876,724		74,848,608		14,971,884		
State Escheatment Payable		36,372		34,746		(1,626)		
Total Non Current Liabilities		36,372		34,746		(1,626)		
TOTAL LIABILITIES		59,913,097		74,883,354		14,970,258		
General Fund Balance Nonspendable		20,082,604		20,086,704		4,100	h	
Investment in Inventories		308,972		304,877		(4,095)		
Investment In Fixed Assets		74,559,693		76,127,328		1,567,635		
Assigned:								
Current Capital Projects		23,434,381		21,856,193		(1,578,188)	i	
Future Purchases of Real Property and IT Infrastructure Debt Repayment		1,365,842		1,365,842		-		
Self Insurance		- 2,000,000		2,000,000		-		
ECI Building Use		361,664		361,664		-		
Waiver 1115		42,068,799		41,439,569		(629,230)		
COVID-19 eFMAP Reserve		2,445,788		2,445,788		-		
Compensated Absences		4,854,354		4,854,354		(620.770)		
Total		171,482,097		170,842,319		(639,778)		
Year to Date Excess Revenues over								
(under) Expenditures		18,873,082		22,837,158		3,964,076		
TOTAL FUND BALANCE		190,355,179		193,679,477		3,324,298		
TOTAL LIABILITIES AND FUND BALANCE	\$	250,268,276	\$	268,562,831	\$	18,294,556		

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Reports For Month and Year to Date Ended June 30, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of June 2021, the tenth month of the fiscal year, The Harris Center is reporting Excess Expenditures over Revenues of \$2,220,237.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$22,837,158 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 \$37,734 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 \$581,929 primarily due to timing of ECI revenues.
- e. Third Party Billings is unfavorable to budget by \$259,072.
- f. Total Revenue is unfavorable to budget by \$117,900.
- g. Salaries and Fringe Benefits are favorable to budget by \$1,371,143.
- h. **Equipment** is unfavorable to budget by \$1,608,726. Equipment purchases exceeding budget were covered by funds designated by the Board through Fund Balance-Capex designations. This includes such items as the final payment for our Epic software this month in the amount of \$1,046,144.
- i. **Building** is unfavorable to original budget by \$46,476, due to building related expenses included in grants awarded after approval of the original budget.
- j. Total Expenses are favorable to budget by \$553,647.

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 because of operations.

		Ending	Increase/(Decrease)		
	1	May 31, 2021	June 30, 2021		June
Cash - General Fund Bank Of America	\$	2,665,824	\$ 2,664,886	\$	(938)
Cash - General Fund Chase		12,344,983	48,040,277		35,695,295
Cash - BOA ACH Vendor		588,697	467,913		(120,784)
Cash - FSA - Discovery		144,099	144,871		772
Petty Cash		9,300	9,300		-
Investments - Texpool General Fund		1,001,549	1,001,559		10
Investments - Texpool Self Insurance		2,288,859	2,288,884		25
Investments - Texpool Prime		41,806,476	29,308,805		(12,497,671)
Investments - Texas Class		46,219,160	 31,220,727		(14,998,433)
Total Cash and Cash Equivalents	\$	107,068,947	\$ 115,147,222	\$	8,078,275

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 B	Inci	rease/(Decrease)		
		May 31, 2021		June 30, 2021		June
Inventory - Central Supplies	\$	11,138	\$	11,138	\$	-
Supplies Purchased		21,500		21,500		-
Supplies Used		(16,762)		(20,857)		(4,095)
Inventory - Drugs		293,096		293,096		-
Total Inventory	\$	308,972	\$	304,877	\$	(4,095)

c. Prepaid Expenses increased because of HCPC activity.

II. Comparative Balance Sheet (continued)

d. Account Receivable Other increased in June.

		Ending	Increase/(Decrease)		
	Ma	y 31, 2021	Ju	ne 30, 2021	June
Villas At Bayou Park	s	53,533	s	53,533	
Pear Grove	·	19,814		26,027	6,213
Pasadena Cottages		71,559		72.325	766
Employee		/1,009		40	40
Acres Homes Garden		63,856		71,385	7,529
General Accounts Receivable		1,304,436		1,365,080	60,644
Building Rents		1,504,450		1,505,080	(12,500)
Harris County Juvenile Probation		651,208		800.652	149,444
Harris County Suvernie Probation Harris County Community Supervision & Correct		718.082		228,416	(489,666)
Harris County Community Supervision & Conect Harris County Sheriff Dept.		2,765,604		3,556,596	790,992
ICFMR		2,705,004			-
ECI Administrative Claiming				206,879	15,138
-		184,864		25,490	(159,374)
TCOOMMI -Special Needs TDCJ - Parole		865,867		991,393	125,526
		102,500		82,000	(20,500)
TDCJ - Substance Abuse		71,400		71,400	-
TCOOMMI- Juvenile		183,892		108,612	(75,280)
Jail Diversion		3,044,852		3,137,626	92,774
ECI		835,604		1,077,585	241,981
ECI Respite		82		-	(82)
ECI SNAP		19,801		9,900	(9,901)
HUD - Safe Havens		371,737		371,737	-
PATH - Mental Health Block		218,329		218,572	243
MH Block Grant		5,492,730		5,749,547	256,817
MH Block Grant - Coordinated Specialty Care		121,658		125,169	3,511

II. Comparative Balance Sheet (continued)

d. Account Receivable Other (continued)

		Ending	Increase/(Decrease)			
	M	ay 31, 2021	Ju	ne 30, 2021		June
Title XX Social Services	S	1,015,729	S	1,064,097		48,368
TANFF to Title XX Block Grant		2,959,245		3,100,162		140,917
DSHS SAPT Block Grant - SA/OSR		44,232		82,267		38,035
Enhanced Community Coordinator		87,679		131,149		43,470
DSHS Mental Health First Aid		22,382		25,875		3,493
HHSC ZEST - Zero Suicide		108,921		128,965		20,044
HCC Open Door		204,875		306,383		101,508
HCS		22,416		22,416		-
TX Home Living Waiver		(128,841)		(126,830)		2,011
Federal DSHS Disaster Assistance		1,284,702		1,051,525		(233,177)
Helpline Contracts		73,009		65,685		(7,324)
City of Houston - CCSI		50,536		25,268		(25,268)
City of Houston - DMD		10,331		10,331		-
City of Houston - 911 CCD Amended		22,266		22,966		700
	S	23,143,131	s	24,260,223	s	1,117,092

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

- f. Unearned Income increased due to receipt of State GR 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 because of operations.
- i. Current Capital Projects decreased because of funding various Board approved capital projects for fiscal year 2021.
- j. Days of Operation in Reserve for Total Agency is 159 days and for Core Business is 98 days versus 157 and 93 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of June 30, 2021, is \$63,819,976 of which 100% is in government pools (Texas Class 49% and TexPool 51%).
- b. Investments this month yielded interest income of \$3,933.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD INVESTMENT PORTFOLIO June 30, 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
GOVERNMENT POOLS												
TEXAS CLASS - GF G/	/L 120700	46,219,160	-	(15,000,000)	1,568		31,220,727		48.92%		0.0611%	
TEXPOOL ISF	G/L 120610	2,288,859	-	-	25		2,288,884		3.59%		0.0131%	
TEXPOOL GF	G/L 120600	1,001,549	-	-	11		1,001,560		1.57%		0.0131%	
TEXPOOL PRIN	AE G/L 120620	41,806,476	-	(12,500,000)	2,329		29,308,805	_	45.92%		0.0708%	
Subtotal Texpool	-	43,086,969	-	(12,500,000)	2,365		32,599,249		51.08%			
Subtotal Government Pool	ls	95,795,588	-	(27,500,000)	3,933		63,819,976		100.00%			
TOTAL INVESTMENTS	-	\$ 95,795,588	\$ -	\$ (27,500,000)	\$ 3,933	\$ -	\$ 63,819,976		100.00%			

Total Investment Interest G/L 409000 & 409005	 3,933	3 Month Weighted Average Maturity (Days)	1.00
	-	3 Month Weighted Average Yield	0.0721%
Total Interest	\$ 3,933	3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	0.0167%

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

Report for June 2021

Vendor	Description	Monthly Not-To-Exceed*	Jun-21	YTD Total (Apr -June 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,211,409	\$2,741,163
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disablity Insurance	\$220,000	\$197,480	\$592,949
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,038,106	\$6,134,118
Cigna Dental	Dental Insurance	\$100,000	\$76,800	\$233,713

* 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 June 2021 Payments of Liabilities for Employee Benefits = 10% of Expenditures.

EXHIBIT F-4

July 2021 NEW CONTRACTS OVER 50k

SNAPSHOT SUMMARY NEW CONTRACTS \$50,000 AND MORE

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
INTERLOCALS							-	
LEASES								
MENTAL HEALTH								
CONTRACTS								
ADMINISTRATION			Marina da Carta da Ca					
Knight Security Systems, LLC	No	Security Services		\$145,000.00	09/01/21- 08/31/26	GR	RFP	To provide safety and security by controlling control doors per quote plus \$10,000.00 contingency for a grand total for FY22 of \$145,000.00.
· · · · · · · · · · · · · · · · · · ·								

Contract Section	
Contractor*	
Knight Security Systems, LLC	
Contract ID #*	
2021-0171	
Presented To [*]	
Resource Committee	
Full Board	
Date Presented*	
7/20/2021	
Parties ^{* (?)}	
Knight Security Systems, LLC 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
 New Contract Amendment Amendment 	
Contract Term Start Date * (?)	Contract Term End Date* (?)
9/1/2021	8/31/2026
f contract is off-cycle, specify the contract term (?)	
Fiscal Year ^{* (?)}	Amount* (?)
2022	\$ 145,000.00
Fiscal Year ^{* (?)}	Amount [*] (?)
	\$ 125,000.00

Fiscal Year* (?) 2024	Amount [*] (?) \$ 125,000.00
Fiscal Year* (?) 2025	Amount* (?) \$ 125,000.00
Fiscal Year* (?) 2026	Amount* (?) \$ 125,000.00
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 Service To provide safety and security by controlling access to control security by controlling access to control doors per quote annual cost plus \$20,000. control doors per quote plus \$10,000.00 contingency for \$145,000.00	ertain spaces and critical areas. 00 to add/install 5 new access
FY23 thru FY26 are \$115,000.00 per quote plus \$10,000 cost of \$125,000.00 Contract Owner*	0.00 contingency for a total annual
Todd McCorquodale Previous History of Contracting with Vendor/Contrac Yes No Unknown	tor*
Please add previous contract dates and what service FY2015 to present / safety and security access	es were provided [*]
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) * (?)
Please provide an explanation * does not meet criteria	
Community Partnership * (?) Ves No Unknown	
Supporting Documentation Upload (?) Knight Security Systems Quote.pdf Knight Security Systems Single Source Justification.pdf	486.45KB 88.11KB
Vendor/Contractor Contact Person	$\mathbf{\circ}$

Name*		
Knight Security Systems, LLC		
Address*		
Street Address		
500 Century Plaza Drive		
Address Line 2		
City	State / Province / Reg	ion
Houston	ТХ	
Postal / Zip Code	Country	
77073	US	
Phone Number* 8327865800		
Email*		
atrevino@knightsecurity.com		
Budget Section		\circ
Budget Units and Amounts	Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1190	\$ 145,000.00	553001
Budget Manager	Secondary Bud	get Manager
CAMPBELL, RICARDO	BROWN, ERICA	S.
Provide Rate and Rate Descriptions see attached quote		. S.
Provide Rate and Rate Descriptions	if applicable [*] (?) cost plus \$20,000.00 ors per quote plus	. S.
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual o to add/install 5 new access control doc \$10,000.00 contingency for a grand to	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of uote plus \$10,000.00	. S.
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand to \$145,000.00 FY23 thru FY26 are \$115,000.00 per q	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of quote plus \$10,000.00 t125,000.00	S.
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per q contingency for a total annual cost of \$	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of quote plus \$10,000.00 t125,000.00	. S.
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of uuote plus \$10,000.00 t125,000.00 cture * (?)	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of quote plus \$10,000.00 t125,000.00 cture * (?) Submission Date	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of uuote plus \$10,000.00 t125,000.00 cture * (?)	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of uote plus \$10,000.00 i125,000.00 cture * (?) Submission Dat 6/25/2021	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per q contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name HARPER, SARAH A	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of (uote plus \$10,000.00 125,000.00 cture * (?) Submission Dat 6/25/2021 S)	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control dod \$10,000.00 contingency for a grand to \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name HARPER, SARAH A Budget Manager Approval(Approved by	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of quote plus \$10,000.00 cture * (?) Submission Dat 6/25/2021 S)	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control doo \$10,000.00 contingency for a grand too \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name HARPER, SARAH A Budget Manager Approval(if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of (uote plus \$10,000.00 125,000.00 cture * (?) Submission Dat 6/25/2021 S)	
Provide Rate and Rate Descriptions see attached quote FY22 - \$115,000.00 per quote annual of to add/install 5 new access control dod \$10,000.00 contingency for a grand to \$145,000.00 FY23 thru FY26 are \$115,000.00 per of contingency for a total annual cost of \$ Project WBS (Work Breakdown Strue n/a Requester Name HARPER, SARAH A Budget Manager Approval(Approved by	if applicable * (?) cost plus \$20,000.00 ors per quote plus tal for FY22 of quote plus \$10,000.00 cture * (?) Submission Dat 6/25/2021 S)	

Approved by		
Sharon Brauner	Approval Date 6/28/2021	
Contract Owner Approval		\odot
Approved by		
	Approval Date	
Todd McCorquedate	6/28/2021	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
(pproted b)		
	Approval Date*	
Shaskyia Behn	Approval Date* 6/29/2021	

EXHIBIT F-5

July 2021 RENEWALS OVER 50k

SNAPSHOT SUMMARY CONTRACT RENEWALS \$50,000 AND MORE

ч.

		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
ADMINISTRATION						会议的 关于		and the second second
Cerner Corporation formerly 1 Etreby Computer Comp.	No	Pharmacy Software Maintenance & Support ePrescribing Services	\$80,000.00	\$80,000.00	09/01/21- 08/31/22	GR		Effective date: May 2, 2014; Annual automatic renewal of agreement.
2 Comcast Business	No	Clinic Data Circuits Service	\$64,440.00	\$64,440.00	09/01/21- 08/31/22	GR		Annual funding only
Department of Information 3 Resources	No	Department of Information Resources Communications Technology Services	\$170,000.00	\$170,000.00	09/01/21- 08/31/22	GR	Sole Source	Annual renewal of agreement.
4 Granite Telecommunications, LLC	No	Agency-Wide POTS AT&T Bill Consolidation	\$86,400.00	\$132,000.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement.
5 Iris Telehealth Medical Group, PA	No	Telepsychiatry Services	\$300,000.00	\$300,000.00	03/17/21- 08/31/22	GR	RFQ	Annual renewal of agreement.
6 Kronos Incorporated	No	Agency wide Time Equipment, Software, Attendance System Maintenance and Support Services	\$380,383.65	\$235,904.19	09/01/21- 08/31/22	GR	US Communities Agreements #18220 and Tag- On #18221	
7 PrideStaff Inc. dba Rx Relief	No	Temporary Staffing Services for Pharmacists and Pharmacy Technicians	\$50,000.00	\$50,000.00	09/01/21- 08/31/22	GR	RFP/Bid Award	Third renewal option
8 Right Now Termite & Pest Control	No	Agency-wide Pest Control and Bed Bug Treatment	\$67,710.28	\$88,000.00	09/01/21- 08/31/22	GR	RFP	Annual renewal of agreement.
9 Saba Software, Inc.	No	Agency Wide Learning Management System Software System	\$127,888.20	\$128,888.20	09/01/21- 08/31/22	GR		Annual renewal of agreement.
10 Safeway Inc.	No	Pharmacy Drug Dispensing Services	\$50,000.00	\$50,000.00	09/01/21- 08/31/22	GR	RFP	Annual renewal of agreement.
Universal Protection Service, LP dba Allied Universal Security 11 Services	No	Agency-Wide Security Guard Services	\$781,390.28	\$781,390.28	09/01/21- 08/31/22	GR	RFP	Annual renewal of agreement.
12 VC5 Partners dba Rekruiters	No	Temporary IT Recruitment and Placement Services	\$370,000.00	\$500,000.00	09/01/21- 08/31/22	GR	Sole Source	Annual renewal of agreement.
CPEP								
CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								

SNAPSHOT SUMMARY CONTRACT RENEWALS \$50,000 AND MORE

			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
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						Aller and a second s		
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH SERVICES								
13	NAMI Greater Houston	No	Consulting Services to provide Education Classes to Families of Consumers	\$36,100.00	\$71,100.00	09/01/21- 08/31/22	Varies/County	N/A	Annual renewal of agreement
14	The Furniture Bank	No	Furniture Services	\$60,000.00	\$60,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
15	Waste Management of Texas, Inc.	No	Agency-wide Non- hazardous Waste Removal Services	\$35,000.00	\$56,178.87	09/01/21- 08/31/22	GR	Tag-On to Choice Partners TIP	Annual renewal and adding additional dumpster services at 6160 South Loop East and 6125 Hillcroft Locations.
	PROGRAM MANAGEMENT								
	CROSS FISCAL YEAR CONTRACT RENEWALS			E ²					
	ADMINISTRATION								
16	Cardinal Health Pharmacy	No	Remote Order Pharmacy Support Services	\$21,205.00	\$72,000.00	04/01/21- 03/31/22	GR	RFQuote	Annual funding
17	DataVox, Inc.	No	Lifesize 50 Virtual Meet Rooms & 300-Way Calling	\$24,330.77	\$76,000.00	08/10/21- 08/10/22	GR	TIPS Tag-On Contract# 170306	Annual funding
18	Future Com, Ltd.	No	Forescout Maintenance and Support	\$54,881.25	\$58,000.00	08/24/21- 08/23/22	GR	Tag-On to DIR- TSO-4288	Annual funding
19	Inmar Rx Solutions, Inc.	No	Rx Reconciliation Collections and Cash Rx Revenue Recovery Services	\$7,166.00	\$75,000.00	05/01/21- 05/01/22	GR	RFQ/Bids	Automatic one year renewals. A big increase in NTE funds due to volume increases and the need to upgrade to a higher plan.
20	Innovation Network Technologies Corp.	No	Unitrend Cloud and Disaster Recovery-as-a- Service (DRaaS) Solutions	\$114,345.80	\$120,100.00	08/31/21- 08/30/22	GR	Tag-On to DIR- TSO-4332	Annual funding
21	RLDatix	No	Incident Reporting System	\$69,444.00	\$50,210.00	11/18/21- 11/19/22	GR	Harris County Tag-On #GA- 04684-04	Annual funding Successive one-year annual renewals thereafter (by quote)

SNAPSHOT SUMMARY CONTRACT RENEWALS \$50,000 AND MORE

			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
	CPEP								
	CRISIS SERVICES								
	FORENSICS							Carlos Ros	
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH								
	PROGRAM MANAGEMENT							al adtace	
	MULTI-YEAR CONTRACTS								
22	ADMINISTRATION Dahill Office Technology Corporation		Agency-Wide Multifunction						
	Elite Personnel Consultants dba	No	Devices Agency-Wide Temporary	\$190,800.00	\$190,800.00	09/01/18- 08/31/23	GR	RFP Tag-On to Harris County Job No.	
23	Enterprise FM Trust Enterprise	No No	Personnel Services Vehicle Lease Agreement for Agency Wide Transportation Services	\$150,000.00	\$200,000.00 \$262,170.72	10/12/15- Present 01/31/21- 12/01/25	GR	10/0216	Annual funding only 2nd year renewal annual funding only
25		No	Agency-Wide Medical Supplies	\$262,500.00	\$315,953.00	07/01/21- 06/30/22	GR	Bid through GPO/Tag-On through GPO	Annual funding only
	CPEP								
	CRISIS SERVICES								

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5049
Contractor Name:	Cerner Corporation (Etreby)
Interlocal Agreement:	No
Service (brief description):	Pharmacy software maintenance & suppport; eprescibing services
Term for Off-Cycle Only:	Effective Date May 2, 2014; annual automatic renewals
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$80,000
Rate(s)/Rate(s) Description:	Per Order Forms and Invoices
Unit(s) Served:	1135
G/L Code(s):	553002
FY21 Purchase Order Number:	FY21 CT140401
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) \checkmark .
- 2. Were Services delivered as specified in the Contract? (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)
 7. Did Contractor render services consistent with Agency policy and procedures? (Y)
- Did Contractor render services consistent with Agency policy and procedures? (Y) ______.

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:

Please provide the NTE f GL CODE <u>553002 d</u> . 551002	or FY22_ 80₁000 If Contract is a multi-v	FY22 Rate(s) year term, please provide	UNIT 1135 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.
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
- 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	Allgola	BAbin							

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

APPROVALS:

Budget Manager: _	Ricardo Cu	_ (Printed Name)		
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.06.02 14:41:10-05'00'	(Signature). R	EQUIRED	
Contract Owner:	Augela Babin	(Printe	ed Name)	

Baloin 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7612
Contractor Name:	Comcast Business
Interlocal Agreement:	No
Service (brief description):	New Data Circuits - Primary or Redundant Circuits at all Agency Clinics
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):	\$64,440.00
Rate(s)/Rate(s) Description:	\$6,265 per month (two sales orders)
Unit(s) Served:	1171
G/L Code(s):	564000
FY21 Purchase Order Number:	CT140432
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)____(N)____
- 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) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X____(N) _____.
- 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:

	~~~ \$64,4	40	
Please provide the NTE fo	r FY22_ 044,44 0	FY22 Rate(s)	UNIT1171
GL CODE 564000	If Contract is a	a multi-year term, please p	provide the following.
SLOYDOY			
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___
 - 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 Date: 2021.06.01 06	Ricardo Campbell (18:26 -05'00' (Signature).	REQUIRED
Contract Owner:HURST		(Printed Name)
INA A	(Signature)	. REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6486
Contractor Name:	Department of Information Resources
Interlocal Agreement:	No
Service (brief description):	WAN Services from Department of Informtion Resources Communications Technology Services Division
Term for Off-Cycle Only:	Evergreen (in effect until terminated)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$170,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1130, 9403
G/L Code(s):	564004
FY21 Purchase Order Number:	CT140429
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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X_____.
 (N) _____.
- 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:

•

.

D.	RENEWAL INFORMATION FOR F12022.				
	Please provide the NTE for FY22_170,000 FY22 Rate(s)_100,000 1130-07 564000_70,000 9403-564004 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:				
E.	CONTRACT FUNDING SOURCE:GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]				
F.	CONTRACT CONTENT CHANGES:				
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_X 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				
	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 ContractHURST/BOSWELL				
	APPROVALS:				
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)				
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 15:38/30 -05'00' (Signature). REQUIRED				
	Contract Owner:HURSTHA COAL(Printed Name)				

_____ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

٢

.

•

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6825
Contractor Name:	Granite Telecommunications, LLC
Interlocal Agreement:	No
Service (brief description):	Agency-wide POTS AT&T Bill Consolidation
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$86,400.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1171
G/L Code(s):	564000
FY21 Purchase Order Number:	CT140425
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) ____
- 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) ____.
- 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_132,000 FY22 Rate(s)_132,000 UNIT1171 GL CODE_564000 If Contract is a multi-year term, please provide the following.				
	FY23				
	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:				
Ε.	CONTRACT FUNDING SOURCE:GR[GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]				
F.	CONTRACT CONTENT CHANGES:				
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_Z Will the scope of the Services change? (Y) or (N) _Z, if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days				
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 ContractHURST/BOSWELL				
	APPROVALS:				
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)				
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:18:03 -05'00' (Signature). REQUIRED				
	Contract Owner:HURST(Printed Name)				
	(Signature). REQUIRED				

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	2021-0079
Contractor Name:	Iris Telehealth Medical Group, PA
Interlocal Agreement:	No
Service (brief description):	Two (2) Psychiatrists to access clients in the adult outpatient telepsychiatry program.
Term for Off-Cycle Only:	3/17/21-8/31/22
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$300,000.00 for FY21
Rate(s)/Rate(s) Description:	\$85.00 per hour Adult Psychiatrist \$195-215.00 per hour Child Psychiatrist
	\$125.00-\$145.00 per hour Nurse Practitioner
Unit(s) Served:	1108
G/L Code(s):	542000
FY21 Purchase Order Number:	CT141028
Contract Requester:	Debbie Shelby
Contract Owner:	Dr. Muzquiz/Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y) $(N) \cup (N)$.
- 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?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) $\mathcal{V}(N)$
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) (N) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) ______.

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) \checkmark (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:

GL CODE 543045. If Contract is a multi-year term, please provide the following.

 FY23
 _______ 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: $G\mathcal{R}$ [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) _____ 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	Mil	chel	Aarne	7	•				
				/					

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

APPROVALS:

Budget Manager:	Debbie	Shelby	(Printed Name)

(Signature). REQUIRED

Contract Owner: M. Chael Downey (Printed Name)

_(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6685
Contractor Name:	Kronos Incorporated
Interlocal Agreement:	No
Service (brief description):	HRMS Software including Time and Attendance
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	US Communities Agreements #18220 and #18221 Tag-On
Contract NTE (your current budget):	\$380,383.65
Rate(s)/Rate(s) Description:	Vary, per Order Form
Unit(s) Served:	1130, 1147
G/L Code(s):	553002, 551001, 900060, 900020
FY21 Purchase Order Number:	CT140427
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) ____.
- 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) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_____(N) _____.
- 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 2 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:					
Ple	D. RENEWAL INFORMATION FOR FY2022: , 19 4 Please provide the NTE for FY22_235,904. FY22 Rate(s)_235,904. ¹⁹ UNIT_1130 GL CODE_553002 If Contract is a multi-year term, please provide the following.					
	FY23					
	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:					
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_X Will the scope of the Services change? (Y) or (N)X, if yes, provide brief description. 					
	 Is the payment deadline different than net (45)? If yes, please provide the net days					
G	RESPONSIBLE PARTY:					
0.	Please state the name of the Contract Owner for this ContractCOCHINWALA					
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL					
	APPROVALS:					
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)					
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 17:04:58-05'00' (Signature). REQUIRED					
	Contract Owner:					
	(Signature). REQUIRED					

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

,

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7192	
Contractor Name:	PrideStaff Inc., dba Rx Relief	
Interlocal Agreement:	No	
Service (brief description):	Temporary Staffing Services-Pharmacists and Pharmacy Technicians	
Term for Off-Cycle Only:		
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP	
Contract NTE (your current budget):	\$50,000.00	
Rate(s)/Rate(s) Description:	Varies	
Unit(s) Served:	1135	
G/L Code(s):	540501	
FY21 Purchase Order Number:	CT140511	
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) $\underline{\checkmark}$.
- 2. Were Services delivered as specified in the Contract? (Y) \checkmark (N) \checkmark

- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) 1/ (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) ______
- Did Contractor render services consistent with Agency policy and procedures? (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:

States Annual Health and H10 Decision (1990) Decision (1990)

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 <u>\$45,000</u>.

FY22 Rate(s) S38.40 per routine Regular Consultation; S50.40 per Urgent Consultation

Unit(s) served 2212; 2213; 2214; 2215; 2301;9205; 9209; 9210: GL CODE 543019

*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
S2,450.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2212	543019
\$12,000.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2213	543019
\$2,500.00	\$38.40/per routine Regular Cousultation \$50.40/per Urgent Consultation	2214	543019
\$15,000.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2215	543019
\$12,000.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2301	543019
\$350.00	38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	9205	543019
\$350.00	38.40/per routine Regular Consultation S50.40/per Urgent Consultation	9209	543019
\$350.00	38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	9210	543019

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? YES NOX
- 2. Will the scope of the Services change? YES NOX
- 3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NOX
- 4. Are there any changes in the Performance Targets? YES NOX
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? YES NOX If YES, please attach additional pages as necessary.
- G. RESPONSIBLE PARTY: Staff responsible for reviewing and approving monthly invoices for this Contract (APPROVALS):

Digitally signed by Deborah Sweat
 Date: 2021.06.09 07:36:24 -05'00'

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

Debbie Shelby	Digitally signed by Debbie Shelby Date: 2021.06.08 16:02:13 -05'00'	
Debbie Chumbers Shelby (S	ignature of the Budget Manager)	

Jodel Oshman (Signature of the Budget Manager)

The current <u>FY21</u> 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 <u>FY2022</u> 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) ____.
- 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) ____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) __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: 2ND YEAR OF INITIAL 2 YEAR CONTRACT WITH THREE ONE YEAR RENEWAL OPTIONS

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__
- Will the scope of the Services change? (Y) _____ or (N) __X___, if yes, provide brief description. _Amending with note as we added services for 1869 – 6160 South Loop East in FY21, and will need to continue to provide services at that location moving forward, which changed the total amount of the contract NTE to the \$88,000.00 moving forward. ____
- 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___
- 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
 Digitally signed by Erica Brown

 Date: 2021.06.21 10:59:16 -05'00'
 (Signature).
 REQUIRED

Contract Owner: ______Todd McCorquodale______(Printed Name)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6993
Contractor Name:	Saba Software, Inc.
Interlocal Agreement:	No
Service (brief description):	Learning Management System Software Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$127,888.20
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1975
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140674
Contract Requester:	Livia Turcios
Contract Owner:	Lesleigh Robertson

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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x_ (N) ____.
- 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 0 2 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_128,888.20___. FY22 Rate(s)__vary_____ UNIT__1975_____ 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: _N/A_____.

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.
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _x___
- 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<u>Ninfa Escobar</u>.

APPROVALS:

Budget Manager:	Ricardo Campbell	(Printed Name)
Ricardo Campbel	Digitally signed by Ricardo Campbell Date: 2021.06.01 08:15:50 -05'00' (Signature). REC	JUIRED
Vice President/Contra		(Printed Name)
	(Signature). REC	QUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7757
Contractor Name:	Safeway Inc.
Interlocal Agreement:	No
Service (brief description):	Pharmacy Drug Dispensing Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$50,000.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1135
G/L Code(s):	547003
FY21 Purchase Order Number:	CT140419
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) \checkmark (N) $_$.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) (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) _____.

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) (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 50,000 . FY22 Rate(s) UNIT
	GL CODE If Contract is a multi-year term, please provide the following. Puss Hrough
	FY23
	FY24 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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) Will the scope of the Services change? (Y) or (N), if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
	IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this Contract Augell Bubin
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.02 14:48:51 -05'00' (Signature). REQUIRED
	Contract Owner: Mgcla Babin (Printed Name)
	<u>A Barbon 6/1/2021 (Signature). REQUIRED</u>

!

3

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#:	7798
Contractor Name:	Universal Protection Service, LP dba Allied Universal Security Services
Interlocal Agreement:	No
Service (brief description):	Agency Wide Security Guard Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$781,390.28
Rate(s)/Rate(s) Description:	See Exhibit A1
Unit(s) Served:	1817, 1809, 1858, 1808, 1849, 1814, 1869, 1820
G/L Code(s):	583000
FY21 Purchase Order Number:	CT140708
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

		Yes	No
1.	Is the Contract being renewed for FY2022 with this		
	Contractor?	ж	
2	DE 4 CON		

2. REASON:

Service has been adequate and would like to exercise another option year.

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 following renewal information. Note If contract is a multi-year term, please provide information for each term year by clicking in the table and clicking the plus sign **+**.

Fiscal Year	NTE	Rate(s)	Unit	GL Code
FY2022	\$781,390.28			
		57,695.04	1808	583000
		79,223.04	1809	583000
		68,889.60	1814	583000
		179,112.96	1817	583000
		133,539.84	1820	583000
		34,444.80	1849	583000
		79,223.04	1858	583000
		149,261.96	1869	583000

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: _____Click or tap here to enter text.

E.	CONTRACT FUNDING SOURCE:	General Revenue (GR)
----	--------------------------	----------------------

F. CONTRACT CONTENT CHANGES:

		Yes	No
1.	Are there any required changes to the contract language?		
	[i.e. Changes in law or updates to the Service standards]		ж
2.	Will the scope of the Services change?		æ
	a. Click or tap here to enter text.		

3.	Is the payment deadline different than net (45)? If yes,	
	please provide the net days? [i.e. net 30, net 10]	æ
4.	Are there any changes in the Performance Targets	
	change?	ж
5.	Are there any changes to the Submission deadlines for	
	notes or supporting documentation?	¥

G. **RESPONSIBLE PARTY:**

Please state the name of contract	the Contract Owner for this	Todd McCorquodale		
Please state the name of will review and approve n Contract	•	Sean A. McFarland		
APPROVALS:				
Budget Manager:	Erica Brown		(Printed Name)	
Erica Brown	Digitally signed by Erica Bro Date: 2021.06.22 06:57:42 -0		JIRED	
Contract Owner: Todd	McCorquodale		(Printed Name)	
Todd McCorquoda	Digitally signed by Todd McCorquod Date: 2021.06.22 08:38:45 -05'00'	lale (Signature) REOL		

(Signature) REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7356
Contractor Name:	VC5 Partners dba Rekruiters
Interlocal Agreement:	No
Service (brief description):	Temporary IT Recruitment and Placement Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$370,000.00
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1130, 1147, 1158
G/L Code(s):	542000, 900060
FY21 Purchase Order Number:	CT140556
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

B. EVALUATION OF FY21 PERFORMANCE:

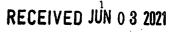
- 1. Have there been any significant performance deficiencies within FY21? (Y)____ (N) ___X___.
- 2. Were Services delivered as specified in the Contract? (Y)_X___ (N) ____
- Did Contractor perform duties in a manner consistent with standards of the profession?
 (Y) X (N) _____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) _____ (N)_____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_______
 (N)
- 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.]



	1130-100K AD
	1158-250K 500,000.00
D.	RENEWAL INFORMATION FOR FY2022: 1147 - 150K NTE 500,000
	Please provide the NTE for FY22_100,000 FY22 Rate(s)100,000 UNIT1130 GL CODE542000 If Contract is a multi-year term, please provide the following.
	FY23
	FY24 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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X 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
	IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <u>Ricardo Campbell En ca. Brown</u> (Printed Name)
	Ricardo Campbell Concession and Control of the other State S
	Contract Owner:HURSTHURST(Printed Name)
	(Signature). REQUIRED

.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6661
Contractor Name:	NAMI Greater Houston
Interlocal Agreement:	No
Service (brief description):	Consultation Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$36,100.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	9403, 1108
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140568
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) X___.
- 2. Were Services delivered as specified in the Contract? (Y)X (N) ____
- 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) <u>X</u> (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) <u>x</u>
 (N) _____.
- 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.]

AMOUNT(S) UNIT(S) \$ 15,800.00 9403 \$ 10.000.00 9407

D. RENEWAL INFORMATION FOR FY2022:

\$ 34,200.00 9261 Please provide the NTE for FY22<u>71,100.00</u>. FY22 Rate(s)<u>varies</u>UNIT<u>\$ 11,100</u>.00 2200 GL CODE<u>542000</u>. 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: <u>NA</u>

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

F. CONTRACT CONTENT CHANGES:

- Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)_____ or (N)_X___
- Will the scope of the Services change? (Y) <u>x</u> or (N) ____, if yes, provide brief description.
 <u>Please see the attached document.</u>
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) ____
- 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 Kornr	naver			•				

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract____Priscilla Ramirez / Debbie Shelby_____.

APPROVALS:

Budget Manager: _____ Priscilla Ramirez / Debbie Shelby _____ (Printed Name)

Priscilla M. Raminez Dissu Clumbur Stutty (Signature). REQUIRED

Contract Owner: ____Kim Kommayer _____(Printed Name)

(Signature). REQUIRED

Services provided will be expanded to provide NAMI groups to all CPEP residential programs. This will include the addition of the Respite, Rehabilitation and Re-Entry Center, The Harris Center Independent Living, and Peers for Hope House. The number of groups should expand this year as we transition out of the pandemic.

.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7566
Contractor Name:	The Furniture Bank
Interlocal Agreement:	
Service (brief description):	Furniture Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	
Rate(s)/Rate(s) Description:	\$60,000.00
Unit(s) Served:	2200
G/L Code(s):	595009
FY21 Purchase Order Number:	CT140631
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)
- 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) <u>(N)</u>
- Did Contractor render services consistent with Agency policy and procedures? (Y)
 (N) _____.
- 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) (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.		MATION FOR FY2022:	Ì				
	Please provide th	e NTE for FY22	DUD . FY22	Rate(s)	UNIT_	1300)
		•					
	FY23	FY23 Rate(s) . FY24 Rate(s) .			GL CO	DE DF	<u></u>
		Units/GL codes. Attac					
	FY 2022 Not to Ex	ceed Amount for Mas	ter Pooled Cont	racts:	·		
E.	CONTRACT FUND		G/STA	te/federal/g	irant/priva [*]	ré/Coun	TY]
F.	CONTRACT CONT	ENT CHANGES:					
	the Service sta	required changes to to indards] (Y) or (N of the Services change			-	-	
	 [i.e. net 30, ne 4. Are there any 5. Are there any (Y) or (N) 	changes in the Perform changes to the Submi	nance Targets cl ssion deadlines	nange? (Y) for notes or s	_ or (N) 🖌	-	
	RESPONSIBLE PAR						
	Please state Contract	the name	of the	Contract	Owner	for	this
	Please state the r this Contract	ome of the Responsibl	e Staff that will	review and ap	prove month	ly invoice	s for
	APPROVALS:			1 /1			
	Budget Manager:	Detac (A	homebers &	sllp	(Printed N	lame)	
	Colle	ug-	(Signature). REQUIRED			
	Contract Owner: _	M Down	0 "	rinted Name) e). REQUIRED			
				• ····································			2

.

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskvia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

•

.

i

.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7776		
Contractor Name:	Waste Management of Texas, Inc		
Interlocal Agreement:			
Service (brief description):	Agency-Wide nonhazardous waste removal		
Term for Off-Cycle Only:			
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On		
Contract NTE (your current budget):	\$35,000.00		
Rate(s)/Rate(s) Description:			
Unit(s) Served:	1899		
G/L Code(s):	596006		
FY21 Purchase Order Number:	CT140654		
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) _____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_____(N) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) __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: Continuation of waste removal services.

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 <u>\$56,178.87</u> . FY22 Rate(s <u>)Attached</u> UNIT <u>1899</u>						
GL CODE 596006. If Contract is a multi-year term, please provide the following.						
\$51,178.87annual ad	dd \$5,000.00 contigency					
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].

E. CONTRACT FUNDING SOURCE: <u>GR</u> [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. Add 2nd dumpster at 6160 South Loop East and add service at 6125 Hillcroft.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days <u>net 30</u> [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _X___
- 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 <u>Karen Hurst</u>.

APPROVALS:

Budget Manager:	Erica Brown	(Pr	inted Name)
Erica Brow	Digitally signed by Erica Brown Date: 2021.06.07 07:24:17 -05'00	(Signature).	REQUIRED
Contract Owner: To			inted Name)
Todd McCorquod	Digitally signed by Todd		

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7828
Contractor Name:	Cardinal Health Pharmacy Services, LLC
Interlocal Agreement:	No
Service (brief description):	Remote Order Pharmacy Support Services
Term for Off-Cycle Only:	Initial Term: 4/1/2021 – 3/31/2022
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Request for Quotes
Contract NTE (your current budget):	\$21,205.00
Rate(s)/Rate(s) Description:	Minimum Monthly Fee = \$2,555 (based on Order Line volume of 730 Order Lines per month). \$3.50 per additional Order Line above 730 Order Lines.
Unit(s) Served:	1135
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140804
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) \checkmark .
- 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)
- 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) _____

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) \checkmark (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 72,000. FY22 Rate(s) UNIT 1(35) GL CODE 542000. If Contract is a multi-year term, please provide the following.

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:
 - Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y)____ or (N)____
 - Will the scope of the Services change? (Y) _____ or (N) _____, if yes, provide brief description.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N)
 - 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	Aug	ela b	abin						

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

APPROVALS:

Budget Manager: _		_ (Printed Name)			
Ricardo Campl	Dell Digitally signed I Date: 2021,06.02	by Ricardo Campbell 14:59:07 -05'00'	_(Signature).	REQUIRED	
Contract Owner:	Augela	Babin	(Pri	nted Name)	

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

The current <u>FY20/21</u> 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 <u>FY2021/2022</u> 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#:	7718
Contractor Name:	DataVox, Inc.
Interlocal Agreement:	No
Service (brief description):	50 Lifesize Virtual Meet Rooms & 300-Way Calling (TIPS). TIPS Tag-On Contract# 170306
Term for Off-Cycle Only:	8/10/2020 - 8/10/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	FY20 NTE \$24,330.77
Rate(s)/Rate(s) Description:	See Proposal
Unit(s) Served:	2379
G/L Code(s):	553002
FY20/21 Purchase Order Number:	FY20 POP CT140142
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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_____(N) _____.
- 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) _____.
- 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__\$76,000____. FY22 Rate(s)_\$76,000__ UNIT__2379_____ 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: ___NA_____.

- E. CONTRACT FUNDING SOURCE: ____GR____[GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]
- F. CONTRACT CONTENT CHANGES:
 - 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.
 - Is the payment deadline different than net (45)? If yes, please provide the net days ___X______
 [i.e. net 30, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _X___
 - 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	(Printed Name)			
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.05.27 16:32:02 -05'00'	_(Signature).	REQUIRED		
	0		•		

(Printed Name)
<i>.</i>
(Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6670
Contractor Name:	Future Com, Ltd.
Interlocal Agreement:	No
Service (brief description):	Forescout Maintenance and Support
Term for Off-Cycle Only:	8/24/2020 - 8/23/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on to DIR-TSO-4288.
Contract NTE (your current budget):	\$54,881.25
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553001
FY21 Purchase Order Number:	CT140417
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) ____
- 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)
- 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 58,000 FY22 Rate(s)_____58,000____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) _____X or (N) ____
 - 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	COCHIN	WALA				·			

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract____HURST/BOSWELL______

APPROVALS:

Budget Manager:	<u>Ricardo C</u>	(Printed Name)	
Ricardo Campbell	Digitally signed by Ricardo Campbel Date: 2021.05.27 16:25:04 -05'00'	_(Signature).	REQUIRED
Contract Owner:	HURST		(Printed Name)
Mont		_ (Signature).	REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	2021-0087
Contractor Name:	Inmar Rx Solutions, Inc.
Interlocal Agreement:	No
Service (brief description):	Rx Reconciliation Collections and Cash Rx Revenue Recovery Services
Term for Off-Cycle Only:	5/1/2021 – 5/1/2022 with automatic one-year renewals
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ/Bids
Contract NTE (your current budget):	\$7,166.00
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1135
G/L Code(s):	542000
FY21 Purchase Order Number:	Pending
Contract Requester:	Angela Babin or Teri Gleason
Contract Owner:	Angela Babin

B. EVALUATION OF FY21 PERFORMANCE:

- 2. Were Services delivered as specified in the Contract? (Y) \checkmark (N) _____.
- 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) <u>(N)</u>.
- 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) (N)
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y)
- 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) \checkmark (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 <u>75,000</u>. FY22 Rate(s) UNIT <u>135</u> GL CODE <u>542000</u>. 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) v or (N) , if yes, provide brief description. As volume increases, need to upgrade to a higher plan

 - 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	Ang	ela	barn			Contract			

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 Camp	bell Digitally signed by Ricardo Campbell Date: 2021.06.02 14:57:08-05'00'	_(Signature). REQUIRED	
Contract Owner: _	Angela Babin	(Printed Name)	

a. Balan 6/1/2021 (Signature). REQUIRED

.

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	7622
Contractor Name:	Innovation Network Technologies Corp.
Interlocal Agreement:	No
Service (brief description):	Unitrend Cloud and Disaster Recovery-as-a-Service
	(DRaaS) Solutions
Term for Off-Cycle Only:	8/31/2020 - 8/30/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	DIR-TSO-4332 Tag-On
Contract NTE (your current budget):	\$114,345.80
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553001, 553002
FY21 Purchase Order Number:	CT140426
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

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

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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (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_120,100.00 FY22 Rate(s)120,100 UNIT1130 GL CODE_553001,553002 If Contract is a multi-year term, please provide the following.
	FY23
	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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X_ Will the scope of the Services change? (Y) or (N)X_, if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
	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 ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:09:29 -05'00' (Signature). REQUIRED
	Contract Owner:/_HURST(Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

.

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	7824
Contractor Name:	RLDatix
Interlocal Agreement:	No
Service (brief description):	An updated Incident Reporting System to replace the current outdated system.
Term for Off-Cycle Only:	Initial Term (est. 11/18/2020 – 11/19/2020) Successive one-year annual renewals thereafter (by quote)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	(Harris County Tag-on #GA-04684-04)
Contract NTE (your current budget):	\$69,444.00
Rate(s)/Rate(s) Description:	\$69,444.00 per Order Form
Unit(s) Served:	1147
G/L Code(s):	900021, 900022
FY21 Purchase Order Number:	CT140774
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

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

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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X_____(N) _____.
- 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 3 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.

Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.
D. RENEWAL INFORMATION FOR FY2022: $\zeta_{\mathcal{V}}, z_{\mathcal{V}} = 0$
Please provide the NTE for FY22_72,920 FY22 Rate(s)_7 2,92 0 UNIT 1190 ((-) GL CODE900021,900022 If Contract is a multi-year term, please provide the following.
FY23
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:
 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X Will the scope of the Services change? (Y) or (N)X, if yes, provide brief description.
 Is the payment deadline different than net (45)? If yes, please provide the net days
IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.
G. RESPONSIBLE PARTY:
Please state the name of the Contract Owner for this ContractCOCHINWALA
Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL

APPROVALS:

Budget Manager:	Erica Brown			(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.02 10:29:57 -05'00'	_(Signature).	REQUIRED	
Contract Owner	HURST		(Printed N	lame)
MAD	1	_ (Signature).	REQUIRED	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

-

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7130
Contractor Name:	Dahill Office Technology Corporation
Interlocal Agreement:	No
Service (brief description):	Agency Wide Multifunction Devices
Term for Off-Cycle Only:	9/1/2018 - 8/31/2023
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$190,800.00
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1130
G/L Code(s):	552002
FY21 Purchase Order Number:	CT140609
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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) ____X_ (N) ____.
- 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_190, 500 FY22 Rate(s)UNIT1130 GL CODE552002 If Contract is a multi-year term, please provide the following.
	FY23
	FY24 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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X Will the scope of the Services change? (Y) or (N)_X, if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
	(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 ContractCOCHINWALA

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract____HURST/BOSWELL______.

APPROVALS:

Budget Manager:	<u>Ricardo Campbell</u>	(Printed Name)
Ricardo Campbell Digit	tally signed by Ricardo Campbell 22021.06.22 13:53:56 -05'00' (Signature).	REQUIRED
Contract Owner:HURST		(Printed Name)

hal	
10 tot	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

,

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5195
Contractor Name:	Elite Personnel Consultants
Interlocal Agreement:	No
Service (brief description):	Agency wide temporary personnel services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on to Harris County Job No. 10/0216.
Contract NTE (your current budget):	\$150,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1108
G/L Code(s):	540500
FY21 Purchase Order Number:	CT140683
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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)____X
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ____ (N) ____ (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) _____?
- 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) \swarrow (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 \$200,000 . FY22 Rate(s) UNIT 1108 GL CODE 540500

*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/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)
 - 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

APPROVALS:		
Budget Manager:	Erica Brown	(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.24 16:56:55 -05'00' (Signature). REQUIRED	
Vice President/Contrac	ct Owner: <u>Lesleigh Robertson</u> (Printed Name)	
	(Signature). REQUIRED	

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#:	7827					
Contractor Name:	Enterprise FM Trust Enterprise Fleet Management,					
	Inc.					
Interlocal Agreement:	No					
Service (brief description):	Vehicle Lease Agreement for Agency wide					
	transportation services.					
Term for Off-Cycle Only:	1/31/2021 – 12/1/2025					
RFP, RFQ, RFA, Sole Source, Bid or Tag-On						
Contract NTE (your current budget):	\$174,780.48					
Rate(s)/Rate(s) Description:	Varies					
Unit(s) Served:	Multiple					
G/L Code(s):	561000					
FY21 Purchase Order Number:	CT140826					
Contract Requester:	Sean McFarland					
Contract Owner:	Sean McFarland					

B. EVALUATION OF FY21 PERFORMANCE:

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

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

. .

C. RENEWAL DETERMINATION:

		Yes	No
1.	Is the Contract being renewed for FY2022 with this		
	Contractor?	ж	
2	DEACON		

2. REASON:

Service is satisfactory renewal options still remain

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 following renewal information. Note If contract is a multi-year term, please provide information for each term year by clicking in the table and clicking the plus sign **+**.

	· · · · · · · · · · · · · · · · · · ·			
Fiscal Year	NTE	Rate(s)	Unit	GL Code
FY22	\$262,170.72		1150	560500
FY23	\$262,170.72		1150	560500
FY24	\$262,170.72		1150	560500
FY25	\$87,390.24		1150	560500

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:	General Revenue (GR)
-----------------------------	----------------------

F. CONTRACT CONTENT CHANGES:

		Yes	No
1.	Are there any required changes to the contract language?		
	[i.e. Changes in law or updates to the Service standards]		¥
2.	Will the scope of the Services change?		æ
	a. Click or tap here to enter text.		
3.	Is the payment deadline different than net (45)? If yes, please provide the net days? [<i>i.e. net 30, net 10</i>]		ж
4.	Are there any changes in the Performance Targets change?		¥
5.	Are there any changes to the Submission deadlines for notes or supporting documentation?		¥

G. RESPONSIBLE PARTY:

	Todd McCorquod	(Signature) REQU	IRED
Contract Owner:	Todd McCorquodale		(Printed Name)
Ricardo Can	npbell Digitally signed by Ricardo Can Date: 2021.06.17 14:29:44 -05'	•	IRED
Budget Manager:	Ricardo Cam	obell	(Printed Name)
APPROVALS:			
	me of the Responsible Staff that prove monthly invoices for this	Sean A. McFarland	
Please state the na contract	me of the Contract Owner for this	Todd McCorquodale	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	7137
Contractor Name:	McKesson Corporation
Interlocal Agreement:	No
Service (brief description):	Agency-wide Medical Supplies
Term for Off-Cycle Only:	November 1, 2015 - June 30, 2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	Bid through GPO/Tag-on through GPO
Contract NTE (your current budget):	262,500.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	Varies
G/L Code(s):	547002
FY21 Purchase Order Number:	CT140677
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 NOX
- 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: _____

1.1 Mental Health and U(t) Traciforning Lines

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$315,953.00.

FY22 Rate(s) \$Varies Unit(s) served See attached FINANCIAL SHEET **GL CODE 547002**

List all applicable units/GL codes (verify with Budget Manager) See attached FINANCIAL SHEET.

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? YES NO
- 2. Will the scope of the Services change? YES \square NO \square
- 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 NOX
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? YES NOX If YES, please attach additional pages as necessary.

G. RESPONSIBLE PARTY

Please state the name of the Staff responsible Staff for reviewing/approving monthly invoices for this Contract. APPROVALS:

Digitally signed by Deborah Sweat Date: 2021.06.23 15:31:00 -05'00'

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

Jodel Oshman (Signature of the Budget Manager)

Priscilla M. Ramirez Digitally signed by Priscilla M. Ramirez Date: 2021.06.23 10:38:32 -05'00'

Priscilla Ramirez (Signature of the Budget Manager)

Mamie Adams-Austin Digitally signed by Mamie Adams-Austin Date: 2021.06.23 11:48:51 -05'00'

Mamie Adams (Signature of the Budget Manager)

Sheenia Williams-Wesley Digitally signed by Sheenia Williams-Wesley Date: 2021.06.23 12:33:28 -05'00'

Sheenia Williams-Wesley (Signature of the Budget Manager)

Mike Downey

Digitally signed by Mike Downey Date: 2021.06.23 13:45:13 -05'00'

Debbie Chambers Shelby (Signature of the Budget Manager)

Erica Brown

Digitally signed by Erica Brown Date: 2021.06.23 13:51:27 -05'00'

Erica Brown (Signature of the Budget Manager)

EXHIBIT F-6

July 2021 AMENDMENTS OVER 50k

SNAPSHOT SUMMARY CONTRACT AMENDMENTS \$50,000.00 AND MORE

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE	INCREASE AMOUNT		CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION									
Elite Personnel Consultants dba Evins Temporaries	No	Agency-Wide Temporary Personnel Services	\$150,000.00	\$50,000.00	\$200,000.00	09/01/20- 08/31/21	GR	Tag-On to Harris County Job No. 10/0216	To provide temporary personnel coverage in instances such as special projects or employee ion term leave, etc.
Granite Communications, LLC	No	Management of the Agency's POTS & AT&T Telephone Bills	\$121,400.00	\$4,766.50	\$126,166.50	09/01/20- 08/31/21	GR		Amendment #1 was a request fo \$35k. The Agency was informed by the Vendor that the new NTE would be insufficient to cover the last invoice for FY21.
CPEP									
CRISIS SERVICES									
Harris County Hospital District dba Harris Health System	No	Nutrition & Food Services at NPC	\$323.092.98	\$7.000.00	\$330,092,98	09/01/20- 08/31/21	GR		To amend the existing contract for additional funds to cover the remainder of the fiscal year through August 31, 2021.
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									
PROGRAM MANAGEMENT									
CROSS FISCAL YEAR CONTRACT RENEWALS									
ADMINISTRATION									

SNAPSHOT SUMMARY CONTRACT AMENDMENTS \$50,000.00 AND MORE

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD		BID/TAG-ON	COMMENTS
4 Cardinal Health	No	Remote Order Pharmacy Support Services	\$21,205.00	\$30,000.00	\$51,205.00	04/01/21- 03/31/22	GR	Competitive Bid/ RFQuote	To amend the existing contract due to the number of orders being processed during after hours are extensive in Epic. Prediction was less than 730 orders per month and processing about 2,000 orders per month. The service also need Pharmacy Support from 9pm to 9am daily for order verification.
CRISIS SERVICES							en e		
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH									
MULTI-YEAR CONTRACTS									
ADMINISTRATION					11. A. A. A.			a en anti-contra	
5 M Strategic Partners	Yes	Renovation Services	\$30,633,32	\$66,799,92	\$97,433.24	06/15/21- 06/30/23	Capital Funds FM21.1126.02	RFQ	Renovations at NPC for the completion of the project which is currently estimated for 15 months, which will be carried over to FY22 Per proposal the cost is \$19,500.00 to prepare the RFQ/P, \$81,000.00 fpr Project Management Services, \$2,500.00 for reimbursable expenses for a total of \$103,000.00 plus a \$2,000.00 contingency for a total amount of \$105,000.000 for the enitre project.

Executive Contract Summary

Contract Section

Contractor*

ELITE PERSONNEL CONSULTANTS

Contract ID #*

4085/5195

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/20/2021

Parties* (?)

Elite Personnel Consultants 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)

Funding Information*

New Contract
Amendment

```
Contract Term Start Date* (?)
9/1/2020
```

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

Current Contract Amount* \$ 150,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)* \$ 200,000.00

- Competitive Proposal
- Sole Source
- Request for Qualification
- 🖌 Tag-On
- Consumer Driven
- Other

Contract Term End Date* (?) 8/31/2021

Fiscal Year* (?)	Amount [*] ^(?)
2021	\$ 200,000.00
Funding Source [*]	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descript	ion of Services Being Provided * (?)
To provide temporary personnel coverage in i	
employee long-term leave etc.	
Contract Owner*	
Lesleigh Robertson	
Previous History of Contracting with Vend	or/Contractor*
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and w	L_4*
9/1/2019-8/31/2020	hat services were provided
	hat services were provided
9/1/2019-8/31/2020	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Ves 💿 No 💿 Unknown	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Inknown Community Partnership [*] (?)	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Ves 💿 No 💿 Unknown	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Inknown Community Partnership [*] (?)	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Inknown Community Partnership [*] (?) Yes No Inknown	
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?)	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Inknown Community Partnership [*] (?) Yes No Inknown	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?)	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name*	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Ves No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address*	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Ves No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address* Street Address	ized Business (HUB) * (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address* Street Address 6430 Richmond Avenue	ized Business (HUB) * (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address * Street Address 6430 Richmond Avenue Address Line 2	ized Business (HUB) * (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address * Street Address 6430 Richmond Avenue Address Line 2 #415	ized Business (HUB)* (?)
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address* Street Address 6430 Richmond Avenue Address Line 2 #415 City Houston	ized Business (HUB)* (?) Son
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address * Street Address 6430 Richmond Avenue Address Line 2 #415 City	ized Business (HUB)* (?) Son
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address * Street Address 6430 Richmond Avenue Address Line 2 #415 City Houston Postal / Zip Code 77057-5917	ized Business (HUB)* (?) Son
9/1/2019-8/31/2020 Vendor/Contractor a Historically Underutil Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Pers Name* Elite Personnel Consultants Address * Street Address 6430 Richmond Avenue Address Line 2 #415 City Houston Postal / Zip Code	ized Business (HUB)* (?) Son

Email [*] cynthiab@hrnetconnection.com			
Budget Section			\odot
Budget Units and Amour	nts Charged to	each Budget U	nit
Budget Unit Number* 1108	Amount Charge \$ 50,000.00	ed to Unit*	Expense/GL Code No.* 540500
Budget Manager BROWN, ERICA S.		Secondary Budge CAMPBELL, RICA	
Provide Rate and Rate Descriptio	ons if applicable $*$ $(?)$		
Project WBS (Work Breakdown S Varies	Structure * (?)		
Requester Name SAMPSON, STACIE		Submission Date 6/23/2021	
Budget Manager Approv	al(s)		\circ
Approved by			
Ekica Bhown		Approval Date 6/23/2021	
Procurement Approval			\odot
Approved by		Approval Date	
Sign Contract Owner Approva	al		$\mathbf{\hat{o}}$
Approved by			
Lesleigh Robertson		Approval Date 6/23/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction 			
Approved by*			
Shaskyia Behn		Approval Date* 6/23/2021	

and an and the set of the set of

Executive Contract Summary

Contract Section

Contractor*

GRANITE COMMUNICATIONS

Contract ID #* 6825

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/20/2021

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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date* (?) 9/1/2020 Contract Term End Date * (?) 8/31/2021

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

✓ Other NONE

Tag-On

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

Current Contract Amount* \$ 121,400.00

Increase Not to Exceed* \$ 4,766.50

Revised Total Not to Exceed (NTE)* \$ 126,166.50

Fiscal Year* (?)	Amount* (?)	
2021	\$ 126,166.50	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract		
Renewal of Existing Contract	Other	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Servic	es Being Provided [*] (?)	
Amendment #1 was a request for \$35k. We were informed		
would be insufficient to cover the last invoice for FY21.		
Contract Owner*		
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Mustafa Cochinwala		
Previous History of Contracting with Vendor/Contracto	r*	
💿 Yes 🍥 No 🔘 Unknown		
Please add previous contract dates and what services	were provided*	
CT140425	and the second	
Vendor/Contractor a Historically Underutilized Busines	s (HUB)* (?)	
Yes No O Unknown		
Community Partnership* (?)		
🍯 Yes 🖲 No 🦳 Unknown		
Supporting Documentation Upload (?)		
	admont mag 225 5KP	
FW Granite Telecommunications - The Harris Center Amer		
FY21_GRANITE_ECS_INCREASE.pdf	319.06KB	
Vender/Centraster Centest Person		
Vendor/Contractor Contact Person	<u> </u>	
Name*		
GRANITE TELECOMMUNICATIONS/MELANIE HARRIS		
Address*		
Street Address		
PO BOX 983119		
Address Line 2		

City

BOSTON Postal / Zip Code 02298 State / Province / Region MA Country United States

Phone Number* 2123775218

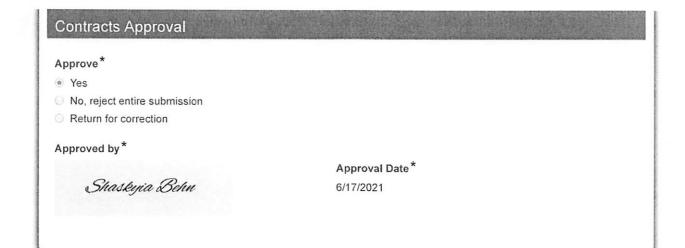
Email*			
premier26@granitenet.com			
Budget Section			
Budget Units and Amou	nts Charged to each B	udget Unit	
Budget Unit Number*	Amount Charged to Unit	* Expense/GL Cod	le No.*
1171	\$ 4,766.50	564000	
Budget Manager	Second	lary Budget Manager	
CAMPBELL, RICARDO	BROW	N, ERICA S.	
	· · · · · · · · · · · · · · · · · · ·		
Provide Rate and Rate Description	ons if applicable (?)		
	* (2)		
Project WBS (Work Breakdown S	Structure ()		
Requester Name	C, sharin	ssion Date	
BOSWELL, SHAWNTI R	6/9/202		
Budget Manager Approv	/al(s)		\sim
Approved by			
	Approv	al Date	
Ricardo Campbell	6/9/202	1	
Contract Owner Approva	al		\sim
Approved by			
Approved by	Approv	al Date	
Mustafa Cochinnala	6/9/202		
Contracts Approval			
Contractor Approval			and an and a second second second second
Approve*			
Yes			
 No, reject entire submission Return for correction 			
Approved by *	Approv	al Date*	
Belinda Stude	6/10/20		

c

Contract Section	
Contractor*	
Harris County Hospital District dba Harris Health Syste	em
Contract ID #*	
5212	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
7/20/2021	
Parties * (?)	
Harris County Hospital District dba Harris Health Syste	em & 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	
. A DE LA RECENTION DE LA RECENTID	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	 Tag-On Consumer Driven
Interlocal Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2020	8/31/2021
f contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
Current Contract Amount* § 323,092.98	
\$ 323,092.98	

Fiscal Year* (?)	Amount* (?)		
2021	\$ 330,092.98		
Funding Source*			
General Revenue (GR)			
General Revenue (GR)			
Contract Description / Type* (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
	*		
Justification/Purpose of Contract/Description of Ser			
Meals for patients at the Psychiatric Emergency Service	s (PES) & Crisis Stabilization Unit		
(CSU) located at the Neuropsychiatric Center (NPC).	- Good war and the web Alexand Od		
Additional funds are needed to cover the remainder of th 2021.	e fiscal year of through August 31,		
2021.			
Director: Susan Brock-Roberts			
Contract Owner*			
Kim Kornmayer			
Previous History of Contracting with Vendor/Contrac	tor*		
🖲 Yes \ominus No \ominus Unknown			
	*		
Please add previous contract dates and what service	es were provided ^		
Currently under contract.			
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)		
Yes No Inknown			
Community Partnership* (?)			
💿 Yes 💿 No 💿 Unknown			
Specify Name*			
Harris Health System			
Supporting Documentation Upload (?)			
Supporting Documentation Opload (#)			
Vendor/Contractor Contact Person	\sim		
Name*			
Jason Kunnacherry			

Address*			
Street Address 1504 Taub Loop			
Address Line 2			
City		State / Province / Region	
Houston		TX	
Postal / Zip Code		Country	
77030-1608		US	
		00	
Phone Number*			
713-873-4287			
Email*			
jason.kunnacherry@harrishealth.org			
Jason.kumachen y@namsheatth.org			
Budget Section			
		nan men heren har in an omdere som en polisiser i den for den for andere som en som en som en som en som en so	
Rudget Units and Amounts	Charged to a	oob Budgot Un	:4
Budget Units and Amounts	charged to e	ach Budget Un	in
Budget Unit Number*	Amount Charged	d to Unit*	Expense/GL Code No.*
9206	\$ 5,390.00		543013
Dudget Menseen			
Budget Manager		Secondary Budget	
OSHMAN, JODEL		KORNMAYER, KIM	BERLYA
Budget Unit Number*	Amount Charged	i to Unit*	Expense/GL Code No.*
9209	\$ 1,610.00		
	\$ 1,010.00		543013
	\$ 1,010.00	Secondary Budget	
Budget Manager	φ 1,010.00	Secondary Budget	Manager
	\$ 1,010.00	Secondary Budget KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL			Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions			Manager
Budget Manager OSHMAN, JODEL			Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions	if applicable * (?)		Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA	if applicable * (?)		Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA	if applicable * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name	if applicable * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA	if applicable * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R.	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval(Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval(Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval(Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Stru NA Requester Name SINGH, PATRICIA R. Budget Manager Approval(Approved by <i>Jodel Oshman</i>	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Struck NA Requester Name SINGH, PATRICIA R. Budget Manager Approval Approved by Jodel Ouliman Contract Owner Approval Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Struk NA Requester Name SINGH, PATRICIA R. Budget Manager Approval Approved by Jaded Oshman Contract Owner Approval	if applicable * (?) acture * (?)	KORNMAYER, KIM Submission Date 6/15/2021 Approval Date 6/15/2021	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Struck NA Requester Name SINGH, PATRICIA R. Budget Manager Approval Approved by Jodel Ouliman Contract Owner Approval Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager
Budget Manager OSHMAN, JODEL Provide Rate and Rate Descriptions NA Project WBS (Work Breakdown Struck NA Requester Name SINGH, PATRICIA R. Budget Manager Approval Approved by Jodel Ouliman Contract Owner Approval Approved by	if applicable * (?) acture * (?)	KORNMAYER, KIM	Manager



HARRIS CENTER or Executive Contract Summary

Contract Section

Contractor*

Cardinal Health

Contract ID #*

7828

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/13/2021

Parties* (?)

The HARRIS CENTER and Cardinal Health

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)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

4/1/2021

If contract is off-cycle, specify the contract term $\left(?\right)$

1 year

Current Contract Amount* \$ 21,205.00

\$ 21,205.00

Increase Not to Exceed* \$ 30,000.00

Revised Total Not to Exceed (NTE)*

\$ 51,205.00

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Term End Date* (?) 3/31/2022

Fiscal Year ^{* (?)}	Amount [*] (?)		
2021	\$ 30,000.00		
Funding Source*			
General Revenue (GR)			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract			
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description of Ser	rvices Being Provided * (?)		
The number of orders being processed during after hou	rs are extensive in Epic, providing		
pharmacist first dose review before nursing administers	. Predicted less than 730 orders per		
month and processing about 2,000 orders per month. N	leets quality and safety standards		
and provides much needed support to			
nursing, patients and prescribers when the pharmacy is			
medication access in automation when approved by a p Need Pharmacy Support from 9pm to 9am daily for order			
ana ang pana ana pengerapat na matang ang ang pengerahan na sa ang pengerahan na sa pengerahan na sa pengerahan Mana mag pana ana pengerahan na sa			
Contract Owner*			
Angela Babin			
Previous History of Contracting with Vendor/Contra	ctor*		
Yes O No O Unknown			
Please add previous contract dates and what services were provided *			
4/1/2021 to current.			
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)			
○ Yes ○ No ● Unknown			
Community Partnership* (?)			
🔘 Yes 🔘 No 💿 Unknown			
Supporting Documentation Upload (?)			
Vendor/Contractor Contact Person			
Vendon Contractor Contact Person			
Name*			
Carolyn Brown			
-			
Address*			
Street Address			
7000 Cardinal Place			
Address Line 2			
City	State / Province / Region		
Dublin	OH		
Postal / Zip Code	Country		
43017-1091	US		

Phone Number* 9727437973		
Email*		
carolyn.brown@cardinalhealth.com		
Budget Section		$\mathbf{\hat{o}}$
Budget Units and Amounts	Charged to each Budget Un	it
Budget Unit Number* 1135	Amount Charged to Unit* \$ 30,000.00	Expense/GL Code No.* 553002
Budget Manager CAMPBELL, RICARDO	Secondary Budget BROWN, ERICA S.	Manager
Provide Rate and Rate Descriptions One Time Implementation Fee: \$5,000 Minimum Monthly Fee: \$2555 includes lines \$3.50 per line Holiday Charges: No charge Computer Verifications: Phone Calls: included Fee for hopping on extra hours: none ADE Interventions separate charge? N Project WBS (Work Breakdown Stru N/A	00 -(one site) 730 lines -over 730	
Requester Name	Submission Date	
BABIN, ANGELA W	6/14/2021	
Budget Manager Approval(s)	\odot
Approved by	Approval Date	
Ricardo Campbell	6/14/2021	
Procurement Approval		\odot
Approved by	Approval Date	
_{Sign} Contract Owner Approval		õ
Approved by		
to sea a second second second	Approval Date	
Angela Babin	6/14/2021	
Contracts Approval		

Approve*

Yes

 $\odot\,$ No, reject entire submission

○ Return for correction

Approved by*

Belinda Stude

Approval Date* 6/15/2021

s in Alexand of the second second second second second data is a second second second second in a second second

Executive Contract Summary Contract Section Contractor* M Strategic Partners Contract ID #* 2021-0150 Presented To* Resource Committee Full Board Date Presented* 7/20/2021 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 **Competitive Proposal** Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract . Amendment Contract Term Start Date * (?) Contract Term End Date* (?) 6/15/2021 6/30/2023 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 30,633.32 Increase Not to Exceed* \$ 66,799.92 Revised Total Not to Exceed (NTE)*

S 97,433.24

Fiscal Year ^{* (?)}	Amount* (?)
2022	\$ 66,799.92
Funding Source *	
General Revenue (GR)	
Contract Description / Type* (?)	
 Personal/Professional Services 	
Consumer Driven Contract	✓ Consultant New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	<u>.</u>
Justification/Purpose of Contract/Description of Ser	vices Being Provided * (?)
adding the funds for FY2022	compation with a the control in
contracting with M Strategic Partners as a Project Mana preparing a RFQ/P for renovations at NPC FM21.1126.0	-
FY22, for Project Management Services during the com	
currently estimated for 15 months. Per proposal the cos	
\$81,000 for Project Management Services, \$2,500.00 for	or reimbursable expenses for a total
of \$103,000.00 plua a \$2,000.00 contingency for a total	amount of \$105,000.00 for the
project.	
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contra-	ctor*
Yes v No Unknown	
Vendor/Contractor a Historically Underutilized Busin	ness (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 No	ath Sta 105	
Address Line 2	Jim, Ste 103	
Сііу	State / Province / R	region
Houston	ТХ	
Postal / Zip Code	Country	
77064-7509	US	
Phone Number*		
8324304021		
Email*		
rellis@wm.com		
Budget Section		\odot
Budget Units and Amounts	s Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 66,799.92	900040
Budget Manager	Secondary Bu	idget Manager
BROWN, ERICA S.	CAMPBELL, R	
Provide Rate and Rate Descriptions	s if applicable* (?)	
see attached quote	All Contraction and Person Contraction Contraction	
\$19,500 to prepare the RFQ/P, \$81,00		
Management Services, \$2,500.00 for for a total of \$103,000.00 plua a \$2,00		
total amount of \$105,000.00 for the pr		
Project WBS (Work Breakdown Stru	10turo * (2)	
FM21.1126.02 - do not know new proj		
it's carried over to FY22		
Requester Name	Submission D	ate
HARPER, SARAH A	6/16/2021	
The second s		
Budget Manager Approval	(S)	\odot
Approved by		
	Approval Date	e.
Erica Brown	6/16/2021	
Procurement Approval		\odot
Approved by	Approval Date	
Sign		
		\sim
Contract Owner Approval		\odot

5 f

.

٠

Approved by	
Field McCorquedate	Approval Date 6/16/2021
Contracts Approval	
Approve*	
P Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	6/17/2021

.

. . . .

EXHIBIT F-7

July 2021 INTERLOCAL AGREEMENTS

SNAPSHOT SUMMARY INTERLOCALS

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
		HUDS/WWDE	DESCRIPTION	ACTION TIPE	CONTRACT PERIOD	FUNDING	COMMENTS
1	FY21 CONTRACTS						
100	INTERLOCALS						
				Renewal			
1	Harris County	No	MHFA Training	(\$3,979.50)	09/01/21-08/31/22	MHBG Grant	
	Harris County Housing						
2	Authority	No	Data Use Agreement	New	06/23/21-08/31/22	GR	
3		No	Collaborative Agreement for Non-Physician Mental Health Professional (NPMHP)	Renewal (\$115,000.00)	09/01/21- 08/31/22	State Funds	
4	The University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center	No	Inpatient Psychiatric Beds for the Competency Restoration Program (23 Beds)	Renewal (\$4,474,535.00)	09/01/21- 08/31/22	FY22 HHCS/DSHS/ County Funds	
5	The University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center	No	Inpatient Psychiatric Beds for Voluntarily or Civil Commitment (17 Beds)	Renewal (\$3,288,677.56)	09/01/21- 08/31/22	FY22 HHCS/DSHS/ County Funds	
6	The University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center	No	Inpatient Psychiatric Beds (142 Beds)	Renewal (\$29,560,994.04)	09/01/21- 08/31/22	FY22 HHCS/DSHS/ County Funds	
	I						

INETRLOCAL AGREEMENT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS

The current <u>FY21</u> contract details information is provided below but should not be revised on this document. Please evaluate 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 <u>FY22</u> 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#:	7761
Name:	Harris County
Interlocal Agreement:	Yes
Service Description:	MHFA trainings (Adult MHFA)
NTE:	N/A
Designated Contract Requester:	Carroll Prasad
Contract Owner:	Jennifer Battle
Rate(s)/Rate(s) Description:	\$3,979.50 in seat and book fees covered by MHBG grant from HHS; \$0 direct costs to County.

Comments/Other Concerns

B RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) $X_{(N)}$ (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 SECTION C if contract is DNR]

C. 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].

Unit: 7003	3,979.50	GL Code: 543058

D. CONTRACT MANAGERS AND OWNERS:

APPROVALS:

_	Ricardo Campbell	
Budget Manager:		(Printed Name)

Ricardo Campbell	Digitally signed by Ricardo	
nicaruo campben	Date: 2021.06.03 13:04:28 -05'00'	(Signature). REQUIRED

Contract Owner:	Jenni	ier Ba	attle	(Printed Name)
]	Q	nut	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

Mental Health and IDD Executive Contract Sul	mmary
Contract Section	e
Contractor*	
Harris County Housing Authority	
Contract ID #*	
2021-0165	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
7/20/2021	
Parties* (?)	
Harris County Housing Authority & The Harris Center f	for Mental Health and IDD
 Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$50,000.00+) Grant Proposal Revenue Other 	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for Qualification
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
 New Contract Amendment Amendment 	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/23/2021	8/31/2022
If contract is off-cycle, specify the contract term (?)	
Fiscal Year * (?)	Amount* (?)
2022	\$ 0.00
Fiscal Year" (7) 2022 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
- Justification/Purpose of Contract/Description of Services Being Provided * (?)

The Harris Center and Harris County Housing Authority would like to create an information sharing contract between agencies.

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* Currently have a contract with the Jail Diversion program

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

🔾 Yes 🔾 No 🖲 Unknown

Community Partnership* (?)

Yes O No O Unknown

Specify Name*

Harris County Housing Authority

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Gayla Mickens

Address*

Street Address 1933 Hussion St

Address Line 2

City

Houston

Postal / Zip Code 77003-5625

Phone Number* 713-669-4594

Email* Gayla.Mickens@HCHAtexas.org State / Province / Region

Country US

Budget Section		$\overline{\mathbf{O}}$
Budget Units and Amount	s Charged to each Bu	udget Unit
Budget Unit Number* 9229	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager OSHMAN, JODEL		ary Budget Manager AYER, KIMBERLY A
Provide Rate and Rate Description	s if applicable * (?)	
Project WBS (Work Breakdown Str NA	ucture * (?)	
Requester Name		sion Date
SINGH, PATRICIA R.	6/22/2021	21
Budget Manager Approval	(S)	\odot
Approved by		
Todel Oshman	Approva 6/22/2021	
Procurement Approval		0
Approved by	Approva	al Date
Sign		
Contract Owner Approval		\mathbf{O}
Approved by		
Kim KOPNMAYER	Approval 6/22/2021	
Limbohumerat	6/22/202	
Contracts Approval		
Approve*		
 Yes No, reject entire submission 		
 Return for correction 		
Approved by *		
Shaskyia Behn	Approva	
Shaskijia Dehn	6/23/2021	

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7737
Contractor Name:	Region 4 Education Service Center (ESC)
Interlocal Agreement:	Yes
Service (brief description):	To provide a non-physician mental health professional (NMHP) employed by The HARRIS Center and dedicated liaison located at ESC Region 4, in alignment with HB19.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$7,284.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	7003
G/L Code(s):	425086
FY21 Purchase Order Number:	CT140627
Contract Requester:	Carroll Prasad
Contract Owner:	Jennifer Battle

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies wighin 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?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) Y (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \mathbf{V} (N) ____
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y) $\underbrace{\vee}_{(N)}$
- 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.

RECEIVED JUN 1612021

C. RENEWAL DETERMINATION:

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) \checkmark (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 <u>115,000</u>. FY22 Rate(s) <u>115,000</u>UNIT 7003 GL CODE <u>425086</u>.

*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: <u>115,000</u>

- E. CONTRACT FUNDING SOURCE: <u>State</u> [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]
- F. CONTRACT CONTENT CHANGES:
 - 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) $\mathbf{V}_{\mathbf{v}}$, 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 **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: 2021.06.03 13:04:59 -05'00'	_(Signature).	REQUIRED)
Vice President/Contrac	ct Owner: Jennifer Battle			(Printed Name)
. <u></u>	Emug	/ _ (Signature).	REQUIRED)

3

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7018
Contractor Name:	The University of Texas Health Science Center at
	Houston on behalf of its Harris County Psychiatric
	Center
Interlocal Agreement:	No
Service (brief description):	MH Inpatient Psychiatric Beds for the Competency
	Restoration Program
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$4,474,535.00
Rate(s)/Rate(s) Description:	\$536.00 per bed day (23 beds)
Unit(s) Served:	2221
G/L Code(s):	543069 🗸
FY21 Purchase Order Number:	CT140743
Contract Requester:	Debbie Shelby
Contract Owner:	Cami Manley/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)____.
- 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) ____
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) ______.

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) ____

1

RECEIVED JUN 07 2021

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 Charge
	Please provide the NTE for FY22 FY22 Rate(s) UNIT
	GL CODE If Contract is a multi-year term, please provide the following.
	FY23
	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/DEDERAL/GRANT/PRIVATE/COUNTY]
F.	CONTRACT CONTENT CHANGES:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) Will the scope of the Services change? (Y) or (N), if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days
	 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 Doule-
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager: Octobie C. Shellen (Printed Name)
	(Signature). REQUIRED
	Contract Owner: M Dawley (Printed Name)

La __ (Signature). REQUIRED

•

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7017	
Contractor Name:	The University of Texas Health Science Center at	
	Houston on behalf of its Harris County Psychiatric	
	Center	
Interlocal Agreement:	No	
Service (brief description):	MH Inpatient Psychiatric Beds for Voluntarily or Civil	
	Commitment	
Term for Off-Cycle Only:	N/A	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A	
Contract NTE (your current budget):	\$3,288,677.56	
Rate(s)/Rate(s) Description:	\$520.00 per bed day not to exceed (17 Beds)	
	(quarterly payments)	
	\$56,617.56 Post Discharge Medication	
	Reimbursement Cost	
Unit(s) Served:	2222/0000	
G/L Code(s):	543056/126004	
FY21 Purchase Order Number:	CT140711	
Contract Requester:	Debbie Shelby	
Contract Owner:	Cami Manley/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)____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) (N)
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) ______.
- 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.

RECEIVED JUN 15 2021

C. RENEWAI	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 Charge
	Please provide the NTE for FY22 FY22 Rate(s) UNIT
	GL CODE If Contract is a multi-year term, please provide the following.
	FY23 GL CODE
	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: 3,>&, 47.56
E.	CONTRACT FUNDING SOURCE: [GR/STATE/DEDERAL/GRANT/PRIVATE/COUNTY]
F.	CONTRACT CONTENT CHANGES:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) Will the scope of the Services change? (Y) or (N) if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days [i.e. net 30, net 10]. Are there any changes in the Performance Targets change? (Y) or (N) 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
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager: (Printed Name)

(Signature). REQUIRED Da Printed Name) Contract Owner: (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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

	5700	
Contract ID#:	5736	
Contractor Name:	The University of Texas Health Science Center at	
	Houston on behalf of its Harris County Psychiatric	
	Center	
Interlocal Agreement:	No	
Service (brief description):	MH Inpatient Psychiatric Beds	
Term for Off-Cycle Only:	N/A	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On		
Contract NTE (your current budget):	\$29,560,994,04	
Rate(s)/Rate(s) Description:	\$557.28 per bed day 136 beds	
	\$513.00 per bed day not to exceed 6 beds	
	\$509,558.00 Post Discharge Medication	
	Reimbursement	
Unit(s) Served:	2221/0000, 2222 2/8/0	
G/L Code(s):	126004, 543002 🖌	
FY21 Purchase Order Number:	CT140710	
Contract Requester:	Debbie Shelby	
Contract Owner:	Cami Manley/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)
 - 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) _____.
 - Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
 - 7. Did Contractor render services consistent with Agency policy and procedures? (Y) _____ (N) ____.
 - Maintained legally required standards for certification, licensure, and/or training? (Y) _____.

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 Muye
	Please provide the NTE for FY22 FY22 Rate(s) UNIT
	GL CODE If Contract is a multi-year term, please provide the following.
	FY23
	FY24 GL CODE
	List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].
	Manager]. FY 2022 Not to Exceed Amount for Master Pooled Contracts:
E.	CONTRACT FUNDING SOURCE: [GR/STATE EDERAL/GRANT/PRIVATE/COUNTY]
F.	CONTRACT CONTENT CHANGES:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) 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
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager: Debbie C. Shelly (Printed Name)
	(Signature). REQUIRED

M VOWIE Contract Owner: _(Printed Name) L. (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskvia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

EXHIBIT F-8



THE HARRIS CENTER for Mental Health and IDD Disaster & Emergency Response Plan

Approved By: _____ Date: _____

Wayne Young, CEO/Executive Director THE HARRIS CENTER Mental Health and IDD



HARRIS CENTER DISASTER & EMERGENCY RESPONSE PLAN

A. Purpose

This section contains a written description of the Harris Center Disaster & Emergency Response Plan ("Plan") including information on how The Harris Center will act or proceed in the event a disaster occurs, the response duties of The Harris Center management, and coordination plans with staff and the public. For the purposes of this Plan a disaster and/or emergency is defined as a natural disaster or anticipated natural disaster, threat to public safety, or national security emergency. Disaster events may include fires, essential equipment failures, epidemic/pandemic and terrorism. Each Harris Center program will develop a disaster and emergency plan specific to their operations, which shall be incorporated by reference to this Plan. The program specific plans, as outlined in Section I, shall complement the Harris Center's Plan for detailed actions specific to the service unit and physical location.

B. Scope

The information in the document effects all operations and programs of The Harris Center. While the Plan may be of interest to contractors of The Harris Center, it does not obligate them. The Harris Center, however, expects all program contracts to have disaster and emergency plans developed and available for review. This program specific plans will be posted for public view, and The Harris Center Disaster & Emergency Response Plan will be posted on The Harris Center's external website. The Plan will also be shared with Texas Health and Human Services upon request during any audit or review. Harris Center staff are required to be trained on the program specific plan within thirty (30) days of hire and at least annually thereafter. Just in time training may occur as a result of a response to specific emergency and/or disaster event. This Plan incorporates the program specific emergency plans and procedures, Safety Program and The Harris Center Risk Management Plan by reference.

The information in the Plan is reviewed and revised as needed.

C. National Incident Management System (NIMS) Overview

The National Incident Management System (NIMS) is a comprehensive, nationwide systematic approach to incident management. NIMS is flexible due to its application to any incident regardless of cause, size, location, or complexity. In addition, its principles are to be utilized to develop all-hazard plans and procedures. Lastly, NIMS provides an organized set of scalable and standardized operational structures. This standard is critical for allowing various organizations and agencies to work together in a predictable, coordinated manner.

One major component of NIMS is the Incident Command System (ICS). ICS is a management tool that includes 14 key features that has become the standard for



managing emergencies across the country. ICS may be used for planned events, natural disasters, and acts of terrorism. This response plan is in compliance with NIMS and the 14 features of ICS.

One key feature of ICS is "Management by Objectives." Objectives and initial decisions for any emergency should be based on the following three (3) priorities:

- 1. Life Safety
- 2. Incident Stabilization
- 3. Property Preservation

These priorities are utilized to establish objectives. General Emergency Planning Objectives include:

- 1. Save lives and prevent injuries
- 2. Promote an effective action in responding to emergencies
- 3. Minimize loss of campus property Restore conditions to normal and with minimal disruption

D. Disaster Command Staff (DCS)

The role of The Harris Center's Disaster Command Staff is to direct preparedness and response activities on behalf of The Harris Center. This is a decision-making body for the sole purpose of disaster preparation and response.

- 1. The Disaster Command Staff shall be organized as follows:
 - Incident Command
 - a. Operations
 - b. Logistics
 - c. Planning
 - d. Finance
- 2. Scope of Responsibilities

Incident Command:

Incident Command Officer: Makes decisions in response to disasters and emergencies. Decisions to respond to emergencies should be made, if possible, after consultation with the Liaison Officer. The Incident Command Officer is responsible for assuring coordinated and effective emergency response plans are developed and maintained throughout The Harris Center. The Incident Commander is responsible for activating plans when a crisis has been declared and establishing the internal command center.

The Liaison Officer serves as liaison to city, county, and state emergency management teams. The Liaison Officer provides the Incident Commander with updates on national weather advisories, updates from community partners, and responses from local human service agencies. The Liaison Officer ensures that critical incident response personnel are trained and available as needed in disaster



situations and as required by the Texas Health and Human Services (HHS) Performance Contract.

The Information Officer serves as the internal and external communication source for The Harris Center. The Information Officer communicates with the Incident Command Officer to determine communications that will be sent on behalf of The Harris Center.

- **a. Operations:** The Operations Division assures administrative functions and personnel are available to support operations, including physicians, clinicians, and nurses. Operations is responsible for developing a tactical organization and directing resources to carry out the incident Action Plan, including personnel resource coordination to shelters to assure operational objectives for service provision are achieved. Assures that contracts and grants concerning disaster responder personnel are implemented as necessary; providing management and oversight of them.
- **b.** Logistics: Responsible for ensuring emergency communication systems are operational, with emphasis on assisting internet platforms and Help to maintain lines of communication for internal and external information. Also assures that the information technology component of The Harris Center operations is protected as much as possible against possible disruption. Logistics will coordinate with other divisions for safe removal of employees and consumers and maintain supply chain.
- **c. Planning:** Develops Incident Action Plan to accomplish the Agency's objectives. Provide planning services for both current and future activities. Provide a safe operating environment within all parts of the incident organization, to include power and water utilities.
- **d.** Finance: Provides overall fiscal guidance. Provide cost assessment, time recording, and procurement control necessary to support the incident and the managing of claims. Finance will be responsible for an emergency process to expedite purchases critical to the overall response to an incident.

E. Determination of Imminent Danger and Call Down Sequence for Emergency Notification

1. Disaster Notification

The Liaison Officer will monitor emergency notifications from local, state and federal authorities, including the National Weather Service, and participate in invited conference calls. Upon learning of a disaster, the Liaison Officer will notify the Incident Command Officer and Disaster Command Staff. *See Pre Disaster Checklist in Attachment A.*

2. Disaster Call Down Sequence

a. The Incident Commander will determine when to activate The Harris Center's



Disaster and Emergency Plan. When this determination has been made, the Incident Commander will notify the designated Disaster Command Staff that an emergency exists and will direct Disaster Command Staff to initiate steps to activate the disaster plans.

F. Emergency Communication

1. Staff Notification

- a. In the event of a local emergency due to weather or other natural disaster, employees will receive notification via e-mail, text, and social media by the Information Officer to alert them of The Harris Center's status. The Public Information Officer will establish working relationships with local media outlets. Once a center response has been made by the Incident Commander to close a building, the Public Information Officer will communicate to employees via email and text.
- b. Staff are expected to tune in to local news and check The Harris Center communications for information pertaining to local response.

2. Community Notification

- a. The Public Information Officer will coordinate with Incident Command Staff to review external communications and pertinent information for distribution to consumers and family members, as appropriate.
- b. The Public Information Officer will then inform the Houston area media, with particular attention paid to The Harris Center's public and internal websites and other electronic media, regarding the Center's emergency plans. The media information will include open/close information and the appropriate telephone numbers where employees and consumers can call for information: (713) 970-7000. The message will list sites closed and will then transfer to Help Line staff, if available, for further questions or concerns.

G. Securing Vital Systems

1. Medical Records

All medical records shall be secured in the event of a disaster. Residential programs shall follow their unit-specific disaster plan for medical records disposition. On-site non-residential programs are to store records in a designated medical records room. In the event of an anticipated or actual disaster, the unit Directors of non-residential programs shall assure that paper records are placed on higher shelves, as conditions permit

2. Data Systems

The Logistics Division will coordinate with Information Technology Services staff to maintain specific procedures for securing Center data systems. To the extent possible, Information Technology Services should work to establish common equipment, communications, and data interoperability resources with local public



health and emergency management that will be used during incident response.

NOTE: In securing vital systems, the safety of consumers, staff and other people is paramount. These steps are to be undertaken only to the degree that conditions permit. Implementing these procedures should not jeopardize the safety of consumers, staff, and others.

3. Medication and PPE

Medication, supplies and equipment (i.e. personal protective equipment (PPE), patient care supplies) that will be used in excess during an incident response should be determined (based on amount of staff, potential consumers, usage time, etc.), ordered, and stocked on-site or in Central Supply Room prior to an incident. Residential programs shall take all medications and PPE with them should the residence be evacuated. Vocational and other day programs shall send medications home with the consumer(s) or staff will transport the medications with the consumers in the event of an evacuation.

H. Securing Vehicles

Twenty-four to Forty-eight hours prior to anticipated landfall of a tropical disturbance, Logistics will coordinate moving all agency vehicles not in use to the upper covered level floors of Southwest clinic parking garage to prevent flooding and debris damage. Vehicles shall be locked and secured, with Agency equipment removed from the vehicles.

I. Response to Disasters in the Community

1. City/County

The Liaison Officer or designee will maintain information related to the City and County emergency response system. For non-FEMA emergencies, The Harris Center may provide emergency mental health services on a case-by-case basis as requested by civil authorities within the community (i.e., City of Houston Office of Emergency Management), as required by Annex H of Harris County and Annex O of the City of Houston. These requests are to be implemented by the Liaison Officer upon approval by the Incident Command Officer. The Harris Center may also provide emergency mental health services requested by community partners and other nonprofit organizations (i.e. The Red Cross).

2. Texas Health and Human Services (HHS)

The Liaison Officer or designee will maintain communications with the Director of Behavioral Health Services at HHS for assistance and coordination of Local Mental Health Authority resources in the region during the disaster. Communication will include details of the emergency, actions taken by The Harris Center, and any future plans involving individuals served by The Harris Center.

SG HARRIS CENTER for Mental Health and IDD

J. Component Specific Disaster Plans

Operational Division are responsible for the development and implementation of a disaster response plan that addresses all components within the division. Each division/component must retain a disaster plan on site with a copy to the Director of Risk Management.

1. Mental Health Services

- a. Clinical Component individual site plans
- b. Contract Service Providers Component individual site plans
- c. Residential Component individual site plans
- d. Vocational Component individual site plans

2. Comprehensive Psychiatric Emergency Program

- a. NeuroPsychiatric Center individual site plans
- b. Mobile Crisis Outreach follow designated home office site plan
- c. Crisis Help Line individual site plans
- d. Crisis Residential Unit individual site plans

3. IDD Services

- a. Clinical Component individual site plans
- c. Contract Service Providers Component individual site plans
- d. Residential Component individual site plans
- e. Vocational Component individual site plans

4. Forensic Services

- a. Adult Jail Services individual site plans
- b. Jail Diversion Center –individual site plans
- c. New START individual site plans
- d. Dual Diagnosis Residential Program individual site plans
- e. Children's Forensic Services individual site plans

5. Support and Administration (9401 Southwest Freeway)

The emergency plan for this building is maintained by the Director of Risk Management.

K. Content of Component Specific Plans

Each component specific plan should contain at least the following information:

- 1. How consumers will be managed during an emergency, e.g., contacting guardians
- 2. Floor-specific site plan for multi-level buildings
- 3. Alternative relocation sites for consumers if evacuation is required, with an agreement from alternative site that they are willing to provide this service
- 4. Alternative relocation sites for programs if the emergency is localized to a specific area
- 5. A call down mechanism for staff and consumers to communicate emergency plans, to include scheduling changes
- 6. Securing of all medical records
- 7. Closing of all window blinds and drapes

B HARRIS CENTER for Mental Health and IDD

- 8. Securing all medications
- 9. Implementing a Shelter-in-Place procedure
- 10. Locking and securing all facilities being vacated
- 11. Securing and delivering all vehicles as instructed
- 12. Notifying the appropriate Deputy Director that the building is secured
- 13. Coverage for reduced staffing
- 14. Medication refills for outpatients
- 15. Which units are to remain open
- 16. Determination of supports needed from non-clinical units
- 17. Types of positions expected to remain
- 18. Addressing family and personal issues in advance of the event, when possible
- 19. Establishing the annual emergency responder's rotation schedule
- 20. Ensuring adequate water, food, medication supplies for a minimum of three days
- 21. Determination of position-specific responders
- 22. Ensure consumer transportation issues are addressed.
- 23. Incorporate into staff job descriptions information about the expectations of the position in the event of a disaster.
- 24. Specify essential and non-essential staff and how the staffing pattern will be implemented; specify staff breaks, etc.
- 25. Specify how staff will be trained in emergency response; and
- 26. Identify whether the facility is located on a flood plain.

L. Ancillary Support

- 1. Disaster Preparedness and Response Committee: The Committee, chaired by the Director of Risk Management, functions to ensure compliance with state regulatory standards in regard to disaster preparedness and response. The Committee also provides on-going planning and implementation of Harris Center disaster programs and provides training opportunities to Harris Center staff to prepare them for critical incident response.
- 2. Disaster Response Floor Wardens: When support and administrative services are located in multi-level facilities, Disaster Response Floor Wardens, identified to The Harris Center's Incident Commander, shall coordinate Disaster and Response planning for support and administrative components.

M. After Action Report

A debriefing will occur after each emergency or disaster event and will be documented in a report. See Attachment B





For EMERGENCIES:	911
Environmental Health and Safety Officer	713-970-3012
Risk Management Director	713-970-3492
Infection Control	713-970-7372
Facilities Service	713-
Main Line	713-970-7000



<u>Attachment A</u> Pre-Disaster Checklist for Storm

96 HOURS BEFORE LANDFALL

Initial Discussion/Meetings Regarding the Incident and Potential Action

Fuel - Emergency Generators (non-natural gas)/ Vehicles

Review Emergency and Continuity Plans and Procedures

Monitor OEM calls

Review and update Contact Lists (also update Ping Board)

Review and Replenish if necessary the Emergency Supplies (Food/Water/etc.)

Secure Facilities (Security personnel; weatherize buildings)

Place Ride Out Team on Notice (If Applicable)

Ensure IT Systems are Backed Up

Human Resources Department initiate Disaster Timesheet policy

72 HOURS BEFORE LANDFALL

Monitor OEM calls

Update Incident Command

Ensure Supplies including water and food are in place

Check Building/s for Readiness

Connect with strategic partners – County/ City OEM, Public Health, NBHA, Red Cross – Review Annex

Notify IT for robocall to supply bridge medications to patients

Evacuation of Center Programs and IDD Residential if necessary

PIO to notify HHSC and local Emergency Operation Centers of center status

48 HOURS BEFORE LANDFALL

Move vehicles to second floor of 9401

Dir. of Facilities place Internal/External Dependencies (Contractors, Etc.) on notice

Monitor OEM calls

Update Incident Command

Begin Securing Facilities

Component decisions about coverage, alternate service sites.

Ensure access to necessary systems for personnel to work from home (if applicable).

PIO send media alerts

HARRIS CENTER for Mental Health and IDD

24 HOURS BEFORE LANDFALL

Send Ride-Out Team Members Home – Make Family Arrangements & Gather Go Kits

Monitor County OEM call

Confirm facilities has been secured: windows, doors, pipes (if applicable)

Cover and Secure Vulnerable Equipment and Files with Plastic

Move Vulnerable Equipment, Subject to Flooding/Damage, to Secured Area

Move medications to secure area

Update Incident Command Team

PIO send media alerts

12 HOURS BEFORE LANDFALL

Monitor weather, County notices

Ride-Out Team make final preparations

Ensure the Battery Powered Devices are Operational

Update Incident Command team

PIO send media alerts

4 HOURS BEFORE LANDFALL

Ride-Out Team arrives

Facility and Security Services announce status checks

Update Incident Command team

PIO send media alerts



Attachment B



EVENT DATE(S)

After Action Report/Improvement Plan



Emergency Overview

Event Name

Date(s) of Event

[Affected Area(s)]

[Incident/Exercise] Threat or Hazard



INTRODUCTION

[Include a brief synopsis of incident/exercise and sequence of events here]



STRENGTHS

[Strength 1]
 [Strength 2, etc]



AREAS OF IMPROVEMENT

[Improvement 1]
 [Improvement 2, etc]



APPENDIX A – IMPROVEMENT MATRIX

	Improvement Plan					
#	Area of Improvement/Category	Corrective Action	Responsible Party	Status	Estimated Completion Date	
1						
2						
3						
#	Area of Improvement/Category	Corrective Action	Responsible Party	Status	Estimated Completion Date	
4						
5						
6						



[If other departments or buildings were involved during this incident and completing the AAR, list them



Policy No. Leadership 14. A	Subject: Closed Record Committee	
Agency Policy		Initial Approval Date: 4/13/2008
Sponsor: Chief Medical Officer		New Board Approval Date:

To provide clinical peer review of all deaths of the Harris Center's patients to ensure that the clinical care was appropriate and conforms to the Harris Center's patient care policies and procedures and the community standard of care.

2. POLICY

It is the policy of The Harris Center to ensure that the deaths of all consumers being served in The Harris Center programs, including all consumers served in The Harris Center contracted placements, are peer reviewed. All contract providers will be responsible for adhering to the provisions of this policy and procedure. The Harris Center's Closed Records Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Executive Officer, or designee, for the improvement of the Harris Center's service delivery system. The Closed Records Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center including, direct and contracted employees.

4. PROCEDURES

- A. Notification Upon the Death of an Individual Served
- B. Administration Review
- C. Record and Findings
- D. Clinical Death Review
- E. Other Programs

5. RELATED POLICIES/FORMS:

Incident Reporting Consumer Closed Record Review INC:9 COMM: 4.001

6. REFERENCES: RULES/REGULATIONS/STANDARDS: Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, Title 25 Tex. Admin. Code, Part 1, Chapter 405, Subchapter K

Approver Signature ______ Date_____



Policy No.	Subject: CRIMINAL HISTORY CLEARANCES	
Agency Policy		Initial Approval Date: 3/2000
Sponsor: Human Resources		New Board Approval Date:

The purpose <u>of this policy</u> is The Harris Center for Mental Health and IDD (The Harris Center) is to <u>protect minimize</u> the <u>employer from</u> potential risk of criminal activity, <u>evaluate the accuracy of</u> <u>applicants, contractors or employees' credentials</u>, as well as, increase safety and wellness of <u>Harris</u> Center employees, <u>population</u>, student interns, contractors, patients, visitors and guests.

2. POLICY

It is the policy of The Harris Center to protect individuals receiving services provided by The Harris Center and contract providers of such services and the property of those individuals. In order to promote a safe environment, pursuant to law, The Harris Center conducts criminal history clearances of applicants for: 1) employment, 2) individual contractors who would provide direct care services, 3) student interns, and 4) volunteers.

The Harris Center will also conduct annual criminal history clearances on all existing employees, individual contractors, student interns, and volunteers. <u>All background check information will be kept confidential</u>. All information obtained as a result of a background check will be used solely for <u>employment purposes</u>

3. APPLICABILITY/SCOPE

<u>Applicants for employment, Aall The Harris Center employees, contractors providing direct care</u> services, interns, volunteer applicants and volunteers. and staff

4. PROCEDURES

- Employment Criminal History Clearance
- Criminal History Report
- Annual Criminal History Clearance
- Self-Reporting
- Falsification of Application

5. Related policies/Forms:

N/A

6. References: Rules/Regulations/Standards

 <u>Access to Criminal History Information: Department of State Health Services & Human</u> <u>Services Commission; Local Authorities; Community Centers- Texas Government Code</u> <u>§411.115</u>



- Nurse Aide Registry & Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities or Persons with Terminal Illness- Texas Health & Safety Code, Chapter 250
- Use of Criminal History Record Information-Texas Health & Safety Code §533.007
- Criminal History & Registry Clearance-Title 25 Texas Administrative Code, Part 1, Subchapter K, Chapter 414

Approver Signature	Date
	2 0.00



Policy No.	Subject: Employee Job Descriptions		
Agency Policy		Initial Approval Date: 4/1998	
Sponsor: Human Resources Department		New Board Approval Date:	

To ensure that the basic and essential duties and requirements of all Agency Harris Center roles job positions have aare detailed, prepared and maintain accurate, up-to-date job descriptions to successfully perform the job. for all positions in the agency.

2. POLICY

In accordance with The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) Policies and Procedures, everyach employee shall receive, at the time of employment, reclassification and or promotion, the opportunity to review a written job description. Also, job descriptions shall be reviewed and modified for current positions within a reasonable period of time following a material change in the essential duties of the position. Job descriptions shall be updated annually, and if necessary, at the time the position becomes vacant as responsibilities may change.

3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

4. PROCEDURES

- A. Annual Review
- B. Job Description Format
- **C.** Distribution of Copies

5. Related policies/Forms:

Employee Performance Evaluations Job Description Online Instructions

6. References: Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

Approver Signature _

PER:22 Attachment A



Policy No. HIM: 003	Subject: Confidentiality and Disclosure of Patient/Individual Health Information	
Agency Policy		Initial Approval Date: June 2000
Sponsor: Health Information Management		New Board Approval Date:

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-<u>and criminal activities shall be referred to appropriate</u> authorities. Also, Confidentiality breaches are 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 procedure HIM: 003b.

5. RELATED POLICIES/FORMS

Policy and Procedures	<u>Reference</u>
Patient/Individual Records Administration	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
<u>Forms</u>	<u>Reference</u>
Authorization Request Cover Letter	
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 §5Sec 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_____



Policy No.	Subject: LICENSURE, CERTIFICATION, AND REGISTRATION	
Agency Policy		Initial Approval Date: 2/2001
Sponsor: Compliance		New Board Approval Date:

The purpose of this policy is to ensure The Harris Center for Mental Health and IDD (The Harris Center) verifies the professional licensure, registration and certification of employees, volunteers and contractors who are in identified positions or job classifications that require an occupational license, certification or registration.

2. POLICY

The Harris Center requires employees in identified positions and/or job classifications to hold and maintain in good standing applicable professional licenses, registrations, certifications, and educational credentials. Employees must provide The Harris Center proof of the existence and current status of such professional licenses, registration, certifications and educational records by submitting official copies that bear authenticity. Upon receipt of proof, it is the policy of The Harris Center to validate such licenses, registrations and certifications electronically, as appropriate, when available.

3. APPLICABILITY/SCOPE

All The Harris Center employees, volunteers and contractors whose position requires a license, certification, and/or registration.

4. PROCEDURES

- Central Records-Human Resources Service Responsibilities
- Supervisory Responsibilities
- Employee Responsibilities
- Positions
- 5. Related Policies and Forms N/A
- 6. Reference: Rules/Regulations/Standards <u>Competency and Credentialing, 36 Tex. Admin. Code §301.331</u>

Approver Signature _____ Date_____ Date_____



Transforming Lives

Policy No.	Subject: Nursing	Peer Review and Safe Harbor
AGENCY POLICY		Initial Approval Date: 6/11/2019
Sponsor: Nursing/Medical		New Board Approval Date: 6/24/2020

1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) is committed to ensuring high quality healthcare through the utilization of Safe Harbor and the Peer Review processes.

2. POLICY

The Nursing Peer Review Committee will-shall evaluate nursing services, the qualifications of any RN, LVN or APRN ("nurse"), the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint review and investigate the qualifications, actions or practice of any RN, LVN, or APRN functioning as an employee, consultant or agent of The Harris Center.

The Nursing Peer Review Committee shall <u>also also</u> review any <u>claims</u> requests for <u>of</u> Safe Harbor <u>Nursing Peer Review when a nurse makes a good faith request for peer review of an</u> <u>assignment or conduct the nurse is requested to perform and the nurse believes could result</u> in a violation of the Nurse Practice Act or Board rules. , which may be initiated by a nurse prior to accepting an assignment or engaging in requested conduct that the nurse believes would place patients at risk of harm.

The Harris Center's Nursing Peer Review Committee shall comply with state law and applicable Board rules related to <u>incident-basednursing peer review</u> and or safe harbor nursing peer review.

3. APPLICABILITY/SCOPE

The Harris Center for Mental Health and IDD

4. PROCEDURES

Nursing Peer Review Procedure Safe Harbor Procedure

5. RELATED POLICIES/FORMS:

Notice of Receipt of Report to Peer Review Committee Confidentiality Guidelines for Participants in Nursing Peer Review Process Detailed Summary of Peer Review Committee Findings Peer Review Committee's Final Report to Administration BON Safe Harbor Quick Request Form BON Comprehensive Written Request for Safe Harbor Nursing Peer Review Safe Harbor Request to Question the Medical Reasonableness of a Physician's Order



Transforming Lives

6. REFERENCES: RULES/REGULATIONS/STANDARDS: Nursing Practice Act, Texas Occupations Code Chapter 301 Nursing Peer Review, Texas Occupations Code Chapter 303 Licensure, Peer Assistance and Practice, Title 22 Texas Administrative Code, §§217.19, 217.20 Texas Board of Nursing

Approver Signature: _____ Date:_____ Date:_____



Policy No.	Subject: Telehealth & Telemedicine Services	
AGENCY POLICY		Initial Approval Date: NA
Sponsor: CHIEF MEDICAL OFFICER		New Board Approval Date:

The purpose of this policy is to articulate The Harris Center's intent to provide care without limitations to Harris County <u>r</u>Residents seeking treatment for mental health, <u>IDD</u>, substance use, physical health and related services; and, to ensure the implementation of standard <u>policies and</u> procedures <u>and processes</u> for treating <u>clients consumers</u> via electronic telecommunications.

2. POLICY

The Harris Center considers telehealth and telemedicine a cost-effective adjunct to in-person care. These are not distinct services. Telehealth and telemedicine are a wayservice delivery modalities that <u>permit</u> the agency Harris Center to delivers care to patients according to same standards of care that would apply to the provision of services in an in-person setting. The Harris Center must obtain patients informed consent prior to the providing telehealth and telemedicine services. that approximates in-person care without sacrificing standards or quality of care.

The goal of telehealth and telemedicine is to supplement face-to-face care and allows The Harris Center to expand its treatment programs. All clinicians involved with the assessmentin the delivery of care to-of patients through telehealth and/or telemedicine will adhere to all laws all approved and related procedures. Telemedicine is provided under the clinical oversight of the Chief Medical Officer.

3. APPLICABILITY/SCOPE

This policy applies to all staff and contractors of The Harris Center.

4. RELATED POLICIES/FORMS (for reference only): None

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Telehealth, Tex. Occupations Code §51.501
- Mental Health Telemedicine and Telehealth Services, Tex. Occupations Code Ch. 113
- Purchased Services-Advanced Telecommunication Services, Title 1 Tex. Admin. Code Ch. 354, Subchapter AC
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174, Subchapter A
- Standards of Care-Telemedicine Services, Title 26 Tex. Admin. Code §301.359

Approver Signature

_ Date_____



Policy No.	Subject: Patient Safety CommitteeNursing Peer Review	
Agency Policy		Initial Approval Date: NA
Sponsor: Chief Medical Officer Department of Nursing Services		New Board Approval Date: 06/04/2019

The purpose of this policy is to develop and implement strategies which improve the promote best practices, improve quality and safety of patient care, and reduce risk to patients and improthrough an environment that encourages internal reporting and ongoing evaluation and analysis of processes and occurrences, patient and staff safety. The Patient Safety Committee was operationalized by the Professional Review Committee (PRC) and is a sub-committee of the PRC. PURPOSE: To evaluate nursing services, the qualifications of nurses, the quality of patient care rendered by nurses, the merits of complaints concerning nurses and nursing care, and determinations or recommendations regarding complaints including. It is not intended to be a form of punishment.

1.2. POLICY:

It is the policy of the Patient Safety Committee to continually enhance the quality and safety of patient care at The Harris Center through a systematic and collaborative approach that supports the ongoing evaluation of The Harris Center's patient care processes and services.

2.3. APPLICABILITY/SCOPE:

This policy applies to all staff and contractors of The Harris Center for Mental Health and IDD nursiand the services provided.

3.4. PROCEDURES:

- Committee Composition
- Committee Process
- Confidentiality
- Peer Review Referral

- Committee Function
- Conflicts of Interest
- Staff Supervisor Responsibilities

4.5. REGULATORY/REFERENCES:

- Texas Medical Practices Act, <u>Texas Occupations Code</u> Chapters 151, 160
- Nursing Peer Review, <u>Texas Occupations Code Chapter 303</u>
- Incident-based Nursing Peer Review & Whistleblower Protections, <u>Title 22 Tex</u>. <u>Admin. Code</u> <u>§217.19</u>
- Rights and Protections of Persons Receiving Mental health Services, Title 25 Tex. Admin. Code Chapter 414
- **5.** process must be suspended, and the nurse reported to the board. The BON will determine in such cases whether or not the nurse is eligible to take part in a peer assistance program.



- 6. The peer review committee may need to re-convene for the sole purpose of determining whether or not external factors contributed to the incident(s) that lead to peer review. Because the nurse's practice is not being reviewed (only the surrounding factors), due process rights for the nurse do not apply.
- 7.6. RELATED POLICIES/FORMS:
 - Reporting Allegations of Abuse, Neglect and Exploitation

CRT:2.7

- Confidentiality Guidelines for Participants in Patient Safety Committee Process
- Incident Review Form Patient Safety Committee
- Incident Referral Form Patient Safety Committee

Approver Signature	Date	



Policy No. BUS-FB-29	Subject: Purchasing Card		
Agency Policy		Initial Approval Date:	
Sponsor: Administration		New Board Approval Date:	

The purpose of the Purchasing Card (P-Card) Program is to provide the Harris Center with an efficient and controllable method of making small dollar commodity purchases not covered by a Harris Center Supply Contract. The Harris Center for Mental Health and IDD's Purchasing Card (P-Card) Program facilitates the procurement of low dollar value items. The P-Card program eliminates most of the paperwork associated with Agency purchases.

2. POLICY

Employees who are authorized to purchase goods and or services may request a P-Card; however, individual departments can impose more restrictive requirements and limits. P-Cards are assigned to individuals. The individual whose name appears on the card is ultimately responsible for charges to that card. P-Cards are to be used by the person to whom it is issued. Sharing Purchasing Cards is prohibited.

Purchases made with the agency P-Card must only be for the use and benefit of the AgencyHarris <u>Center</u>. The card is to be used in place of petty cash, small dollar regular purchase orders, emergency purchase orders and whatever authorized Merchant Category Codes (MCC) are approved and setup for program/department use. Purchases on the card are for approved Center purposes only.

3. APPLICABILITY/SCOPE

This Policy applies to all staff approved to use the Payment Card (P-Card) Program Agency-wide.

4. PROCEDURES

- A. BUS-RI:02 Requisitioning and Purchasing of Goods and / or Services
- B. BUS-FB-29 Purchasing Card (-Card) Program Procedures
- **C.** BUS-FB-40 The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

5. Related Forms / Customer Service Number

Attachment A - TAX EXEMPTION CERTIFICATE

Attachment B - PURCHASING CARD AGREEMENT

Attachment C - ONLINE CUSTOMER SERVICES CONTACT & P-CARD ADMINISTRATOR CONTACT INFORMATION

Attachment D - PURCHASING CARD APPLICATION/INSTRUCTIONS

6. References: Rules/Regulations/Standards

State of Texas Commercial Charge Card Program Guidelines



<u>Use of Payment Cards by State Agencies</u>, <u>Texas Administrative Code</u> – Title 34 <u>Tex. Administrative</u> <u>Code</u>, Part 1, Chapter 5, §5.57 The Harris Center approved Policy and Procedures

Approver Signature	Date



Policy No.	Subject: Medical Peer Review Policy	
AGENCY POLICY		Initial Approval Date: 4/25/18
Sponsor: Chief Medical Officer		New Board Approval Date:

The purpose of this policy is to ensure a process whereby the quality of care provided by physicians and physician assistants at the Harris Center for Mental Health & IDD (The Harris center) is physician peer-driven and meets professionally recognized standards of health care via ongoing objective, non-judgmental, consistent and fair evaluation by the medical staff.

2. POLICY:

It is the policy of The Harris Center to consistently assess physician-patient care activity, monitor and evaluate this activity to ensure the highest quality of care for all patients of The Harris Center. Triggers for physicians and physician assistants may include findings from routine patient record reviews, incident reports, patient or staff complaints, sentinel events or critical incident reviews. The deliberations of the medical peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations in regard to confidentiality and privileged nature of medical peer review deliberations and proceedings. The Medical Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE

This policy applies to any employed and contracted licensed physicians and physician assistants.

4. PROCEDURES

5. Medical Peer Review Procedure

6. RELATED POLICIES/FORMS (for reference only):

Professional Responsibility Committee Policy

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health Care Quality Improvement Act of 1986, 42 U.S.C. §§11101, et seq. Report & Confidentiality Requirements, Tex. Occupations Code, Subchapter A, §§160.001, et. seq. Physician Assistant Licensing Act-Duty to Report; Medical Peer Review, Tex. Occupations Code §204.208

Approver Signature	Date



Policy No. PHAR:I	Subject: Pharmacy ar	nd Unit Medication/Drug Inventory
Agency POLICY		Initial Approval Date: July 2008
Sponsor: Pharmacy		New Board Approval Date:

1. PURPOSE:

To establish a uniform policy to control and account for all medications received, dispensed, and destroyed by the pharmacy.

2. POLICY

It is the policy of The Harris Center to account for stock supplies of prescription drugs and at a minimum, conduct inventory twice per year. The Harris Center pharmacies shall maintain records of all pharmacy transactions in accordance with legal requirements. In order to control and account for all medication, these records shall include documentation of the receipt and delivery of prescription drugs as well as those dispensed.

The Harris Center units may maintain stock supplies of medications for consumer use as deemed appropriate by The Pharmacy and Therapeutics Committee. Any medication stocked by a unit will be the responsibility of the Unit's Lead Psychiatrist.

3. APPLICABILITY/SCOPE

All Harris Center mental health and IDD service sites, clinics, treatment programs, residential care programs and pharmacies.

4. PROCEDURES

- A. Clinic Pharmacies Inventory (AMH)
- B. Clinic Nurses' Station Inventory (AMH) C. IDD Residential Units' Inventory

5. RELATED POLICIES/FORMS:

Medication Storage, Preparation, and Administration Areas

PHAR:3

6. REFERENCES/RULES/REGULATIONS/STANDARDS:

Controlled Substances Act, 21 U.S.C. §§827, 842, 958(d) Tex. Controlled Substances Act, Tex. Health & Safety Code §481.067 Pharmacies-All Classes of Pharmacies-Inventory Requirements, 22 Tex. Admin. Code §291.14 The Harris Center's Policy and Procedure Handbook CARF Section 2E

EXHIBIT F-20





Transforming	Lives
--------------	-------

Policy No. PHAR:3	Subject: Medication Storage, Preparation, and Administration Areas	
Agency Policy		Initial Approval Date: May 1993
Sponsor: Pharmacy		New Board Approval Date:

1. PURPOSE

To establish a uniform policy for the storage, security, preparation and administration areas for medications.

2. POLICY

It is the policy of The Harris Center for a Pharmacist, or other appropriately trained individuals under the supervision of the Director of Pharmacy (DOP), to ensure that all medications maintained by the Agency are stored safely, securely, and properly following manufacturer/supplier recommendations (e.g. proper sanitation, temperature, light, moisture, ventilation, and segregation conditions) and state laws and rules. The Pharmacy Department will conduct regular inspections of all drug storage areas within the Harris Center Pharmacies and each service site responsible for the containment of drugs.

3. APPLICABILITY/SCOPE

All Harris Center mental health and IDD service sites, clinics, treatment programs, residential care programs and pharmacies.

4. PROCEDURES

- A. Medication Storage
- B. Access to Medication
- C. Inspection of Medication Storage Areas
- D. Medication Disposal
- E. Medication Preparation and Administration Areas

5. RELATED POUCIES/FORMS:

Medical Services	MED:IO
Medication/Drug Inventory	PHAR:1
Nursing Unit Inspection Form	

6. **REFERENCES**: RULES/REGULATIONS/STANDARDS:

- <u>Texas Pharmacy Act</u>, Texas Occupations Code Chapter 551₋₇ <u>552</u>Texas Pharmacy Act
- <u>All Classes of Pharmacies</u>, Title 2<u>2</u>5 Tex<u>x</u>.as Administrative Code Chapter 291, Subchapter A-<u>All Classes of Pharmacies</u>
- <u>Prescribing of Psychoactive Medication</u>, Title 25 Texas Administrative Code Chapter 415, Subchapter A-<u>Prescribing of Psychoactive Medication</u>
- Health, Safety and Rights, Title 40 Texas Administrative Code Rule 2.313 Health, Safety and Rights
- CARF Section 2E



Approver Signature ______ Date_____

EXHIBIT F-21



Policy No. PHAR:4	Subject: Pharmaceut	tical Representatives Policy
Agency Policy		Initial Approval Date: 2/2016
Sponsor: Pharmacy		New Board Approval Date:

1. PURPOSE:

To provide guidelines for the activities of pharmaceutical representatives as they related to The Harris Center associated matters.

2. POLICY

It is the policy of The Harris Center to <u>ensure</u> positive, constructive, and objective relationship activities between The Harris Center (Center) and Pharmaceutical Company representatives. Pharmaceutical Representatives access to clinical sites and Harris Center personnel shall occur on a scheduled basis as approved by the Harris Center Chief Medical Director or Divisional Medical Director. These activities include, but are not limited to, the review of product information, sponsorship of medical education, coordination of studies for new and existing drugs and products, and responses to requests for procurement or recall of specific products.

The Harris Center personnel are strictly prohibited from accepting any form of gifts, courtesies, meals, or remuneration in any amount from pharmaceutical company representatives. The Harris Center personnel are required to immediately report any form of employment with pharmaceutical companies, including payments for speaking fees, travel, or food, on behalf of pharmaceutical companies, to their immediate supervisor and complete the Outside Practice Questionnaire for Licensed or Non-Licensed Staff.

3. APPLICABILITY/SCOPE

All Harris Center employees, contractors, interns, volunteers and programs.

4. PROCEDURES

Pharmaceutical Representative Access to Center Sites

5. RELATED POLICIES/FORMS:

Outside Practice for Employees of the Harris Center Outside Practice for Non-licensed Personnel of the Harris Center

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook CARF Section 2E

Approver Signature

Date

EXHIBIT F-22



Policy No.	Subject: Suicide/H	omicide Prevention
AGENCY POLICY		Initial Approval Date: 11/2002
Sponsor: CHIEF MEDICAL OFFICER		New Board Approval Date:

1. PURPOSE

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

2. POLICY

It is the policy of The Harris Center to protect the health, safety and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in and respond to patients' threats of harm to self or others or high risk behaviors.

3. APPLICABILITY/SCOPE

This policy applies in all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

4. PROCEDURES

- A. Suicide Awareness
- B. Homicide/Violence Awareness
- C. Crisis Assessment and Documentation
- D. Training

5. RELATED POLICIES/FORMS:

Incident Report INC:9.001

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

Approver Signature

Date_____

EXHIBIT F-23

SECTION III: BYLAWS OF THE BOARD OF TRUSTEES OF THE HARRIS CENTER FOR MENTAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES

(Approved MHMRA Board of Trustees: March 19, 1976)
(Approved Harris County Commissioners Court: April 12, 1976)
(Amended MHMRA Board of Trustees: March, 1993)
(Amended MHMRA Board of Trustees: November 17, 1998)
(Amended MHMRA Board of Trustees: February 23, 1999)
(Amended MHMRA Board of Trustees: October 24, 2000)
(Amended MHMRA Board of Trustees: May 28, 2002)
(Amended MHMRA Board of Trustees: July 22, 2002)
(Amended MHMRA Board of Trustees: September 22, 2009)
(Amended Harris Center Board of Trustees: September 26, 2017)
(Amended Harris Center Board of Trustees: September 24, 2019)
(Amended Harris Center Board of Trustees: September 24, 2019)
(Amended Harris Center Board of Trustees: September 24, 2019)
(Amended Harris Center Board of Trustees: September 24, 2019)

1.00 Name

The name of the organization (hereinafter referred to as the "Board") is **BOARD OF TRUSTEES FOR THE HARRIS CENTER FOR MENTAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES (hereinafter the "Agency").**

2.00 Office

The Principal office of the Board shall be located at 9401 Southwest Freeway, Houston, Texas. The location of such principal office may be changed from time to time by the Board.

3.00 Activities

The Board shall govern the operation of the Agency as a community mental health and intellectual disability center that provides mental health and intellectual disability services to persons in Harris County, Texas, in accordance with chapter 534 of the Texas Health and Safety Code, rules and regulations promulgated by the Texas Department of Health Services thereunder, and applicable federal laws. In that connection, the Board shall also ensure that the Agency acts in partnership with the Harris County Commissioner's Court, Harris Health, and other local agencies in Harris County, for the purpose of providing mental health and intellectual disability services to the people of Harris County, Texas, in the most productive and efficient manner possible.

4.00 Trustees

The members of the Board shall consist of nine (9) trustees who are residents of and qualified voters in Harris County, Texas. Such trustees shall be appointed by the Harris County Commissioners Court for terms of two years from the date of their appointment or until their successors are appointed. The Harris County Commissioners Court shall appoint trustees so that at least three vacancies on the Board should occur each year.

The Harris County Commissioners Court shall appoint a local county sheriff to serve as an ex officio nonvoting member of the Board for the duration of the sheriff's term in office. An ex-officio nonvoting member shall have all rights and privileges of being board a member except voting.

A trustee may resign from the Board at any time, submitting his resignation in writing to the Commissioners Court with notification to the Chairman or Secretary of the Board. If a vacancy shall occur on the Board by reason of death, resignation, or otherwise, the Board shall request the Harris County Commissioners Court to appoint a successor or successors for the unexpired term or terms. A trustee may be reappointed to the Board by the Harris County Commissioners Court at the expiration of his/her term of office.

5.00 Meetings of the Board

5.01 Procedure

<u>Robert's Rules of Order</u> shall govern the procedure at meetings unless notified by standing or special rules of the Board or by a majority vote of a quorum present at a particular meeting.

5.02 Quorum

A majority of the existing membership of the Board at any meeting shall constitute a quorum for the transaction of business and each member present at any meeting shall be entitled to one vote on any matter brought before said meeting and there shall be no absentee voting by any member of the Board under any conditions; provided, however, that a member may participate in and vote at a meeting by video conference call, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec.551.127. The nonvoting exofficio board member shall not be included in the count for the purpose of establishing a quorum.

5.03 Election of Officers

The Board shall annually elect officers at its regularly scheduled meeting each January, or as necessary to fill vacancies in officer positions.

5.03 Regular Meetings

Regular meetings of the Board shall be held monthly in Harris County, Texas at a place and time designated by the Board. Board meetings are open to the public and recorded to the extent required and in accordance with the Open Meetings Law.

5.05 Special Meetings

Special meetings of the Board may be called by the Chairperson, the Vice-Chairperson (when performing the duties of the Chairperson), or by vote of the Board.

5.06 Emergency Meetings and Subject Added to Agenda

Emergency meetings of the Board may be held, and an emergency item added to an already posted agenda, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec. 551.045.

5.07 Notice of Meetings

Written notice of the time, place, and agenda of each regular or special meeting must be posted in a place readily accessible to the general public at all times, no later than seventy-two (72) hours before the scheduled time of the meeting, as required under the Texas Open Meetings Act, Tex. Gov't Code, chapter 551, subchapter C.

It shall be the duty of the Chairperson, the Secretary of the Board, or an approved designee to timely notify the members of the Board of all meetings and any supplemental subject being added to an agenda.

Pursuant to the Texas Open Meetings Act, Tex. Gov't Code Sec. 551.045, notice of an emergency meeting or the supplemental notice of an emergency item added to an agenda shall be posted for at least two (2) hours before the meeting is convened. Notice of an emergency meeting or an emergency item must clearly identify the emergency or urgent public necessity for call the meeting or for adding the item to the agenda of a previously scheduled meeting.

5.08 Order of Business

Generally, the order of business will be as follows:

- 1) Declaration of a quorum
- 2) Public Comments
- 3) Approval of Minutes
- 4) Chief Executive Officer's report
- 5) Consent Agenda, including consideration and action on recommendations of Board Committees
- 6) Items for separate Board consideration and action, as required
- 7) Review and Comment
- 8) Board Chair's Report
- 9) Executive Session
- 10) Reconvene into Open Session
- 11) Consider and Take Action on Executive Session items
- 12) Information
- 13) Adjournment

5.09 Public Comments

Every citizens shall be permitted two (2) minutes for public comments at each Board meeting. Time for public comment may be extended by motion. Citizens wishing to appear before the Board during the comment section shall complete a form provided by the Agency for that purpose.

5.10 Board Committees

The Board shall convene committees as it deems appropriate. The Board shall convene committees as it deems appropriate. The Board shall maintain as standing committees a Program, Resource, Quality, Governance, and Audit Committee.

- (a) The role of each of the committees shall be as follows:
 - Program Committee oversees all Agency patient/consumer services and programs and related matters.
 - Resource Committee oversees all matters pertaining and/or related to financial resources, personnel, facilities, and capital assets of the Agency.

- Quality Committee oversees all Agency quality, effectiveness and outcome related matters.
- Governance Committee reviews and recommends all Board policies and procedures, Board operations, Nominations for officers, and the Board development plan.
- Audit Committee adheres to the investment policy and oversees all Agency audit and compliance activities, both financial and programmatic, from internal or external sources.

(b) Resource, Program, Quality and Governance Committee Appointments

Membership on the Board Program, Resource, Quality and Governance Committees, including the Chair of each such committee, shall be by appointment of the Board Chair. Each committee shall be composed of no less than three (3) Board members and no more than five (5). Each member of the Board shall be assigned to one or more committees. The Chair of the Board shall be an ex-officio member of each of these committees. As a general rule, each committee shall meet at a regular time and day per month, although the exact day and time may be varied from time to time to accommodate Board member schedules and Agency business considerations. Each committee member shall notify the committee chair, or his/her designee, at least 24 hours in advance if he/she is unable to attend a specific meeting due to schedule conflicts or other reason.

To ensure a quorum and facilitate the business of the Board committees:

 The Board Chair shall appoint at least one Board member to serve as an alternate member of each committee on an on-going basis. The alternate member will have voting status on the committee for which he/she has been appointed as an alternate in the event a quorum of the standing members is not available for a given meeting. The alternates are encouraged to attend and participate in their committee's discussion on a regular basis. The Board Chair shall also have the authority to appoint additional alternate members with voting status for any committee on an ad hoc basis, if the same is necessary to achieve a quorum at any given meeting.

- 2) Alternatively, the Chairs of the Program, Resource, Quality and Governance Committees may designate Board members present at any given Committee meeting as voting members of the Committee. Members of the Audit Committee may serve on the Audit Committee only in accordance with subsection (c).
- 3) In addition, the Board Chair shall serve as an ex-officio member of the Program, Resource, Quality, Governance and Audit Committees and shall be included for purposes of determining the existence of a quorum. The Board Chair may also vote on any matter before the committee for which a vote is taken.

(c) Audit Committee Appointments

The Audit Committee may be comprised of up to seven (7) members, including a minimum of four (4) Board members, approved by the Board of Trustees at the next regular meeting of the Board following Board Officer elections. The Audit Committee may also include outside members, approved in the same manner. The members of the Audit Committee shall meet the independence and experience requirements as established by the Board of Trustees with at least two members having basic knowledge about financial statements (i.e., "financial literacy").

The Officers of the Board will collaborate with the Chief Executive Officer in recommending Board members for Board consideration and approval. Members shall be recommended based on:

- 1) Interest and willingness to serve
- 2) Expertise as it pertains to the Committee carrying out its charge
- 3) Diversity of the Committee

The chair of the Audit Committee shall be selected by the Board Chair from amongst those Board members on the committee. The various members shall serve for two-year terms, staggered to assure continuity. An individual may serve additional terms on the Committee should the member and the Board so desire. Additional members or replacement members to fill vacancies shall be recommended under the same policy and approved at the next regular Board meeting following their recommendation.

6.00 Powers and Duties of the Board

The Board shall have such powers and authority and perform such duties as shall be conferred upon it by state law, including Tex. Health & Safety Code, Chapter 534, as it may be amended, consistent with the creation of The Harris Center for Mental Health & IDD (formerly known as the Mental Health and Mental Retardation Authority of Harris County) by the Harris County Commissioners Court.

6.01 Attendance

If a Trustee intends to be absent from a Board Meeting, Board Committee Meeting or a Special Call Meeting, he/she shall provide notice of his/her absence by submitting written notice to the Secretary of the Board, the Chair of the Board or the Chief Executive Officer (CEO) prior to the meeting being convened.

6.02 Attendance Records

Attendance records of all members of the Board of Trustees for all regular Board meetings, Board Committee meetings and Special Call meetings shall be maintained in the office of the CEO. Complete and cumulative attendance records of all members of the Board for all regular Board meetings, Board committee meetings and Special Call Meeting for each six month attendance period (January through June and July through December) shall be forwarded by the office of the CEO to the Commissioner's Court within fifteen (15) days of the end of each attendance period.

7.00 Officers of the Board

The officers of the Board shall consist of a Chair, one or more Vice Chairs, and a Secretary, who shall be elected annually by the Board and shall hold office until their successors have been elected and qualified. In the event of the absence or disability of any officer of the Board, the Board may delegate such officer's powers and duties, for the time being, to any other officer or member of the Board.

7.01 Duties of the Chair

The Chair shall preside at all meetings of the Board. He/she shall be the chief executive of the Board and shall perform all duties commonly incident to his/her office and such other duties as the Board shall designate from time to time.

7.02 Duties of the Vice Chair

The Vice Chair shall be vested with all the powers and shall perform all of the duties of the Chair, in case of the absence or disability of the Chair and, in addition, shall have such powers and perform such duties as the Board may from time to time determine.

7.03 Duties of the Secretary

The Secretary shall ensure that accurate minutes are kept of all meetings of the Board, shall perform all of the duties commonly incident to his/her office, and shall perform such other duties and have such other powers as the Board shall designate from time to time.

8.00 Communicating with the Board

8.01 The Board shall have the right and duty to be fully informed on all matters which influence its obligations as trustees. Nothing herein shall be construed to prevent the Board from informing itself as it deems proper. The Board shall at all times be free to seek and receive information to ensure its policies and directives are effectuated.

Individual Board members may also seek and receive information from the Chief Executive Officer ("CEO") and with the express prior consent of the CEO, seek and receive the information from specified staff members. In no event, however, may individual Board members direct staff in the performance of their duties.

8.02 The channel of staff communication to and from the Board shall be through the CEO, accept that the Internal Auditor, Chief Financial Officer or Chief Compliance Officer may communicate directly with the Board as their

fiduciary obligations may require. The Board and its committees may also communicate directly with staff at called meetings.

- **8.03** All proposals for consideration by the Board shall be presented by staff to the CEO in sufficient time for review and inclusion in the published agenda materials. The CEO shall consider such proposals and make recommendation thereon in the agenda prepared for a Board committee or monthly Board meeting. Except in the case of an emergency, proposals not received by the CEO within the time prescribed shall be automatically deferred until the next meeting of the Board. The final Board agenda must be approved by the CEO and the Chair.
- **8.04** All Board members shall have Harris Center email accounts. Members of the Board shall use The Harris Center email accounts for all Board-related electronic communications. All electronic communications regarding public business shall be limited to emails only.

9.00 Board Training Requirements: The Responsibility of Governance

9.01 New Board Member Training

Before a member of a Board of Trustees commence service on the Board, the member shall attend at least one training session administered by The Harris Center's professional staff to receive information as required by Ch. 534 of the Tex. Health & Safety Code relating to:

- (a) The enabling legislation that created the community center;
- (b) The programs the community center operates;
- (c) The results of the most recent formal audit of the community center;
- (d) The requirements of the Texas Open Meetings Act, Tex. Gov't Code, Ch.

- (e) The requirements of conflict of interest laws and other laws relating to public officials; and,
- (f) Any ethics policies adopted by the community center.

9.02 Annual Board Training

Each Board member shall participate in an annual training program administered by the professional staff of The Harris Center, including The Harris Center's legal counsel which shall cover subjects as provided for in statute and regulation.

9.03 Training Development

The Board of Trustees shall establish an advisory committee to identify subjects for training. The advisory committee shall include representatives of advocates for persons with mental illness or an intellectual disability and representatives of the Board's Governance Committee.

10.00 Amendments

These Bylaws and these Policies may be amended at any meeting of the Board by two-thirds (2/3) vote of the trustees present, provided that notice of the proposed amendment or amendments shall have been given in the notice of such meeting. Notice of proposed amendments shall be given to the trustees at least seven (7) days prior to the meeting.

11.00 Statutory Requirements

The foregoing provisions of these Bylaws notwithstanding, neither the Board nor any committee shall be formed, convened, or appointed, exercise any power, authority, prerogative, or assume any duty or responsibility which is contrary to the Texas Health and Safety Code, Chapter 534, or any other provision of the laws and Constitution of the State of Texas.

12.00 Effective Administration of the Agency

- **12.01** The Board of Trustees, as a body, is responsible for governance of the Agency through the adoption and enforcement of Agency policy, and the performance of duties and obligations as required by law. Individual Board members have no authority except when acting as part of the Board in a duly called meeting or as a Board officer, performing the specific duties of the position to which he or she has been elected.
- **12.02** The CEO is responsible for the day to day operation of the Agency, including the employment, training, evaluation, and supervision of all personnel necessary to administer the Agency's programs and services.

13.00 Trustee

A Trustee may be censured by the Board and/or his or her removal recommended to the Harris County Commissioners Court for conduct which is contrary to the policies of the Agency or is against the best interests of the Agency. Actions considered not to be in the best interest of the Agency include, but are not limited to the following:

- **13.01** Failure to abide by the laws of the United States, the State of Texas, county and municipal authorities; and
- 13.02 Serious violations of the Agency's bylaws, policies, or employee guidelines.

14.00 Chief Executive Officer (CEO)

The Board of Trustees shall conduct an annual written performance evaluation of the CEO. The Board of Trustees shall consider the CEO job description, annual goals and objectives and any other relevant factors identified and approved by the Board. The CEO performance evaluation period shall begin in September and conclude in November each year. The steps for the Chief Executive Officer performance appraisal process is as follows:

- a. In September, the Board of Trustees reviews the Performance Appraisal Process by
 disseminating the appraisal tool to all Trustees and the self-evaluation tool to the
 <u>Chief Executive Officer.</u>
- **b.** In October, the Board of Trustees shall convene an Executive session to discuss the appraisal and review the CEO written self-evaluation.
- c. In November, the Board of Trustees shall convene an Executive session and finalize results and recommendations for the CEO performance appraisal. The Board of Trustees shall meet with the CEO to discuss the results of the appraisal process and the resulting Board decisions and recommendations.

EXHIBIT F-24



Epic EHR Update

Mustafa Cochinwala, Chief Information Officer David Chou, Chief Information Officer, Harris Health System

1

Update



Epic Go-Live: April 10, 2021

144,	,253	4 million
	its/encounters ed in Epic	Notes converted Anasazi to Epic
34,455 Prescriptions	320,000 Charges	2,973 MyChart Active

99.4% Barcode Medication Administration





Challenges

• Reporting

- Delays in building reports Issues with Epic Database(s) access due to Harris Health Security setup and licensing
- Access and extractions issues resolved July 6th Harris Health and our team working on building reports
- Training
 - We continue to get a lot of "How to" calls at the support line
 - We have extended 4 trainers to assist
- User Account (Epic) Creation Delays
 - We worked with Harris Health to streamline the turned around time for new account creation
- Optimization
 - List of features, changes, updates and improvements to be completed
- Support

Long-term Support Model



- First point of contact: Super Users and/or Department managers
- Once super users are unable to resolve the issue locally, users will contact the Epic Affiliates Support team by dialing Harris Center Help Desk number.
 - $\circ~$ Harris Center Help Desk number routed to Epic Affiliates Support team

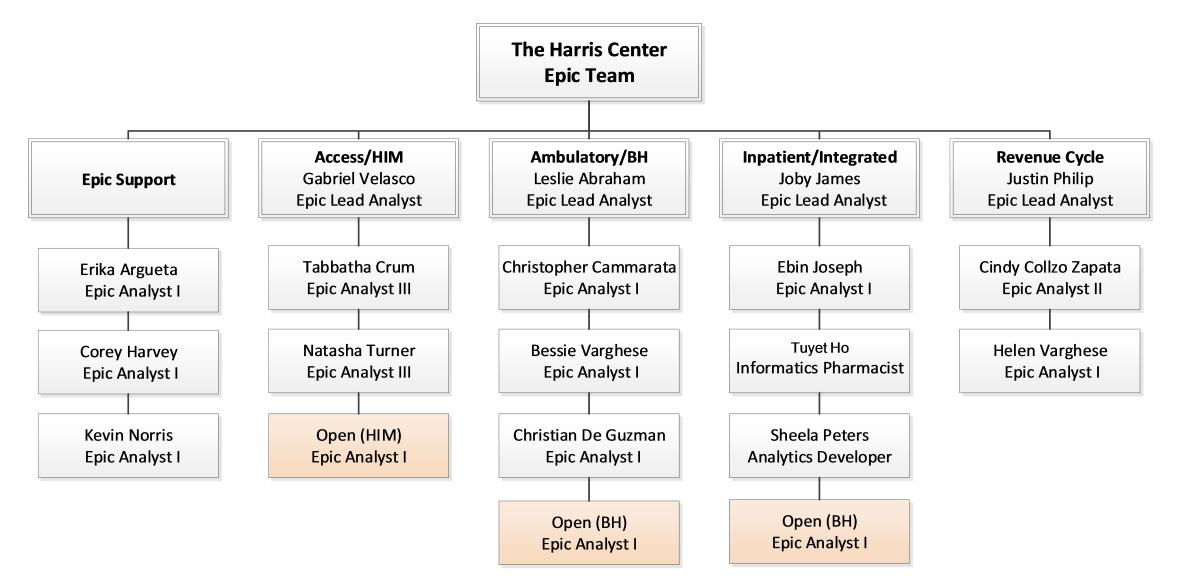
	EPIC SUPPORT AVAILABILITY	INCIDENT MANAGEMENT
	8:00 AM to 6:00 PM: Harris Health Epic Affiliates Support Team will answer calls from end users.	Staff available
· -	After hours and weekends: Calls routed to Harris Health IT Operations and Epic On-call support	24x7
	Weekly Change Control Window:	
	Thursdays 1:00 PM – 5:00 PM or as needed based or	n emergency
	Typically approved outage windows:	
	Sundays, 11:00 PM to 5:00 AM, as schedul	ed.

Harris Health Epic Affiliates Support Team is staffed 24x7





Harris Health Epic Support Organization





Transforming Lives

Thank You For Your Support!

Page 221 of 533

EXHIBIT F-25

July 2021 NEW CONTRACTS UNDER 50k

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$50,000

FY21 NEW CONTRACTS	UK	OSS FISCAL YEAR CONTRA		LTI-YEAR CONTRACTS				
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	CORRECTION NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
Total Energy Solutions, LLC	No	Removal of Rooftop Generator at 9401 SW Freeway		\$17,500.00	06/28/21- 08/31/21	Capital Funds FM21.1126.08	RFQuote	Removal of rooftop generator at 9401 \$ Freeway. Anticipated Rebate of \$3,000 net cost of contract \$3,000.00 Quote amount is \$14,500.00 Contingency of \$3,000.00 Total NTE: \$17,500.00
Dura Pier Facilities Services, LTD dba Facilities Sources	No	Construction for 6160 South Loop East-Jail Diversion Nurse's Station Enclosure		\$7,594.79	06/21/21- 08/31/21	GR	RFQuote Tag-On to 16/054JN-04 thru Choice Partners	Contracting to enclose the Nurse's Stat in the Jail Diversion hallway due to privacy/HIPAA issues, as it is currently open area. Cost per quote is \$6,940.79 with \$690. contingency for a total cost of \$7,594.7
СРЕР	E.C.M.							
CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
Joy Beth Davis	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services		\$5,367.00	06/14/21- 08/31/21	State Funds		The new Provider will be providing CF0 and Respite Services to an individual w IDD.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI	NU	Gennices		\$3,337.00	00/14/21-00/31/21			
INTERLOCALS								
LEASES								
MENTAL HEALTH SERVICES								
Prosumers	No	Consultation & Training Services for Implementation of Consumer Empowerment Group		\$18,000.00	09/01/21- 08/31/22	GR		Contract Replacement for Contract ID# 6660. Services for consultation and training services for the development a implementation of Consumer Empowerment Group.

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	CORRECTION NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	CROSS FISCAL YEAR CONTRACT RENEWALS								
	ADMINISTRATION								
5 U	niversity of Texas Department of Psychiatry	No	PA Fellowship		\$5,000.00	07/01/21- 06/30/22	State Grant		Correction from April 2021 board report was listed as a Grant only. Annual funding only to pay UT for Didatic program in support of the PA Fellowship program.
	CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES			100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 1000 - 1000					
	MENTAL HEALTH								
	MULTI-YEAR CONTRACTS								
	ADMINISTRATION	+**							
	CRISIS SERVICES								
	FORENSICS								

Mental Health and 100	immary
Contract Section	
Contractor*	
Total Energy Solutions	
Contract ID #*	
2021-0158	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
//20/2021	
Parties* (?)	
Total Energy Solutions and The Harris Center	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than S	\$50,000,000
Board Approval (Total NTE Amount is \$50,000.004	
Grant Proposal	,
Grant Proposal Revenue	
Grant Proposal Revenue Other	
Grant Proposal Revenue Other	
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply	Competitive Proposal
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply Competitive Bid	
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	 Competitive Proposal Sole Source Request for Qualification Tag-On
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Grant Proposal Revenue Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Competitive Proposal Sole Source Request for Qualification Tag-On
 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
 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) Funding Information* 	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment 	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
 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) Funding Information* New Contract Amendment Contract Term Start Date* (?) 	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment Contract Term Start Date* (?) 6/28/2021 	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Grant Proposal Revenue Other Procurement Method(s)*	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other

General Revenue (GR)

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
🗔 BAA/DUA	IT/Software License Agreement
Pooled Contract	🗔 Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	rvices Being Provided [*] (?)
Contracting with Total Energy Solutions to have the roo	
removed. Quote amount is \$14,500.00 plus contingence \$17,500.00.	y of \$3,000.00 for a total amount of
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contra	ictor*
⊖ Yes ● No ⊖ Unknown	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
🔘 Yes 🔘 No 💿 Unknown	
Community Partnership ^{* (?)}	
○ Yes ● No ○ Unknown	
O res Into O Unknown	
Supporting Documentation Upload (?)	
Supporting Documentation Upload (?) Total Energy Solutions.pdf	259.42KB
	259.42КВ
Total Energy Solutions.pdf Vendor/Contractor Contact Person	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name*	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name*	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr	259.42КВ
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address	259.42KB
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City	State / Province / Region
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy	
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code	State / Province / Region TX Country
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy	State / Province / Region TX
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code	State / Province / Region TX Country
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code 77449	State / Province / Region TX Country
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code 77449 Phone Number*	State / Province / Region TX Country
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code 77449 Phone Number* 2818611284	State / Province / Region TX Country
Total Energy Solutions.pdf Vendor/Contractor Contact Person Name* Total Energy Solutions / Chad Elliston Address* Street Address 20500 Clay Center Dr Address Line 2 City Katy Postal / Zip Code 77449 Phone Number* 2818611284 Email*	State / Province / Region TX Country

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1126	Amount Charged to Unit* \$ 17,500.00	Expense/GL Code No.* 900040
Budget Manager BROWN, ERICA S.	Secondary E CAMPBELL,	Budget Manager RICARDO
Provide Rate and Rate Descriptions see attached quote	; if applicable [*] (?)	
\$14,500.00 quote + \$3,000.00 conting	ency = \$17,500.00	
Project WBS (Work Breakdown Stru FM21.1126.08		
Requester Name HARPER, SARAH A	Submission 6/16/2021	Date
Budget Manager Approval	(S)	$\overline{\mathbf{O}}$
Approved by Enica Bhown	Approval Da 6/16/2021	ite
Procurement Approval		$\hat{\mathbf{O}}$
Approved by <i>Sharon Brauner</i> Contract Owner Approval	Approval Da 6/16/2021	ite
Approved by <i>Tedd McCorquedate</i>	Approval Da 6/16/2021	ite
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction 		
Approved by *		
Shaskyia Behn	Approval Da 6/16/2021	ite*

Contract Section Contractor* DuraPier / Facilities Services, LTD dba Facilities Sou Contract ID #*	<u></u>
DuraPier / Facilities Services, LTD dba Facilities Sou	
Contract ID #*	irces
2021-0160	
Presented To [*]	
Resource Committee	
Full Board	ж.
Date Presented *	
7/20/2021	
Parties * (?)	
DuraPier / Facilities Sources	
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	
Other	
Other Procurement Method(s)* Check all that Apply	Competitive Proposal
Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal Sole Source
Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	
Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Sole Source
Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On Consumer Driven
Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On
 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) 	 Sole Source Request for Qualification Tag-On Consumer Driven
 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) 	 Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment 	 Sole Source Request for Qualification Tag-On Consumer Driven
 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) Funding Information* New Contract Amendment Contract Term Start Date* (?) 	 Sole Source Request for Qualification Tag-On Consumer Driven Other
 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) Funding Information* New Contract Amendment Contract Term Start Date* (?) 6/21/2021 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 8/31/2021
Competitive Bid	 Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 8/31/2021

	Contract Description / Type * (?)		
	Personal/Professional Services	Consultant	
	Consumer Driven Contract	New Contract/Agreement	
	Memorandum of Understanding	Amendment to Existing Contract	
	Affiliation or Preceptor	Service/Maintenance	
	BAA/DUA	IT/Software License Agreement	
	Pooled Contract	Lease	
	Renewal of Existing Contract	Other	
	Justification/Purpose of Contract/Description of Service	ces Being Provided ^{* (?)}	
	Contracting to enclose the nurses station in the Jail Divers		
	privacy//HIPAA issues as it is currently an open area. New contract on Tag-On to 16/054JN-		
	04 thru Choice Partners		
	Cost per quote is \$6940.79 with \$690.00 contingency for a	a total cost of \$7,594.79	
	Contract Owner*		
	Todd McCorquodale		
	Previous History of Contracting with Vendor/Contractor	or*	
	e Yes O No O Unknown		
	Please add previous contract dates and what services	were provided*	
	2020 to present / general contractor for renovation and		
	painting		
	Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)	
	🖲 Yes 🔘 No 🔘 Unknown		
	Please provide the HUB status*		
	WBE - Women owned business.		
	Community Partnership* (?)		
	🔾 Yes 🖲 No 🔵 Unknown		
	Supporting Documentation Upload (?)		
	DuraPier Facilities Sources RFP 87-23605 - 6160 S Loop	E - Nursing	
	Station Enclosure.pdf	546.91KB	
Contraction of the local division of the loc	Vendor/Contractor Contact Person	\diamond	
	Name*		
	DuraPier / Wayne Bryant		
	Address*		
	Street Address		
	13124 Player Street		
	Address Line 2		
	City	State / Province / Region	
	Houston	ХТ	
	Postal / Zip Code	Country	

US

Phone Number*

8325946240

77045-3106

Budget Units and Amo	ounts Charged to eac	h Budget Un	it
Budget Unit Number* 9403	Amount Charged to \$ 7,594.79	Unit [*]	Expense/GL Code No.* 557001
Budget Manager RAMIREZ, PRISCILLA M		econdary Budget SHMAN, JODEL	Manager
Provide Rate and Rate Descri	ptions if applicable $(?)$		
Cost per quote is \$6940.79 with total cost of \$7,594.79	\$690.00 contingency for a		
Project WBS (Work Breakdow n/a	n Structure * (?)		
Requester Name HARPER, SARAH A		ubmission Date	
Budget Manager Appr			~
	σται(ο)		and the second
Approved by Priscilla M. Ramirez		pproval Date 17/2021	
			6
Procurement Approval			ŝ
Procurement Approval	A	pproval Date 17/2021	۵
Procurement Approval Approved by	A 6/		<
Procurement Approval Approved by <i>Sharon Braumer</i>	A 6/		۵
Procurement Approval Approved by <i>Shaton Braumer</i> Contract Owner Appro	A 6/ val		۵

•

Approved by *

Shaskyia Behn

Approval Date* 6/17/2021

Walt and advantage of the part



Due Diligence Project PUR-FY21-0195 6160 South Loop East - Jail Diversion Nurse's Station Enclosure

Purchasing received a request from Facility Services on Tuesday, June 1, 2021, to enclose the Jail Diversion Nurse's Station for privacy (HIPAA) at 6160 South Loop East.

Two (2) vendor quotes were received:

Dura Pier Facilities Services, LTD DBA/Facilities Sources – Choice Partners 16/054JN-04 / HUB - \$6,904.79 Virtue Construction Partners LLC – HUB - \$7,301.70 + Alternate Speaker Holes - \$193.16 = \$7,494.86

Facilities Sources Ltd and Virtue Construction Partners, LLC are Historically Underutilized Business (HUB) Facilities Sources is a Cooperative tag-on with Choice Partners Cooperative (contract No. 16/054JN-04).

Facility Services recommendation is to move forward with the vendor that have the lowest price.

DURA PIER FACILITIES SERVICES, LTD DBA/FACILITIES SOURCES

NTE: (Not to Exceed) \$6,904.79 Contingency: \$690.00 Total NTE: \$7,594.79

Funding Source is Unit 9403 - 557001

Submitted By:

lavino_

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

Security Contract Summary

Contract Section

Contractor*

Joy Beth Davis

Contract ID #* New Contract 2021 - 0164

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/20/2021

Parties* (?)

Joy Beth Davis, 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)

Funding Information*

New Contract O Amendment

Contract Term	Start Date* (?)
6/14/2021	

Contract Term End Date* (?) 8/31/2021

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?)	Amount [*] (?)
2021	\$ 5,367.00

Funding Source* State Grant

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of The new provider will be providing CFC and Respit Contract Owner* Robert Stakem Previous History of Contracting with Vendor/Co	e services to an individual with IDD.
Vendor/Contractor a Historically Underutilized E	Business (HUB)* (?)
🕘 Yes 🕘 No 💿 Unknown	
Community Partnership* (?)	
💿 Yes 💿 No 🔘 Unknown	
Supporting Documentation Upload (?)	
Davis 2021.pdf	426.79KB
Vendor/Contractor Contact Person	\mathbf{S}
Name*	
Joy Beth Davis	
Address*	
Street Address	
5323 Holly View Drive	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77093	USA
Phone Number* 8327167484	
Email*	
joy.davis040@gmail.com	
joj.davico rowginan.com	
Budget Section	
Budget Units and Amounts Charged	l to each Budget Unit

	Budget Unit Number* 3585	Amount Charged \$ 2,907.00	to Unit*	Expense/GL Code No.* 543009
	Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budget STAKEM, ROBERT	
	Budget Unit Number* 3585	Amount Charged \$ 2,460.00	to Unit*	Expense/GL Code No.* 543005
	Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budget STAKEM, ROBERT	
	Provide Rate and Rate Descriptions i \$9.00 per hour for individuals with LON \$10.00 per hour for individuals with LON	of 1 & 5		
	Project WBS (Work Breakdown Struc N/A	ture * (?)		
	Requester Name ANTHONY, PATRINA R		Submission Date 6/22/2021	
	Budget Manager Approval(s	•)		\odot
	Approved by		Approval Date	
ENCE	Mamie Adams-Austin		6/22/2021	
	Procurement Approval			0
	Approved by Sign		Approval Date	
	Contract Owner Approval			\circ
	Approved by <i>tobert Stakem</i>		Approval Date 6/22/2021	
	Contracts Approval			
	Approve* Yes No, reject entire submission Return for correction			
	Approved by* Belinda Stude		Approval Date* 6/23/2021	

Contract Section	
Contractor*	
Prosumers	
Contract ID #*	
2021-0170	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/20/2021	
Parties* (?)	
PROSUMERS and The Harris Center for Mental Healt	th 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract O Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2021	8/31/2022
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2022	\$ 18,000.00

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

State / Province / Region

TX

US

Country

Other

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

Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County.

Contract Owner*

Michael Downey

Previous History of Contracting with Vendor/Contractor*

Yes O No O Unknown

Please add previous contract dates and what services were provided*

September 01, 2020 to August 31, 2021 Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County.

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

🔘 Yes 🔘 No 💿 Unknown

Community Partnership* (?)

Yes I No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Janet Paleo or Anna Gray

Address*

Street Address 6800 Park Ten Boulevard Address Line 2 Suite 220-N City San Antonio Postal / Zip Code 78213

Phone Number*

800-577-3795 / 210-535-5456 cell

Email*

jpaleo2002@gmail.com

Budget Section

Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 2200	Amount Charged \$ 18,000.00	I to Unit [*]	Expense/GL Code No.* 542000
Budget Manager SHELBY, DEBBIE C		Secondary Budget LOERA, ANGELICA	
Provide Rate and Rate Descriptions 0.00	if applicable* (?)		
Project WBS (Work Breakdown Stru 0.00	cture * (?)		
Requester Name SHELBY, DEBBIE C		Submission Date 6/18/2021	
Budget Manager Approval(s)		\circ
Approved by Debbie Chambers Shelby		Approval Date 6/18/2021	
Procurement Approval			\circ
Approved by Sign		Approval Date	
Contract Owner Approval			\odot
Approved by <i>Michael Downey</i>		Approval Date 6/18/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction Approved by * Shaskyia Behn		Approval Date* 6/24/2021	

	mmary
Note: Please use Goog	le Chrome as the preferred browser
Contract Section	\circ
Contractor* University of Texas Department of Psychiatry	
Contract ID #* NEW	
Presented To * Resource Committee Full Board 	
Date Presented * 4/20/2021	
Parties* (?) University of Texas Department of Psychiatry and The	Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$ 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 	 Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
Contract Term Start Date * (?) 7/1/2021	Contract Term End Date ^{* (?)} 6/30/2022
If contract is off-cycle, specify the contract term	
Fiscal Year* (?) 2022	
Funding Source* State Grant	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (2)
Didactic Program for PA Fellowship	
Contract Owner*	
Dr. Sylvia Muzquiz	
Previous History of Contracting with Vendor/Contrac	tor*
💿 Yes 💿 No 💿 Unknown	
	(1115)*(0)
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) ^(*)
💿 Yes 💿 No 💿 Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name *	
University of Texas Department of Psychiatry	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
vendor/contractor contact r erson	
Name*	
Vineeth John, MD, MBA	
Address*	
Street Address	
1941 East Road	
Address Line 2	
City	State / Province / Region
Houston,	TX
Postal / Zip Code	Country
77054-8010	USA
Phone Number*	
713-486-2700	
713-400-2700	
Email*	
Vineeth.P.John@uth.tmc.edu	
Budget Section	
Pudget Units and Amounts Charged to	and Rudget Unit
Budget Units and Amounts Charged to	

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*		
2200	\$ 5,000.00		540503		
Budget Manager*		Secondary Budge	t Manager*		
SHELBY, DEBBIE C		LOERA, ANGELICA D			
Provide Rate and Rate Descriptions N/A Project WBS (Work Breakdown Stru N/A Requester Name LOERA, ANGELICA D		Submission Date * 3/30/2021			

in a strange than 1977 we are a strange to the strange of the strange strange of the strange of

EXHIBIT F-26

July 2021 RENEWALS UNDER 50k

		and the second second						
		CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS						
		PRODUCT/SERVICE	FY2021	FY2022				
CONTRACTORS	HUB/MWBE	DESCRIPTION	NTE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION American Business Forms, Inc.								
dba American Solutions for 1 Business	No	Agency Wide Printing Services	\$21,117.50	\$21,117.50	09/01/21- 08/31/22	GR	RFP	Annual funding only
BAS Resources, Inc. dba BAS		Contingency Recruitment						
2 Healthcare	No	Search Services	\$35,000.00	\$35,000.00	09/01/21-08/31/22	GR	N/A	Annual renewal of agreement
Baylor College of Medicine Department of Family and 3 Community Medicine	No	ECG Interpretation Services	\$45,000.00	\$45,000.00	09/01/21- 08/31/22	GR		Annual renewal
4 Bud Griffin Customer Support, Inc.	No	AC Equipment Preventative Maintenance Service	\$4,110.00	\$10,000.00	09/01/21- 08/31/22	GR	Sole Source	Annual renewal of agreement
CU Solutions Group, Inc. dba HR 5 Performance Solutions	No	HR Performance Pro Software	\$16,599.00	\$19,100.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
Data Shredding Services of 6 Texas, Inc.		Agency-wide Data Document Destruction Services	\$26,000.00	\$26,000.00	09/01/21- 08/31/22	GR	RFP	Annual renewal of agreement
Defensive Driver Online, Ltd. dba 7 DefensiveDriving.com	No	Online Defensive Driving Course	\$8,430.00	\$8,430.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
DISA Global Solutions, Inc. dba 8 DISA, Inc.	No	Pre-Employment Drug Screening Testing	\$39,000.00	\$39,000.00	09/01/21- 08/31/22	GR	RFQ	Annual renewal of agreement
Houston Independent School 9 District	No	Agency Wide Printing Services	\$21,117.50	\$21,117.50	09/01/21- 08/31/22	GR	Tag-On	
10 J. Taylor & Associates Inc.	No	Consulting Service for Reporting on the Physician Compensation Program	\$47,400.00	\$47,400.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
11 Landtech, Inc.	No	Building Survey Services	\$5,800.00	\$30,000.00	09/01/21- 08/31/22	Capital Funds FM21.1126.01 FM21.1126.04	RFQuote	Annual renewal of agreement.
Master Pool- Agency Wide Property Appraisal Services 12 (RFQ)-2	No	Agency Wide Property Appraisal Services	\$10,000.00	\$10,000.00	09/01/21- 08/31/22	GR	RFQ	Two firms will provide appraisal service needs for upcoming large and small projects Agency-wide.
12 MontorWord Consistent In-	N	Professional Translation/Interpretation	SE 000 00	£5.000.00	00/04/04 00/04/00	05		
13 MasterWord Services, Inc.	No	Services Consulting Professional	\$5,000.00	\$5,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
14 Morning Star Psychiatric Services	No	Services	\$30,000.00	\$30,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
15 Parata Systems, LLC	No	Emergency Replacement for Parata Max Robot at the NE Clinic	\$10,000.00	\$10,000.00	09/01/21- 08/31/22	GR		Effective date: 04/30/18; Initial Support Term 36 months. Annual renewal of agreement
16 Parata Systems, LLC	No	Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment- SW Clinic	\$10,000.00	\$10,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement

•

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
17	Phactory Consulting, LLC	No	Housing Development Consultant Services	\$39,000.00	\$39,000.00	09/01/21- 08/31/22	GR	RFQ	Annual renewal of agreement
18	Phase Engineering, Inc.	No	Survey Services	\$3,600.00	\$6,000.00	09/01/21-08/31/22	Capital Funds FM21.1126.01	RFQuote	Annual renewal of agreement
19	PreCheck, inc.	No	Personnel Background Investigation Services	\$37,500.00	\$37,500.00	09/01/21-08/31/22	GR	RFP	Annual renewal of agreement
20	Colory com	No	Software for Compensation	645 752 00	045 750 00	00/04/04 00/04/00			
	Salary.com		Analysis Support & Maintenance for Pharmacy Equipment for	\$15,753.00	\$15,753.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
21	ScriptPro USA, Inc.	<u>No</u>	the SE Clinic Support & Maintenance for Pharmacy Equipment for the NW Clinic	\$9,325.90 \$9,325.90	\$9,500.00	09/01/21- 08/31/22	GR GR		Annual renewal of agreement
23	Snappy App, Inc.	No	Platform, Dashboard to Access Spot Rewards App agency Wide for Employees	\$42,000.00	\$42,000.00				Annual renewal of agreement
23	Зпарру Арр, піс.	NO	Employees	\$42,000.00	542,000.00	09/01/21- 08/31/22	GR	Bid	Annual renewal of agreement
24	Stericycle, Inc.	No	Agency-Wide Medical Waste Removal Services	\$4,500.00	\$5,500.00	09/01/21- 08/31/22	GR	RFQ	Annual renewal of agreement
25	Texas Applications Specialists, Inc.	No	P/C Software PAP Maintenance Services	\$42,000.00	\$42.000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement
26	Vertiv Corporation	No	9401 Data Center-Liebert UPS Power and Battery Maintenance and Support Services	\$10,650.00	\$11,200.00	09/01/21- 08/31/22	GR	Sole Source	Annual renewal of agreement
	COMMUNITY PARTNERSHIPS								Autora tenewar or agreement
27	The ARC of Greater Houston	No	Advocacy Support Services	N/A	N/A	09/01/21- 08/31/22	N/A		In-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.
									To provide space in exchange for educational and support services to
28	NAMI Greater Houston	No	Lease of Agency Space	N/A	N/A	09/01/21- 08/31/22	N/A		consumers and their families
29	Network of Behavioral Health Providers	No	Lease of Agency Space	\$0.00	\$0.00	09/01/21- 08/31/22	N/A		
	CPEP								
30	MHFA Independent Certified Trainers (Master Pool-4)	No	Community Training	\$5,000.00	\$5.000.00	00/01/01 00/01/00	State Frieds		
30				40,000.00		09/01/21- 08/31/22	State Funds		Annual renewal of agreement
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
			Community First Choice Day Habilitation/Community							
31	Annie Vu	No	Support/In-Home Respite Services	\$21,258.00	\$28,080.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
32	Armando Cabral	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	£46,446,00	S10 240 00					
32			Community First Choice Day Habilitation/Community Support/In-Home Respite	\$16,416.00	\$18,240.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
33	Brandon D. Smith	No	Services Community First Choice	\$9,270.00	\$17,540.00	09/01/21-08/31/22	GR	<u> </u>	Annual renewal of agreement	
34	Constance McIntyre	No	Day Habilitation/Community Support/In-Home Respite Services	\$9,450.00	\$15,560.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
			Community First Choice Day Habilitation/Community Support/In-Home Respite							
35	Deborah Bradley	No	Services Community First Choice Day Habilitation/Community	\$9 <u>,</u> 792.00	\$12,180.00	09/01/21-08/31/22	GR		Annual renewal of agreement	
36	Destinee Sherrell Smith	No	Support/In-Home Respite Services	\$6.950.00	\$14,780.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
			Community First Choice Day Habilitation/Community Support/In-Home Respite							
37	Elsa Almanza	No	Services Community First Choice	\$15,507.00	\$22,690.00	09/01/21-08/31/22	GR		Annual renewal of agreement	
20	Elsa Lozana-Tello	No	Day Habilitation/Community Support/In-Home Respite	\$15,507.00	647 000 00					
38		110	Services Community First Choice Day Habilitation/Community Support/In-Home Respite	910,007.00	\$17,230.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
39	Haneef Abdullah	No	Support/In-Home Respite Services	\$6,379.00	\$10,635.00	09/01/21-08/31/22	GR		Annual renewal of agreement	
			Community First Choice Day Habilitation/Community Support/In-Home Respite							
40	Jennifer Grimes Miles	No	Services	\$9,900.00	\$14,250.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
			Community First Choice Day Habilitation/Community Support/In-Home Respite							
41	Jordan Barden	No	Services	\$14,400.00	\$18,440.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
			Community First Choice Day Habilitation/Community Support/In-Home Respite							
42	Josefa Yanez Hernandez	No	Services	\$14,751.00	\$17,940.00	09/01/21-08/31/22	GR		Annual renewal of agreement	
43	Juanita Dembo Batiste	Νο	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$6,300.00	\$12,835.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
44	Katia Rubi Lemus	<u>No</u>	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$12,960.00	\$23,910.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
45	Kenia Rangel	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$17,622.00	\$20,320.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
46	LaShun DeGay	Νο	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$13,500,00	\$19,380.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
47	LaToya Hati	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$14,364.00	\$5,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
48	Leah Watkins	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$6,379.00	\$10,635.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
49	Maria Cervantes	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$18,900.00	\$24,460.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
50	Petra Trejo Martinez	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$2,655.00	\$5,950.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
51	Tanitra Brown	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$21,700.00	\$21,240.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
52	The ARC of Greater Houston	No	Weekend Recreational	\$28,700.00	\$28,700.00	09/01/21-08/31/22	State Funds		Annual renewal of agreement	
	Trace	N'-	Community First Choice Day Habilitation/Community Support/In-Home Respite							
53	Tracy Smith	No	Services	\$19,890.00	\$22,100.00	09/01/21- 08/31/22	GR	L	Annual renewal of agreement	

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
	INTERLOCALS		· · · · · · · · · · · · · · · · · · ·							
	LEASES									
54	Shiraib, LP	No	Lease of Property at 817 Southmore, Suite 150, Pasadena, Texas for iDD Program	\$14,400,00	844 400 00	00/01/01 00/01/00		Lease		
- 54	PROFESSIONAL SERVICES/	NO	Program	\$14,400.00	\$14,400.00	09/01/21-08/31/22	State/Federal	Agreement	Annual renewal of agreement	
55	REAL ESTATE POOL George E. Johnson Properties, LLC	Yes	Real Estate Brokerage Services	 N/A	N/A	09/01/21- 08/31/22	Commission			
	Pollan Hausman Real Estate		Real Estate Brokerage				Commission			+
56	Services, LLC Ryland Enterprise, Inc. dba ARVO	No	Services Real Estate Brokerage	N/A	N/A	09/01/21- 08/31/22	Commission			
57	Realty Advisors	No	Services	N/A	N/A	09/01/21- 08/31/22	Commission			
58	Transwestern Commercial Services, LLC	No	Real Estate Brokerage Services	N/A	N/A	09/01/21- 08/31/22	Commission			
\Box	MENTAL HEALTH SERVICES									
59	The Furniture Bank	No	Furniture Delivery Services	\$36,000.00	\$36,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement	
	PROGRAM MANAGEMENT			-						
	CROSS FISCAL YEAR CONTRACT RENEWALS									
	ADMINISTRATION Carahsoft Technology		DocuSign Enterprise Pro							
60		No	Software	\$16,258.72	\$17,100.00	10/01/21- 09/30/22	GR	RFQ	Annual funding only	
61	Dispensary of Hope	No	Generic Product Drug Free Distributor for the PAP Program	\$37,500.00	\$37,500.00	01/03/21- 01/03/22	GR		Initial term 01/14/19- 01/03/21; Automatic annual renewal of agreement	
62	Future Com, Ltd.	No	CISCO Smartnet Support and Maintenance	\$24,095,98	\$26.000.00	11/01/20- 10/31/21	GR	Tag-On to TIPS Contract No. 200105	Annual funding only	
			Platinum Level Subscription Service for	<u> </u>	¥20,000.00			Tag-On to TIPS Contract		
63	GTS Technology Solutions Inc.	No	Elastic Stack Licenses.	\$18,096.75	\$20,000.00	10/31/20- 10/30/21	GR		Annual funding only	
64	InstaMed Communications, LLC	No	Hardware, Software and Support for EPIC Payment Processing	\$24,586.20	\$25,820.00	03/24/21- 03/23/22	GR		Annual funding only	
			Sharepoint/HRIS Software, Maintenance and Support						Initial Term 10/31/19- 10/31/20 with	
65	Knowledge Lake, Inc. Leafhouse Financial Advisors,	No	Services Non-Erisa Investment	\$37,500.00	\$39,500.00	10/31/20- 10/31/21	GR		automatic one-year renewals thereafter	
66		No	Fiduciary Services	\$46,000.00	\$46,000.00	09/16/21- 10/15/22	GR	RFP	Annual funding only	

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT		FUNDING	BID/TAG-ON	COMMENTS
			Software, Subscription License Fee & Support Services for Survey						
7	Qualtrics LLC	No	Services	\$24,763.00	\$24,763.00	08/05/21- 08/04/22	GR	ļ	Annual funding only
8	Safety Alert Network, Inc.	No	24 Hour Employee Safety Monitoring and Alert Services	\$1,580.00	\$1,580.00	01/01/21- 12/31/21	GR		Disruption of service resulted from not receiving reports in a timely manner is being addressed. Otherwise, the service has been adequate up to this point.
9	Susan J. Fordice dba Fordice Consulting, LLC	No	Consultant Services	\$45,000.00	\$45,000.00	06/03/21- 07/01/22	GR		Annual renewal of Consultant Services to the Harris Center's Foundation and Foundation Board of Directors.
0	WEX Health Inc. dba WEX (FKA Discovery Benefits, Inc.)	No	Agency-Wide Administration of COBRA Benefits	\$11,777.00	\$6,870.00	01/01/20- 12/31/21	GR		Annual funding only
	WEX Health Inc. dba WEX		Agency-Wide Administration of FSA						
1	(FKA Discovery Benefits, Inc.)	No	Benefits	\$29,000.00	\$19,749.00	01/01/20- 12/31/21	GR		Annual funding only
	СРЕР	·. 							
	CRISIS SERVICES								
+									
	FORENSICS								
2	Rise Psychological Services, PLLC	Νο	Psychological/Forensic Evaluations for the TRIAD for Children	\$8,000.00	\$8,000.00	03/01/21- 02/28/22	County Funds		Annual renewal of agreement
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS	Na na Sinta Na Sinta Sinta Sinta							
╉	LEASES				i Malaki Albaria				
3	Harris County Facilities Property Management Department		Lease for Property	\$50.00	\$50.00	05/01/21- 04/30/22	FY22 Budget	GR	Lease for Property located at 5518 Jackson Street, Houston, Texas. Annual
	Plazer Properties, LTD	No	Property Lease for 3600 S. Gessner, Suite 110, Houston, Texas	\$264,488.00	\$42,968.00	11/10/2016- 11/08/21	State/Federal	Lease	The Lease Agreement will expire 11-08- 2021 and is not intended to be renewed. The amount is only to cover from 09-01- 2021 to 11-08-2021.
74									

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT		FUNDING	BID/TAG-ON	COMMENTS	
	PROGRAM MANAGEMENT									
	MULTI-YEAR CONTRACTS									
+	ADMINISTRATION		· · · · · · · · · · · · · · · · · · ·							
75	CTEK Security, Inc.	No	HIPAA Privacy and Security Risk Analysis (Internal Only) Vendor Security	\$114,900.00	\$26,100.00	12/31/2018- 08/31/2023	GR	RFP	Need explanation of big decrease?Annual funding only	
6	CTEK Security, Inc.	No	Management Services (External)	\$14,500.00	\$14,500.00	03/01/20- 03/01/23	GR	RFP	Annual funding only	
7	NETSPI LLC	No	Network Penetration Testing Services	\$19,390.50	\$19,390.50	03/01/20- 02/28/23	GR		Initial Term 3 years Annual Renewal	
			Equipment Lease for and Print Impressions for the					Tag-On to DIR-		
8	Ricoh USA, Inc.	No	Print Shop	\$42,000.00	\$42,000.00	01/01/17- 12/31/21	GR		Annual funding only	
9	SkillSoft Corporation	No	License, Software and Support Services	\$14,330.00	\$14,913.00	09/06/19- 09/05/22	GR	Tag-On to DIR- TSO-3899	Last year of renewal of three year term.	
0	West Interactive Services Corporation	No	Televox Software Subscription Services for Agency-Wide Phone Tree	\$22,000.00	\$22,000.00	07/01/19- 07/01/24	GR	Sala Saura	Annual renewat	
Ť	CPEP		Agency-Wide Phone Tice	φ <u>22</u> ,000.00	\$22,000.00	0//01/19-0//01/24	<u> </u>	Sole Source	Annuai renewai	
+	CRISIS SERVICES	•								
+	5005110/00									
╋	FORENSICS	<u></u>		· · · · · · · ·	· · · · · · · · · · · · · · · · ·					
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
										_
+										
F										
Ŧ										_
t						· · · · · · · · · · · · · · · · · · ·				_
	· · · · · · · · · · · · · · · · · · ·									_
+										_
Ŧ										_
T										

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7800
Contractor Name:	American Business Forms, Inc. dba American
	Solutions for Business
Interlocal Agreement:	No
Service (brief description):	Agency Wide Printing Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Request for Proposal
Contract NTE (your current budget):	\$21,117.50
Rate(s)/Rate(s) Description:	See Exhibit A1
Unit(s) Served:	1107
G/L Code(s):	596001
FY21 Purchase Order Number:	CT140625
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

B. EVALUATION OF FY21 PERFORMANCE:

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

2. REASON:

RECEIVED JUN 17 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___\$21,117.50_____.
 FY22 Rate(s)_____.

 UNIT__1107_____.
 GL CODE__596001_____.
 If Contract is a multi-year term, please provide the following.

 FY23 ___\$21,117.50______.
 FY23 Rate(s) ______.
 UNIT _1107_____.
 GL CODE ____.

 FY24 ___\$21,117.50______.
 FY24 Rate(s) ______.
 UNIT _1107_____.
 GL CODE ____.

 FY24 ____\$21,117.50______.
 FY24 Rate(s) ______.
 UNIT _1107_____.
 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: __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)__No___
- 2. Will the scope of the Services change? (Y) ____ or (N) _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? (Y) _____ or (N) _No____
- Are there any changes to the Submission deadlines for notes or supporting documentation?
 (Y) _____ or (N) _No____

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the **Contract Owner** for this Contract <u>Todd</u> <u>McCorquodale</u>.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract___**Sean A. McFarland**______

APPROVALS:

 Budget Manager:
 Ricardo Campbell
 (Printed Name)

 Ricardo Campbell
 Digitally signed by Ricardo Campbell
 (Signature).
 REQUIRED

Contract Owner: _____ (Printed Name)

Todd McCorquodale Digitally signed by Todd McCorquodale Date: 2021.06.17 14:09:18-05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7592
Contractor Name:	BAS Resources, Inc. dba BAS Healthcare
Interlocal Agreement:	No
Service (brief description):	Contingency Fee Agreement for the recruitment of Psychiatrists, APRN's and PA's
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$35,000.00
Rate(s)/Rate(s).Description:	Varies
Unit(s) Served:	2200
G/L Code(s):	592000
FY21 Purchase Order Number:	CT140385
Contract Requester:	Stacie Sampson
Contract Owner:	Lesleigh Robertson

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?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Maintained legally required standards for certification, licensure, and/or training? (1) ______.

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) (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 <u>36,のめ</u> . FY22 Rate(s) UNIT <u> みみの</u> GL CODE <u>592000</u> . If Contract is a multi-year term, please provide the following.	
	Se cobe In 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 Budge Manager].	
	FY 2022 Not to Exceed Amount for Master Pooled Contracts:	
E.	CONTRACT FUNDING SOURCE: CR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]	
F.	CONTRACT CONTENT CHANGES:	
	 Are there any required changes to the contract language? [i.e. Changes in law or updates t the Service standards] (Y) or (N) Will the scope of the Services change? (Y) or (N) if yes, provide brief description 	
	 Is the payment deadline different than net (45)? If yes, please provide the net days	?
	RESPONSIBLE PARTY:	
	Please state the name of the Contract Owner for this Contract	S
	Please state the name of the Responsible Staff that will review and approve monthly invoices fo this Contract	r
	APPROVALS:	
	Budget Manager: Jebbre Selby (Printed Name)	
	(Signature). REQUIRED	
	Contract Owner: Lesleigh Robertsen (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 - <u>NO CHANGES ARE ALLOWED IN THIS</u> <u>SECTION</u>

Contract ID#:	7254
Contractor Name:	Baylor College of Medicine Department of Family and Community Medicine
Interlocal Agreement:	No
Service (brief description):	ECG Interpretation Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$45,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	9209,9205, 9210
G/L Code(s):	543019
FY21 Purchase Order Number:	CT140700
Contract Requester:	Linda Arceneaux
Contract Owner:	Deborah Sweat

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 D 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 FY2022 with this Contractor? Yes ⊠ No□
- 2. REASON:

RECEIVED JUN 0 9 2021

South States

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$45,000.

FY22 Rate(s) \$38.40 per routine Regular Consultation; \$50.40 per Urgent Consultation

Unit(s) served 2212; 2213; 2214; 2215; 2301;9205; 9209; 9210; GL CODE 543019

*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
\$2,450.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2212	543019
\$12,000.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2213	543019
\$2,500.00	\$38.40/per routine Regular Cousultation \$50.40/per Urgent Consultation	2214	543019
\$15,000.00	S38.40/per routine Regular Consultation S50.40/per Urgent Consultation	2215	543019
\$12,000.00	\$38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	2301	543019
\$350.00	38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	9205	543019
\$350.00	38.40/per routine Regular Consultation S50.40/per Urgent Consultation	9209	543019
\$350.00	38.40/per routine Regular Consultation \$50.40/per Urgent Consultation	9210	543019

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? YES NOX
- 2. Will the scope of the Services change? YES NOX
- 3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NOX
- 4. Are there any changes in the Performance Targets? YES NOX
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? YES NOX If YES, please attach additional pages as necessary.
- G. RESPONSIBLE PARTY: Staff responsible for reviewing and approving monthly invoices for this Contract (APPROVALS):

Digitally signed by Deborah Sweat Date: 2021.06.09 07:36:24 -05'00'

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

Debbie Shelby	Digitally signed by Debbie Shelby Date: 2021.06.08 16:02:13 -05'00'		
Debbie Chambers Shelby (S	ignature of the Budget Manager)		
John Dea	6-9-21		

Jodel Oshman (Signature of the Budget Manager)

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7780
Contractor Name:	Bud Griffin Customer Support, Inc.
Interlocal Agreement:	No
Service (brief description):	AC Equpment Preventative Maintenance Service
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source
Contract NTE (your current budget):	\$4,110.00
Rate(s)/Rate(s) Description:	See Exhibit A1
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140388
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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_______.
 (N) _____.
- 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:

	UNIT1130			Rate(s)_10,000
	GL CODE553003_	Il Contract is a	a multi-year term, please	provide the following.
	FY23	FY23 Rate(s)	UNIT	GL CODE
				GL CODE
	List all applicable Unit Manager].	s/GL codes. Attach addi	tional pages if necessary	. [Please verify with Budget
	FY 2022 Not to Exceed	Amount for Master Po	oled Contracts:	
E.	CONTRACT FUNDING	SOURCE:GR	_[GR/STATE/FEDERAL/G	RANT/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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _X____
 - 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: <i>Ricardo Ca</i>		ampbell		(Printed Name)	
Ricardo Campbell	gitally signed by Ricardo Campbell te: 2021.05.27 16:03:37 -05'00'	_(Signature).	REQUIRED		
Contract Owner:			(Printed N	ame)	
		_ (Signature).	REQUIRED		

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7160
Contractor Name:	CU Solutions Group, Inc. dba HR Peformance Solutions
Interlocal Agreement:	No
Service (brief description):	HR Performance Pro Software
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$16,599.00
-Rate(s)/Rate(s)-Description:	Per Renewal Quote
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	FY21 PO CT140423
Contract Requester:	Anthony Jones
Contract Owner:	Lesleigh Robertson or 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? (*)____ (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)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (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) 1. (N) _____.

2. REASON:

RECEIVED JUN 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 th	e NTE for FY22	FY22	Rate(s) 19,1	00_UNIT	1130	
GL CODE <u>5530</u>	02 If Contract is a	multi-year term,	please provid	le the follow	ving.	
FY23	FY23 Rate(s)			GLCC	DDE	
FY24	FY23 Rate(s) FY24 Rate(s)					
List all applicable Manager].	Units/GL codes. Attac	h additional page	es if necessary	/. (Please vei	rify with I	Budget
FY 2022 Not to E	ceed Amount for Mas	ter Pooled Contr	acts:	·		
CONTRACT FUND		[GR/STAT	E/FEDERAL/G	RANT/PRIVA	TE/COUI	YTY]
- CONTRACT CONT	ENT CHANGES:					
 the Service sta Will the scope Is the paymen [i.e. net 30, ne Are there any Are there any (Y) or (N IF YES, PLEASE ATT 	changes in the Perform changes to the Submi) ACH ADDITIONAL PAG	an net (45)? If ye nance Targets ch ssion deadlines f	N) if yes s, please prov ange? (Y) or notes or s	s, provide br vide the net or (N)	ief descr	iption.
6. RESPONSIBLE PAR Please state Contract Lesse			Contract	Owner	for	this
Please state the n this Contract	ame of the Responsible Crence Free ivia Tureios	e Staff that will r	eview and ap	prove mont	hly invoid	ces for
Budget Manager:	Ricardo	<u>Campbell</u>		(Printed I	Name)	
Ricardo Camp	bell Digitally signed by Ricardo C Date: 2021.06.25 13:51:01 -05	ampbell 5 ^{100*} (Signature)	REQUIRED			
Contract Owner:	Lesleich Robertson (Pri	nted Name)				
		(Signature)	. REQUIRED			
C		-				2

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7623
Contractor Name:	Data Shredding Services of Texas, Inc.
Interlocal Agreement:	
Service (brief description):	Agency-Wide Data Document Destruction Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$26,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1105, 1108, 1119, 1122, 1128, 1130, 1131, 1135, 1173, 2180, 2200, 2212, 2213, 2214, 2215, 2301, 3353, 3355, 3360, 3365, 3374, 3395, 3585, 3623, 3633, 3636, 3817, 4300, 4323, 4325, 4736, 4801, 6001, 6201, 6302, 6601, 6801, 7001, 9208, 9210, 9211, 9808, 9810,
G/L Code(s):	543034
FY21 Purchase Order Number:	CT140558
Contract Requester:	Rita Alford
Contract Owner:	Rita Alford

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)____
- 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:

Please provide the NTE for FY22_26,000_. FY22 Rate(s) \$15 1st, \$5 each addt'l per stop UNIT_see attachment. GL CODE <u>543034</u>.

If Contract is a multi-year term, please provide the following.

FY23 <u>26,000</u>. FY23 Rate(s) <u>\$15 1st</u>, <u>\$5 each addt'l per stop</u> UNIT <u>see attachment</u> GL CODE <u>543034</u>.

FY24 <u>26,000</u>. FY24 Rate(s)) <u>\$15 1st</u>, <u>\$5 each addt'l per stop</u> UNIT <u>see attachment</u> GL CODE <u>543034</u>.

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:

- 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) ____
- 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 _____ Rita Alford

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract______Annell Burnett-Gipson_____.

APPROVALS:

Budget Manager:	Ricardo Campbell		(Printed Name)
Ricardo Camp	Dell Digitally signed by Ricardo Campbell Date: 2021.06.08 08:05:15 -05'00'	_(Signature).	REQUIRED
Contract Owner:	Rita Alford		(Printed Name)
	Rita Alford	_ (Signature).	REQUIRED
ASE RETURN COM	PLETED FORM AND ATTAC		shaskyia.behn@theharriscenter

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7251
Contractor Name:	Defensive Driver Online, Ltd. Dba
	DefensiveDriving.com
Interlocal Agreement:	No
Service (brief description):	Online Defensive Driving Course for employees who
	will be driving on behalf of the Agency.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$8,430.00
Rate(s)/Rate(s) Description:	\$30.00 per person
Unit(s) Served:	Multiple
G/L Code(s):	549005
FY21 Purchase Order Number:	CT140603
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

B. EVALUATION OF FY21 PERFORMANCE:

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

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

...

. .

C. RENEWAL DETERMINATION:

		Yes	No
1.	Is the Contract being renewed for FY2022 with this		
	Contractor?	æ	
-			

2. REASON:

Service is adequate. Will ask vendor for shorter e-learning module to be applied monthly to all drivers.

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 following renewal information. Note If contract is a multi-year term, please provide

information for each term year by clicking in the table and clicking the plus sign +.

Fiscal Year	NTE	Rate(s)	Unit	GL Code
FY22	\$8,430.00		1150	549005
FY23	\$8,430.00		1150	549005
FY24	\$8,430.00		1150	549005

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:	General Revenue (GR)
L.	contract ronbing sooner.	

F. CONTRACT CONTENT CHANGES:

		Yes	No
1.	Are there any required changes to the contract language?		
	[i.e. Changes in law or updates to the Service standards]		ж
2.	Will the scope of the Services change?		æ
	a. Click or tap here to enter text.		
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?		
5.	Are there any changes to the Submission deadlines for		
	notes or supporting documentation?		 ¥

G. RESPONSIBLE PARTY:

Please state the na contract	me of the	e Contract Owner for this	Tod	dd McCordquodale
		e Responsible Staff that nthly invoices for this	Sea	n A. McFarland
APPROVALS:				
Budget Manager:	Ricardo	Campbe;;		(Printed Name
Ricardo Cam	pbell	Digitally signed by Ricardo Cam Date: 2021.05.18 11:03:34 -05'0		(Signature) REQUIRED
Contract Owner:	_Todd M	lcCorquodale		(Printed Name
Todd McCorquo	dale	Digitally signed by Todd McCorquodale Date: 2021.06.17 14:08:58 -05'00'		(Signature) REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7069
Contractor Name:	DISA Global Solutions, Inc. dba DISA, Inc.
Interlocal Agreement:	No
Service (brief description):	Pre-Employment Drug Screening Testing.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$39,000.00
Rate(s)/Rate(s) Description:	DRUG SCREENS: \$36.75
	TB TESTING: \$38.32
	X-RAY SERVICES 1 VIEW: \$40.75
Unit(s) Served:	1108
G/L Code(s):	543025
FY21 Purchase Order Number:	CT140430
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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) ____ ()
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \checkmark (N)
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ____ (N) ____.
- 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) (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:

*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/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 Responsible Staff that will review and approve monthly invoices for this Contract

AFFNOVALS.				
Budget Manager:	Erica Brown			_(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.25 12:18:12 -05'00'	_(Signature).	REQUIRED	
Vice President/Contrac	Cowner: Lesleigh Rober	r <u>tson</u> (Printed	l Name)	
		(Signature).	REQUIRED	

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

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

Contract ID#:	5196
Contractor Name:	Houston Independent School District
Interlocal Agreement:	No
Service (brief description):	Agency wide printing services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on
Contract NTE (your current budget):	\$21,117.50
Rate(s)/Rate(s) Description:	Vary
Unit(s) Served:	1107
G/L Code(s):	596001
FY21 Purchase Order Number:	CT140550
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

		Yes	No
1.	Have there been any significant performance deficiencies within FY21?		ж
2.	Were Services delivered as specified in the Contract?		
3.	Did Contractor perform duties in a manner consistent with standards of the profession?	 ¥	
4.	Did Contractor adhere to the contracted schedule (if applicable)?	ж	
5.	Were reports, billing and/or invoices submitted in a timely manner?	æ	
6.	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?	¥	
7.	Did Contractor render services consistent with Agency policy and procedures?	ж	
8.	Maintained legally required standards for certification, licensure, and/or training?		
	IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. NECESSARY.	ATTACH AN ADDIT	IONAL PAGE IF

C. RENEWAL DETERMINATION:

		Yes	No
1.	Is the Contract being renewed for FY2022 with this		
	Contractor?	ж	
2	REASON		

2. KEASON:

Satisfied with service and term years still remaining.

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 following renewal information. Note If contract is a multi-year term, please provide

information for each term year by clicking in the table and clicking the	the plus s	;ign 🕂 .
--	------------	----------

Fiscal Year	NTE	Rate(s)	Unit	GL Code
FY22	\$21,117.50		1107	596001
FY23	\$21,117.50		1107	596001
FY24	\$21,117.50		1107	596001

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

	Ε.	CONTRACT FUNDING SOURCE:	General Revenue (GR)
--	----	--------------------------	----------------------

F. CONTRACT CONTENT CHANGES:

		Yes	No
1.	Are there any required changes to the contract language?		
	[i.e. Changes in law or updates to the Service standards]		#
2.	Will the scope of the Services change?		H
	a. Click or tap here to enter text.		
3.	Is the payment deadline different than net (45)? If yes, please provide the net days? [<i>i.e. net 30, net 10</i>]		೫
4.	Are there any changes in the Performance Targets change?		¥
5.	Are there any changes to the Submission deadlines for notes or supporting documentation?		x

G. RESPONSIBLE PARTY:

Please state the na contract	me of the Contract Owner for this	Todd McCorquodale	
	me of the Responsible Staff that rove monthly invoices for this	Sean A. McFarland	
APPROVALS:			
Budget Manager:	Ricardo Campbell		(Printed Name)
Ricardo Cam	Digitally signed by Ricardo Campbell Date: 2021.05.18 10:43:20 -05'00'	(Signature) REQUI	RED
Contract Owner:	Todd McCorquodale		(Printed Name)
Todd McCorqu	odale Digitally signed by Todd McCorquodale Date: 2021.06.17 14:08:34 -05'00'	(Signature) REQUI	RED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7620
Contractor Name:	J. Taylor & Associates Inc. ("JTaylor")
Interlocal Agreement:	No
Service (brief description):	Consulting Service for the Physician Compensation Program.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A – Professional Consulting Service
Contract NTE (your current budget):	\$47,400.00
Rate(s)/Rate(s) Description:	Professional Fees \$30,000.00 - \$45,000.00 with standard hourly rates from \$50.00 up to \$390.00. Additional travel, data, administrative/clerical fees may apply.
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140637
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y)
- 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) 1 (N) ____.
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y)_____(N)_____
- 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:

*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/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]
- F. CONTRACT CONTENT CHANGES:
 - 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N)
 - 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______.

APPROVALS: Budget Manager: Erica Brown Erica Brown Date: 2021.06.25 12:20:18-05'00' (Signature). REQUIRED

Vice President/Contract Owner: Lesleigh Robertson (Printed Name)

(Signature). REQUIRED

(Printed Name)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	2021-0090
Contractor Name:	Landtech, Inc.
Interlocal Agreement:	
Service (brief description):	Building Survey Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source RFQ
Contract NTE (your current budget):	\$5,800.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1817
G/L Code(s):	557001
FY21 Purchase Order Number:	CT140955
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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X____(N) ____.
- 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: CONTINUATION OF ANTICIPATED ANNUAL SERVICES DURING FY22

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____\$30,000.00__. FY22 Rate(s)_\$30,000.00__ UNIT_1126__ GL CODE__900040_. If Contract is a multi-year term, please provide the following.

 FY23
 _______UNIT
 ______GL CODE

 FY24
 _______.
 FY24 Rate(s)
 ______UNIT

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___
- Will the scope of the Services change? (Y) __X_ or (N) ____, if yes, provide brief description.
 __SCOPE WILL BE DEVELOPED ON A SITE BY SITE BASIS_____
- 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) _____ N/A
- 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_____TODD MCCORQUODALE____.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract_____TODD MCCORQUODALE_____.

APPROVALS:

Budget Manager: <u>Ricardo Campbell</u> (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.07.01 12:59:06 -05'00' (Signature). REQUIRED

Contract Owner: TODD MCCORQUODALE (Printed Name)

Todd McCorquodale Digitally signed by Todd McCorquodale Date: 2021.07.02 09:19:39-05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

A. FY 2020 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	7457	
New Database ID#:	N/A	
Contractor Name:	P-Agency Wide Property Appraisal Services (RFQ)	
Service (brief description):	Two firms will provide appraisal service needs for upcoming large and small projects Agency-wide.	
Contract NTE (your current budget):	t NTE (your current budget): \$10,000.00	
Responsible Staff Person: Silvia Tiller / Contract Services		
Rate(s)/Rate(s) Description:	See Individual Agreements	
Unit(s) Served:	1899	
G/L Code(s):	557001	
FY20 Purchase Order Number:	CT139654	

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (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) _____.
- 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 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 FY2021:

Please provide the NTE for FY21 \$10,000. FY21 Rate(s) Varible UNIT <u>1119</u> GL CODE <u>557001</u>.

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: \$10,000.

E. CONTRACT FUNDING SOURCE: General Revenue [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
 - 3. Is the payment deadline different than net (30)? (Y)_____ or (N) X. If so, please provide the due date ______ [i.e. net 45, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X
 - 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 and/or Department Chief/VP/Director** for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve monthly invoices for this contract <u>Silvia Tiller</u>.

APPROVALS:

Budget Manager:	Crica Brown	(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.30 09:30:58 -05'00' (Signature). REQ	UIRED

Contract Owner/Departme	ent Head: <u>Silvia Tiller</u>		(Printed Name)
Silvia Tiller	Digitally signed by Silvis Tiler DR: con-Silvis Tiler, on The Hamis Center for Mental Health and IDO, our-Contracts Department, email-silvia siller@thehaniscenter.org. c=US Date: 2021.06.30 09:58:51-05'00	(Signature).	REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7317
Contractor Name:	MasterWord Services, Inc
Interlocal Agreement:	No
Service (brief description):	Professional Language Interpretation Proficiency Assessment Services.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$5,000.00
Rate(s)/Rate(s) Description:	Language Proficiency Assessment: \$85.00 Interpreter Skills Assessment: \$125.00
Unit(s) Served:	1108
G/L Code(s):	543018
FY21 Purchase Order Number:	CT140638
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies with prFY21? (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)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) _____ (N)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) (N)

2. REASON:

RECEIVED JUN 2 5 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 \$5,000 . FY22 Rate(s) UNIT 1108 GL CODE 543018

*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/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:

	ua Tinazos	<u>) (1</u>	view and app	rove monthly invoices for
APPROVALS:	1 orance the	remon		
Budget Manager:	Erica Bro	wn		_ (Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.25 12:21:36 -05'00'	(Signature).	REQUIRED	
Vice President/Contrac	Dwnar. Lesleigh Robe	_, _ ,	l Name)	



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	7754
Contractor Name:	Morning Star Psychiatric Services
Interlocal Agreement:	No
Service (brief description):	New Consulting Service(s) to establish Agency's Post Graduate Physician Assistant Psychiatry Residency Program.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	N/A (Consulting Professional Srvc)
Contract NTE (your current budget):	\$30,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140311
Contract Requestor:	Linda Arceneaux
Contract Owner:	Chief Medical Officer

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? YES NOX
- 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
- 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 \square NO \square
- 2. REASON: _____



D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$30,000.

FY22 Rate(s) \$ N/A

Unit(s) served 1101 GL CODE 542000

*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
\$30,000.00	N/A	1101	542000

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? YES NO
- 2. Will the scope of the Services change? YES \square 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 NOX 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:**

Sylvia Muzquiz-Drummond, M.D. Date: 2021.06.22 10:59:29 -05'00'

(Dr. Sylvia Muzquiz-Drummond) (Signature of Staff Responsible for this contract in FY2022)

Erica Brown Digitally signed by Erica Brown Date: 2021.06.22 09:59:35 -05'00'		vigitally signed by Erica Brown Pate: 2021.06.22 09:59:35 -05'00'
---	--	--

Erica Brown (Signature of the Budget Manager)

Wayne Young

Digitally signed by Wayne Young Date: 2021.06.23 15:37:05 -05'00'

Wayne Young, CEO (Vice President/Contract Owner)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7123
Contractor Name:	Parata Systems, LLC
Interlocal Agreement:	No
Service (brief description):	Emergency replacement for Parata Max Robot at the NE Clinic.
Term for Off-Cycle Only:	Effective Date 4/30/2018; Initial Support Term 36 months
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$10,000.00
Rate(s)/Rate(s) Description:	Per quote and invoice
Unit(s) Served:	1135
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140469
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) \swarrow
- 2. Were Services delivered as specified in the Contract? (Y) \checkmark (N) ____.
- 3. Did Contractor perform duties in a manner consistent with standards of the profession?
- 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) _____
- 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) \checkmark (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) \swarrow (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: ______.

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)_____
- Will the scope of the Services change? (Y) _____ or (N) _____, if yes, provide brief description.
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N)
- 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	fng	da Ba	bin		•	Contract			

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

APPROVALS:

Budget Manager:	<u>Ricardo Cal</u>	mpbell		_(Printed Name)
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.06.02 14:44:50 -05'00'	_(Signature).	REQUIRED	

Contract Owner: Augula Bab In (Printed Name)

6/1/2021 (Signature). REQUIRED 2. Bakin

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

, ¹4

...

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5185
Contractor Name:	Parata Systems, LLC
Interlocal Agreement:	No
Service (brief description):	Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location.
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$10,000.00
Rate(s)/Rate(s) Description:	Per quote and invoice
Unit(s) Served:	1135
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140470
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) \checkmark (N) _____.
- 3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) \checkmark (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) _____.

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) \swarrow (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 10,000. FY22 Rate(s) UNIT 1135 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/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) \checkmark
- 2. Will the scope of the Services change? (Y) _____ or (N) _____, if yes, provide brief description.
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
- 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 Contract	state	, the	name	of	the	Contract	Owner	for	this
Contract	Ange	la Ba	bin		•				

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 Camp	bell Digitally signed by Ricardo Campbell Date: 2021.06.02 14:43:04 -05'00' (Signature). REQUIRED	1
Contract Owner: _	Augela Babin (Printed Name))

a. Bartin 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

· ,



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	2021-0082
Contractor Name:	PHActory Consulting, LLC
Interlocal Agreement:	No
Service (brief description):	Housing Development Consultant Services
Term for Off-Cycle Only:	03/03/2021 - 08/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	Bid
Contract NTE (your current budget):	\$39,000.00
Rate(s)/Rate(s) Description:	\$195 per hour
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140942
Contract Requestor:	Linda Arceneaux
Contract Owner:	Wayne Young, CEO

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 \square NO \square
- 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 \$39.000.00 FY22 Rate(s) \$195/hr Unit 1101 GL CODE 542000

*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)..

Rate	Rate Description	Unit Served	GL Code
\$			
\$			
\$			
\$			

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? YES \square NO \boxtimes
- 2. Will the scope of the Services change? YES \square NO \boxtimes
- 3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NO [i.e., net 30, net 10] _____
- 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**:

Wayne Young, CEO (Signature of Staff Responsible for this contract in FY2022)

Erica Brown Digitally signed by Erica Brown Date: 2021.06.28 07:41:07 -05'00'

Erica Brown (Signature of the Budget Manager)

Scott D Rule Digitally signed by Scott D Rule Date: 2021.06.28 14:40:55

Scott Rule, CBO (Vice President/Contract Owner)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	2021-0130
Contractor Name:	Phase Engineering, Inc.
Interlocal Agreement:	
Service (brief description):	Survey Services Environmental Service
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$3,600.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1126/9261
G/L Code(s):	900040
FY21 Purchase Order Number:	CT141071
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) ____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X______
 (N) ______.
- 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: CONTINUATION OF ANTICIPATED ANNUAL SERVICES IN FY22

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)__\$6,000.00_ UNIT_1126___ GL CODE__900040_. 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____
 - Will the scope of the Services change? (Y) __X_ or (N) ____, if yes, provide brief description.
 SCOPE WILL BE DEVELOPED ON A SITE BY SITE BASIS_____
 - 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) _____ N/A
 - 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_____TODD MCCORQUODALE_____.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract_____TODD MCCORQUODALE____.

APPROVALS:

Budget Manager: _	Ricardo Campbell	(Printed Name)
Ricardo Campb	Clipitally signed by Ricardo Campbell Date: 2021.07.01 12:57:03 -05'00'	_(Signature).	REQUIRED
Contract Owner:	TODD MCCORQUOI	DALE	(Printed Name)
Todd McCorquod	ale Digitally signed by Todd McCorquodale Date: 2021.07.02 09:20:07 -05'00'	(Signature).	REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

,

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7237
Contractor Name:	PreCheck, Inc.
Interlocal Agreement:	No
Service (brief description):	Employee Background Investigation and Screening Services.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$37,500.00
Rate(s)/Rate(s) Description:	\$41.00 Bundle price per applicant.
Unit(s) Served:	1108
G/L Code(s):	543025
FY21 Purchase Order Number:	CT140459
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y) (N) \checkmark
- 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? $(Y) \stackrel{!}{\smile} (N)$
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) (N)
- Did Contractor render services consistent with Agency policy and procedures? (Y) (N) _____.
- 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) (N)
- 2. REASON:

RECEIVED JUN 2 5 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 \$37,500 . FY22 Rate(s) UNIT 1108 GL CODE 543025

*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/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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N)
 - 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

(Signature). REQUIRED

APPROVALS:

Budget Manager:	Erica Brown	(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.24 16:37:33 -05'00' (Signature). REQUIRED	
Vice President/Contra	ect Owner: Lesleigh Robertson (Printed Name)	

2

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5653
Contractor Name:	Salary.com
Interlocal Agreement:	No
Service (brief description):	Software for compensation analysis. Annual 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):	\$15,753.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1108
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140461
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) _____ (N) ____ (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____ (N) _____ (N)
- 7. Did Contractor, render services consistent with Agency policy and procedures? (Y) ______(N) ______.
- 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 2 5 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:

*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/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]
- F. CONTRACT CONTENT CHANGES:
 - 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.

 - Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
 - 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________.

APPROVALS:

Budget Manager:	Erica Brown	_ (Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.25 12:15:53 -05'00' (Signature). REQUIRED	
Vice President/Contrac	t Owner: Lesleigh Robertson (Printed Name)	
P	(Signature). REQUIRED	

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5032
Contractor Name:	ScriptPro USA, Inc. (SE)
Interlocal Agreement:	No
Service (brief description):	Support & Maintenance for pharmacy equipment at the SE Clinic.
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$9,325.90
Rate(s)/Rate(s) Description:	\$703 per month
Unit(s) Served:	1135
G/L Code(s):	553001
FY21 Purchase Order Number:	CT140508
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) \checkmark (N) ____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ____ (N)____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) (N) (N)
- Maintained legally required standards for certification, licensure, and/or training? (Y) ______.

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:

	Please provide the NTE for FY22_9500 FY22 Rate(s)UNIT_//35 GL CODE_553001 If Contract is a multi-year term, please provide the following.
	FY23
	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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) or (N), if yes, provide brief description. 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
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this Contract <u>Augela Bubin</u> .
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.02 14:52:30 -05'00' (Signature). REQUIRED
	Contract Owner: <u>Augela Babin</u> (Printed Name) <u>A. Babin (6/1/2021 (Signature). REQUIRED</u>

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

• .

• •

;

•

•

.

,

3

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5031
Contractor Name:	ScriptPro USA, Inc. (NW)
Interiocal Agreement:	No
Service (brief description):	Support & Maintenance for Pharmacy equipment at the NW Clinic.
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$9,325.90
Rate(s)/Rate(s) Description:	\$703 per month
Unit(s) Served:	1135
G/L Code(s):	553001
FY21 Purchase Order Number:	CT140507
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) \checkmark (N) ____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \checkmark (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) _____.
- 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:

	Please provide the NTE for FY22 <u>\$500</u> . FY22 Rate(s) UNIT <u>1135</u> GL CODE <u>553001</u> . 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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) Will the scope of the Services change? (Y) or (N), if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this Contract Augela Bubin
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract
	APPROVALS:
	Budget Manager:
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.02 14:50:47 -05'00' (Signature). REQUIRED
	Contract Owner: Augela Billin (Printed Name) A. Balini 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

•

.

***** . .

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7362
Contractor Name:	Snappy App, Inc.
Interlocal Agreement:	No
Service (brief description):	Gifts/Spot Rewards for Agency employees
Term for Off-Cycle Only:	Grief empréféree
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Bids
Contract NTE (your current budget):	\$42,000.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1108
G/L Code(s):	549005
FY21 Purchase Order Number:	CT140566
Contract Requester:	Stacle Sampson
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y) (N) $\sqrt{}$
- 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?
- 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)
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.

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) V (N)
 - 2. REASON:

RECEIVED JUN 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 GL CODE 549005	or FY22\$42,000	FY22	Rate(s)		1108	
		r contract is a multi-y	ear term,	please provide	e the followi	ng.	
	FY23	FY23 Rate(s)		UNIT	GL CO	DE	
	FY23 FY24	FY24 Rate(s)			GL CO	DE	
	List all applicable Units/G Manager].	L codes. Attach addit	ional page	s if necessary	[Please ver	ify with E	Judget
	FY 2022 Not to Exceed An	nount for Master Poc	led Contra	icts:	·		
E.	CONTRACT FUNDING SOU		[GR/STAT	e/federal/gf	ant/priva	TE/COUN	ITY]
F.	CONTRACT CONTENT CHA	NGES:			1		
	 Are there any required the Service standards] Will the scope of the S Is the payment deadlin [i.e. net 30, net 10]. 	(Y) or (N) ervices change? (Y)	or (1	N), if yes	, provide bri	ef descri	ption.
	 Are there any changes Are there any changes (Y) or (N) 	s to the Submission d	leadlines f	ange? (Y) or notes or su	or (N) opporting do	- ocumenta	ation?
	IF YES, PLEASE ATTACH AD	DITIONAL PAGES IF NI	ECESSARY.				
G.	RESPONSIBLE PARTY:						
	Please state the Contract	name of	the -	Contract	Owner	for	this
	Please state the name of this Contract Teres	the Responsible Staff de Freem	that will re an	eview and app	prove month	ly invoic	es for
	APPROVALS:						
	Budget Manager:	Erica Brown itally signed by Erica Brown e: 2021.06.25 12:23:09-05'00'			(Printed N	lame)	
			signature).	REQUIRED			
	Contract Owner:Lesleig	h Robertson (Printer	d Name)				
	X		Signature)	REQUIRED			



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	7529
Contractor Name:	Stericycle, Inc.
Interlocal Agreement:	No
Service (brief description):	Agency Wide Medical Waste Removal Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	RFQ
Contract NTE (your current budget):	\$4,500.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	Varies
G/L Code(s):	543026
FY21 Purchase Order Number:	CT140563
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 NOX
- 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)? YESX 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? YESX NO
- 8. Did Contractor maintain legally required standards for certification, licensure, and/or training? YESX 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 \square NO \square
- 2. REASON: _____



D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$5,500.

FY22 Rate(s) \$27.85/container. One (1) pick-up weekly at specified locations; No Waste Fee billed, if applicable

Unit(s) served 1153; 2212; 2213; 2214; 2215; 2690; 6302; 9208; 9210; 9403; 9810 GL CODE 543026

*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
\$100.00	\$27.85/per container; No Waste fee, if applicable	1153	543026
\$850.00	\$27.85/per container; No Waste fee, if applicable	2212	543026
\$600.00	\$27.85/per container; No Waste fee, if applicable	2213	543026
\$1075.00	\$27.85/per container; No Waste fee, if applicable	2214	543026
\$550.00	\$27.85/per container; No Waste fee, if applicable	2215	543026
\$1,000.00	\$27.85/per container; No Waste fee, if applicable	2690	543026
\$100.00	\$27.85/per container; No Waste fee, if applicable	6302	543026
\$200.00	\$27.85/per container; No Waste fee, if applicable	9208	543026
\$300.00	\$27.85/per container; No Waste fee, if applicable	9210	543026
\$175.00	\$27.85/per container; No Waste fee, if applicable	9810	543026
\$550.00	\$27.85/per container; No Waste fee, if applicable	9403	543026

FY 2022 Not to Exceed Amount for Master Pooled Contracts: <u>\$</u>

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? YES NOX
- 2. Will the scope of the Services change? YES NOX
- 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 D NOX 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: 2021.06.03 12:20:07 -05'00'

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

Debbie Shelby Digitally signed by Debbie Shelby Date: 2021.06.07 15:38:11 -05'00'

Debbie Chambers Shelby (Signature of the Budget Manager)

Jodet Oshman (Signature of the Budget Manager)

Priscilla Ramirez (Signature of the Budget Manager)

(Signature of the Budget Manager)

(Deborah A. Sweat, CNO) (Vice President/Contract Owner)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7504
Contractor Name:	Texas Applications Specialists, Inc.
Interlocal Agreement:	No
Service (brief description):	Pharmacy Patient Assistance Program ("PAP")
	Personal Computer Software, Maintenance and Support Services.
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$42,000.00
Rate(s)/Rate(s) Description:	PAP Basic Charge - \$2,500 per month; CBO = \$1,000 per month
Unit(s) Served:	1135, 1130
G/L Code(s):	553002, 553091
FY21 Purchase Order Number:	CT140483
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)
- 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) \swarrow (N)
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ____(N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) (N) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) _______.

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) $\sqrt{}$ (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 f	or EY22 42,000	FY22 Rate(s)	UNIT 1/35
GL CODE 2000/mo + 4	f Contract is a multi-y 1135 5	ear term, please provi 53002	UNIT 1135 ide the following. 1130 J 1130 553091 \$12,000
FY23	FY23 Rate(s)	UNIT	GL CODE
FY24	FY24 Rate(s)		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:

- 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.
- 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	Huge	the B	abin_						

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

APPROVALS:

Budget Manager: _	Ricardo C	_ (Printed Name)	
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.06.02 14:55:06 -05'00'	(Signature). REQUIRED	
Contract Owner:	Augela Babin	(Printed Name)	

a. Barbin 6/1/2021 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7664	
Contractor Name:	Vertiv Corporation	
Interlocal Agreement:	No	
Service (brief description):	9401 Data Center - Liebert UPS Power and Battery Maintenance and Support Services.	
Term for Off-Cycle Only:	N/A	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Sole Source	
Contract NTE (your current budget):	\$10,650.00	
Rate(s)/Rate(s) Description:	Per Quote	
Unit(s) Served:	1130	
G/L Code(s):	553001	
FY21 Purchase Order Number:	CT140451	
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) ____.
- 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) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X______.
 (N) _____.
- 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: VERTIV

RECEIVED JUN 0 3 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_11,200 FY22 Rate(s)_11,200 UNIT1130
	GL CODE_553001 If Contract is a multi-year term, please provide the following.
	FY23
	FY24 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.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:41:59-05:00 (Signature). REQUIRED
	Contract Owner:HUBST (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7556
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	No
Service (brief description):	In-Kind Lease Agreement for 1300 Sq ft. on the 12 th floor of 9401 SW Freeway
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	N/A
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	N/A
G/L Code(s):	N/A
FY21 Purchase Order Number:	N/A
Contract Requester:	Silvia Tiller
Contract Owner:	Silvia Tiller

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y)____(N) <u>X</u>.
- 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) \underline{X} (N) _____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) \underline{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) _____.

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 <u>N/A</u>. FY22 Rate(s) <u>N/A</u> UNIT <u>N/A</u> 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: N/A.

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)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 <u>N/A</u> [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____ N/A
- 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 <u>SILVIA TILLER</u>.

APPROVALS:

Budget Manager: <u>RICARDO CAMPBELL</u> (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.30 08:29:32 -05'00' (Signature). REQUIRED

Contract Owner: <u>SILVIA TILLER</u> (Printed Name)

Silvia Tiller (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

Α.	FY 2020 CONTRACT INFORMATION	- NO CHANGES ARE ALLOWED IN THIS SECTION
----	------------------------------	--

Contract ID#:	7522	
New Database ID#:	N/A	
Contractor Name:	NAMI Greater Houston	
Service (brief description):	Lease Agreement: The HARRIS CENTER will provide space to NAMI in exchange for educational and support services to consumers and their families	
Contract NTE (your current budget):	N/A	
Responsible Staff Person:	Silvia Tiller / Contract Services	
Rate(s)/Rate(s) Description:	Lease Term: 9/1/2019 - 8/31/2020	
Unit(s) Served:	N/A	
G/L Code(s):	N/A	
FY20 Purchase Order Number:	N/A	

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (Y)____ (N) X.
- 2. Were Services delivered as specified in the contract? (Y) \underline{X} (N) _____
- 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) _____. N/A
- 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) _____.
- 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 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 JUN 3 0 2027

D. RENEWAL INFORMATION FOR FY2021:

Please provide the NTE for FY21 <u>N/A</u>. FY21 Rate(s)_____ UNIT_____ GL CODE_____. Community Partner provides Agency wide Services.

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: N/A.

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) \underline{X}
- 2. Will the scope of the Services change? (Y) _____ or (N) \underline{X}
- 3. Is the payment deadline different than net (30)? (Y)_____ or (N) X. If so, please provide the due date _____ [i.e. net 45, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X
- 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 and/or Department Chief/VP/Director for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve monthly invoices for this contract <u>Silvia Tiller</u>. Not Applicable.

APPROVALS:

Budget Manager:	Ricardo (ampbell		(Printed Name)
	Note that the stand has Discord a Complex			
Ricardo Campbell	Date: 2021.06.30 08:21:06 -05'00'	(Signature).	REQUIRED	

Contract Owner/Department Head:	Silvia Tiller	(Printed Name)
alua Alle		
Menacilles	(Si	ignature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7595
Contractor Name:	Network of Behavioral Health Providers
Interlocal Agreement:	No
Service (brief description):	Lease of Space
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	N/A
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	N/A
G/L Code(s):	N/A
FY21 Purchase Order Number:	N/A
Contract Requester:	Silvia Tiller
Contract Owner:	Silvia Tiller

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) _____.
- 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) \underline{X} (N)_____.
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) \underline{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) _____.

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) \underline{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 JUN 3 0 2021

D. RENEWAL INFORMATION FOR FY2022:

 Please provide the NTE for FY22 N/A. FY22 Rate(s)
 UNIT N/A

 GL CODE
 . If Contract is a multi-year term, please provide the following.

 FY23
 . FY23 Rate(s)
 UNIT

 FY24
 . FY24 Rate(s)
 UNIT

 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: 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) \underline{X}
- 2. Will the scope of the Services change? (Y) _____ or (N) \underline{X} , if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days <u>N/A</u> [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) \underline{X}
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) _____ or (N) \underline{X}

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 <u>SILVIA TILLER</u>.

APPROVALS:

Budget Manager: <u>RICARDO CAMPBELL</u> (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.30 08:22:49 -05'00' (Signature). REQUIRED

Contract Owner: <u>SILVIA TILLER</u> (Printed Name)

Alua Ille (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7407	
Contract Name:	P-MHFA Independent Certified Trainers	
Interlocal Agreement:	Νο	
Service (brief description):	Mental Health First Aid (MHFA) Independent Certified Trainers performing virtual or off site community training.	
Number of Subcontracts:	Four (4)	
Subcontract ID#s and Contractor Names:	ID 7434 Deborah Sue DeLaRiva ID 7435 Janet Pozmantier ID 7439 Chris Fresquez ID 2021-0144 Jody Schultz	
Term for Off-Cycle Only:	N/A	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A	
Contract NTE (your current budget):	\$5,000.00	
Rate(s)/Rate(s) Description:	\$300.00 per completed course	
Unit(s) Served:	7003	
G/L Code(s):	543058	
FY21 Purchase Order Number:	CT140639	
Contract Requester:	Carrol Prasad	
Contract Owner:	Jennifer Battle	

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) _____.
- 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)_____.

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) (N) (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: 5,000 .

Rate(s) 300.00 UNIT 7003 GLCODE 543058

*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: 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) _____
 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) \checkmark
 - 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_____

APPROVALS:

Budget Manager: _	Ricardo Camp	bell		(Printed Name)
Ricardo Campb	ell Digitally signed by Ricar Date: 2021.06.03 13:05:4	do Campbell 40-05'00' (Signature).	REQUIRED	
Vice President/Con	tract Owner:	Jennifer Battle	(Prin	ted Name)
()	Am	(Signature).	REQUIRED	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6935
Contractor Name:	Annie Vu
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$21,258.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140525
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y)____ (N) ____.
- Were Services delivered as specified in the Contract? (Y)_x_ (N) _____.
- 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)____.
- Were reports, billing and/or invoices submitted in a timely manner? (Y) _____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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: **\$28,080.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$7,960.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$20,120.00 If Contract is a multi-year term, please provide the following.

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) _____
 - 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

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6923
Contractor Name:	Armando Cabral
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$16,416.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140467
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_x_ (N) _____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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.

RECEIVED JUN 0 2 2021

- 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: **\$18,240.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$6,800.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$11,440.00 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:
 - 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) _____
 - 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_____ REQUIRED

٠

(Signature).

Contract Owner: _____ Robert Stakem ____ (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7125			
Contractor Name:	Brandon D. Smith			
Interlocal Agreement:				
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite			
Term for Off-Cycle Only:				
RFP, RFQ, RFA, Sole Source, Bid or Tag-On				
Contract NTE (your current budget):	\$9,270.00			
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6			
	\$9/hr for Respite			
Unit(s) Served:	3585			
G/L Code(s):	543005 – Respite			
	543009 – CFC/PAS HAB			
FY21 Purchase Order Number:	CT140527			
Contract Requester:	Patrina Anthony			
Contract Owner:	Lily Pan			

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)_x_ (N) _____
- 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) ____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ___X_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) _____.

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: **\$17,540.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$6,980.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$10,560.00 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) _____
 - 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 R <mark>espon</mark>	sible Staff that wil	ll review an	d approve mo	nthly 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7713
Contractor Name:	Constance McIntyre
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$9,450.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite
	543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140530
Contract Requester:	Patrina Anthony
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) _____(N) _____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) __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) ____.

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: **\$15,560.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$7,780.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$7,780.00 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____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6921
Contractor Name:	Deborah Bradley
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$9,792.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140547
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)__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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x____(N) ____.
- 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) ____.

RECEIVED JUN 0 2 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: **\$12,180.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$4,120.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$8,060.00 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) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7872
Contractor Name:	Destinee Sherrell Smith
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$6,950.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140760
Contract Requester:	Patrina Anthony
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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) ____.

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: **\$14,780.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$7,500.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$7,280.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
 - 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 Resp	oonsible Staff th	at will review	and approve	monthly in	voices 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6945
Contractor Name:	Elsa Almanza
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$15,507.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140586
Contract Requester:	Patrina Anthony
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) _____
- Did Contractor perform duties in a manner consistent with standards of the profession?
 (Y) _____.
- 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) ____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _x_____(N) _____.
- 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) ____.

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: **\$22,690.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$8,390.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$14,300.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6964
Contractor Name:	Elsa Lozana-Tello
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$15,507.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140571
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_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) ____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) _____ FCFIVED JUN 0 2 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: **\$17,230.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$8,390.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$8,840.00 If Contract is a multi-year term, please provide the following.

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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6960
Contractor Name:	Haneef Abdullah
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$6,379.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite
	543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140502
Contract Requester:	Patrina Anthony
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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) ____.

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: **\$10,635.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$3,875.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$6,760.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _x___
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6962
Contractor Name:	Jennifer Grimes Miles
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$9,900.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140503
Contract Requester:	Patrina Anthony
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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) ____.
 (N) ____.
- 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) _____.

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: \$14,250.00 FY22 Rate(s) \$10.00 UNIT 3585GL CODE 543005 \$8,250.00. and FY22 Rate(s) \$10.00 GL CODE 543009 \$6,000.00. If Contract is a multi-year term, please provide the following.

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/COUNT
- 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) _____
 - 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 w	ill review and a	pprove 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6981
Contractor Name:	Jordan Barden
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$14,400.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140536
Contract Requester:	Patrina Anthony
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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x_____
 (N) _____.
- 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) ____.

RECEIVED JUN 0 2 12021

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: \$18,440.00 FY22 Rate(s) \$10.00 UNIT 3585GL CODE 543005 \$7,000.00. and FY22 Rate(s) \$10.00 GL CODE 543009 \$11,440.00. 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) _____
- 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6965
Contractor Name:	Josefa Yanez Hernandez
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$14,751.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140587
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y)____ (N) ____.
- Were Services delivered as specified in the Contract? (Y)__x_ (N) ____.
- 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)_____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x_____.
 (N) _____.
- 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) _____.
- 2. REASON:

RECEIVED JUN 0 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: **\$17,940.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$8,390.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$9,550.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _x___
 - 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:	Mamile Adams-Austin	 (Printed Name)

____Mamie Adams-Austin______(Signature). REQUIRED

Contract Owner: _____ Robert Stakem ____ (Printed Name)

Robert Stakem (Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6974
Contractor Name:	Juanita Dembo Batiste
Interlocal Agreement:	
Service (brief description):	Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$6,300.00
Rate(s)/Rate(s) Description:	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005
FY21 Purchase Order Number:	CT140538
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_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) ____.
- 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) ____.

RECEIVED JUN 0 2 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: **\$12,835.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$7,850.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$4,985.00 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) _____
- 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: <u>Robert Stakem</u> (Printed Name)

<u>Robert Stakem</u> (Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7066
Contractor Name:	Katia Rubi Lemus
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$12,960.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite
	543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140518
Contract Requester:	Patrina Anthony
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) _____(N) _____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x____(N) ____.
- 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) ____.

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: **\$23,910.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$8,350.00. and FY22 Rate(s) **\$10.00** GL CODE **543009** \$15,560.00. 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) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7030
Contractor Name:	Kenia Rangel
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$17,622.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite 543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140486
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_x_ (N) _____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) ____.

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: **\$20,320.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$8,840.00. and FY22 Rate(s) **\$10.00** GL CODE **543009** \$11,480.00. 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) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7676
Contractor Name:	LaShun DeGay
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$13,500.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 - Respite
	543009 - CFC/PAS HAB
FY21 Purchase Order Number:	CT140597
Contract Requester:	Patrina Anthony
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) _____(N) _____.
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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) ____.

RECEIVED JUN 0 2 2021

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: \$19,380.00 FY22 Rate(s) \$10.00 UNIT 3585GL CODE 543005 \$6,000.00. and FY22 Rate(s) \$10.00 GL CODE 543009 \$13,380.00. 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) _____
- 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7048
Contractor Name:	LaToya Hall
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$14,364.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite
	543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140478
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_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)_____.
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) ____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x____(N) ____.
- 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:

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: **\$5,000.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$2,500.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$2,500.00 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) _____
 - 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 Res	p onsible Staff tha	it will review	and approve	monthly invoices fo	r
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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7567
Contractor Name:	Leah Watkins
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$6,379.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140519
Contract Requester:	Patrina Anthony
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) _____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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: **\$10,635.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$3,875.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$6,760.00 If Contract is a multi-year term, please provide the following.

٠

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.
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _x___
- 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6929
Contractor Name:	Maria Cervantes
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$18,900.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6
	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite
	543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140500
Contract Requester:	Patrina Anthony
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) _____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _____.
 (N) _____.
- 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: **\$24,460.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$7,870.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$16,590.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6975
Contractor Name:	Petra Trejo Martinez
Interlocal Agreement:	
Service (brief description):	Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$2,655.00
Rate(s)/Rate(s) Description:	\$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005
FY21 Purchase Order Number:	CT140493
Contract Requester:	Patrina Anthony
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) ____
- 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)____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) ____x___ (N) ____.
- 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) ____.
 - 2. REASON:

RECEIVED JUN 0 2 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: **\$5,950.00** FY22 Rate(s) **\$10.00** UNIT 3585 GL CODE **543005** \$5,950.00

FY23	FY23 Rate(s)	GL CODE
FY24	FY24 Rate(s)	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) _____
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	6943
Contractor Name:	Tanitra Brown
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$21,700.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140540
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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

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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x____(N) ____.
- 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) _____.

2. REASON:

RECEIVED JUN 0 2 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: **\$21,240.00** FY22 Rate(s) **\$10.00** UNIT 3585 GL CODE **543005** \$4,600.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$16,640.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _x___
 - 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

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7197
Contractor Name:	The ARC of Greater Houston
Interlocal Agreement:	
Service (brief description):	Weekend Recreational
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$28,700.00
Rate(s)/Rate(s) Description:	\$6.30/ hour* 24 Consumers
Unit(s) Served:	3382
G/L Code(s):	543000
FY21 Purchase Order Number:	CT140523
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)____
- 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) ____.
- 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\$28,700.00				ate(s) \$6.30/ hour* 24
Consumers	UNIT3382	GL CODE	543000	If Contract is a multi-
year term, please provide the following.				
FY23	. FY23 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____
- 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

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

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

Contract ID#:	6936
Contractor Name:	Tracy Smith
Interlocal Agreement:	
Service (brief description):	Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) and Respite
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$19,890.00
Rate(s)/Rate(s) Description:	\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite
Unit(s) Served:	3585
G/L Code(s):	543005 – Respite 543009 – CFC/PAS HAB
FY21 Purchase Order Number:	CT140542
Contract Requester:	Patrina Anthony
Contract Owner:	Lily Pan

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)_x_(N) _____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __x____.
 (N) _____.
- 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) _____.
- 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: **\$22,100.00** FY22 Rate(s) **\$10.00** UNIT 3585GL CODE **543005** \$6,500.00 and FY22 Rate(s) **\$10.00** GL CODE **543009** \$15,600.00 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) ____x_
 - 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	(S	Signature).	REQUIRED

Contract Owner: _____Robert Stakem______ (Printed Name)

Robert Stakem (Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6681
Contractor Name:	Shirajb LP
Interlocal Agreement:	No
Service (brief description):	Lease Agreement for Property at 817 Southmore, Suite 150, Pasadena, TX
Term for Off-Cycle Only:	9/1/2020 - 8/31/2022
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$14,400
Rate(s)/Rate(s) Description:	\$1,200 per month
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140412
Contract Requester:	Lily Pan 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)__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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_____(N) _____.
- 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 provid	de the NT	E for FY22	\$14,4	00		FY22 Rate(s	5)	<u>UNIT 35</u>	<u>585</u>
							ar term, please			
	FY23		. FY23	Rate(s)			UNIT	GL CO	DE	
	FY24		FY24	Rate(s)			_ UNIT _ UNIT	GL CO	DF	
List							if necessary.			
	nager].					1 20800	n neocosary.		,	200800
		ceed Am	nount for N	Aaster Po	oled C	ontracts	:NA			
								·		
E.	CONTRACT [GR/STATE/F						_Sta	ate/federal/		
F.	CONTRACT C	ONTENT	CHANGES	:						
	1. Are there	anv requ	uired chan	ges to the	e cont	ract lang	uage? [i.e. Ch	anges in law	/ or upda	ates to
			rds] (Y)	-						
						or (I	N)_X if yes	s, provide br	ief descr	iption.
		-						· ·		
	3. Is the pa	ayment o	deadline d	lifferent	than i	net (45)	? If yes, plea	se provide	the net	t days
			net 30, net							
	4. Are there	any char	nges in the	Performa	ance T	argets ch	nange? (Y)	_ or (N) _X_		
	5. Are there	any cha	nges to the	e Submiss	sion de	eadlines	for notes or si	upporting do	ocument	ation?
	(Y) (or (N)	_X_							
	IF YES, PLEAS	E ATTACH	I ADDITIO	NAL PAGE	S IF N	ECESSAR	Y.			
G	RESPONSIBL	F ΡΔRΤΥ·								
0.										
	Please s	tate	the r	name	of	the	Contract	Owner	for	this
	Contract									
							review and ap	prove mont	hly invoid	ces for
	this Contract		_Lily Pan_				·			
	APPROVALS:									
	Budget Mana	ager:	Ma	amie Adar	ns	_		(Printed I	Name)	
			A				(C: to	A DEOLU	חדת	
	Ma	mie Aaai	ns-Austin_			-13	(Signature). KEQUII	(ED	
	Contract Ow	ner:	Robert	Stakem_				(Printed Na	me)	
	Dak	ant S-	- base			(Signation	re). REQUIRED	1		
		en Ol	urun			เวเซกสเต	ej. REQUIREL	1		
PLE	ASE RETURN		ED FORM	AND ATT	АСНМ	ENTS TO	shaskyia.behr	<u>@theharris</u>	center.o	rg and

<u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

A. FY 2020 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	6649	
New Database ID#:	N/A	
Contractor Name:	George E. Johnson Properties, LLC	
Service (brief description):	Real Estate Brokerage Services	
Contract NTE (your current budget):	N/A	
Responsible Staff Person:	Silvia Tiller	
Rate(s)/Rate(s) Description:	Commission	
Unit(s) Served:	N/A	
G/L Code(s):	N/A	
FY20 Purchase Order Number:	N/A	

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (Y)____ (N) X.
- 2. Were Services delivered as specified in the contract? (Y) X_(N)_____
- 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) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) <u>X</u>
 (N) _____.

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

C. RENEWAL DETERMINATION:

- 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 JUN 3 0 2021

D. RENEWAL INFORMATION FOR FY2021:

Please provide the NTE for FY21_____. FY21 Rate(s)_____ UNIT_____ GL CODE_____. NOT APPLICABLE Vendor paid through Commissions

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: <u>N/A</u>.

E. CONTRACT FUNDING SOURCE: <u>Paid throught the Tranasaction</u> [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
 - Is the payment deadline different than net (30)? If so, please provide the due date <u>N/A</u> [i.e. net 45, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X
 - 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 and/or Department Chief/VP/Director for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve associated cost for this contract <u>Silvia Tiller</u>.

APPROVALS:

Budget Manager: <i>Rid</i>	cardo Campbell	(Printed Name)
----------------------------	----------------	----------------

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.30 08:02:45 -05'00' (Signature). REQUIRED

Contract Owner/Department Head: <u>Silvia Tiller</u> (Printed Name)

_____ (Signature). REQUIRED

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

A. FY 2020 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	6647
New Database ID#:	N/A
Contractor Name:	Pollan Hausman Real Estate Services, LLC
Service (brief description):	Real Estate Brokerage Services
Contract NTE (your current budget):	N/A
Responsible Staff Person:	Silvia Tiller
Rate(s)/Rate(s) Description:	Commission
Unit(s) Served:	N/A
G/L Code(s):	N/A
FY20 Purchase Order Number:	N/A

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (Y)____ (N) X.
- 2. Were Services delivered as specified in the contract? (Y) X (N) _____
- 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)<u>X</u>(N) _____.
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y) \underline{X} (N)
- 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 with this Contractor? (Y) \underline{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 FY2021:

Please provide the NTE for FY21_____. FY21 Rate(s)_____ UNIT____ GL CODE_____. NOT APPLICABLE Vendor is paid through Commissions

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: <u>N/A</u>.

- E. CONTRACT FUNDING SOURCE: <u>Paid through the tranasaction.</u> [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) ____ or (N) \underline{X}
 - 3. Is the payment deadline different than net (30)? If so, please provide the due date X [i.e. net 45, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X
 - 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 and/or Department Chief/VP/Director for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve associated fees and cost for this contract <u>Silvia Tiller</u>.

APPROVALS:

Budget Manager:	Ricardo Campbell	Printed Name)
		-

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.30 08:27:01 -05'00' (Signature). REQUIRED

Contract Owner/Department Head: <u>Silvia Tiller</u> (Printed Name)

_____ (Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7784
Contractor Name:	Ryland Enterprise, Inc. dba ARVO Realty Advisors
Interlocal Agreement:	No
Service (brief description):	Brokerage and Real Estate Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Request for Proposal
Contract NTE (your current budget):	Commission
Rate(s)/Rate(s) Description:	Commission
Unit(s) Served:	N/A
G/L Code(s):	N/A
FY21 Purchase Order Number:	N/A
Contract Requester:	Silvia Tiller
Contract Owner:	Silvia Tiller

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) _____.

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 <u>N/A</u>. FY22 Rate(s) N/A UNIT N/A 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: N/A.

E. CONTRACT FUNDING SOURCE: <u>N/A</u> [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/A
- 2. Will the scope of the Services change? (Y) _____ or (N) N/A, if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days <u>N/A</u> [i.e. net 30, net 10].
- 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _____ N/A
- 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 <u>SILVIA TILLER</u>.

APPROVALS:

Budget Manager: <u>RICARDO CAMPBELL</u> (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.30 08:41:25 -05'00' (Signature). REQUIRED

Contract Owner: <u>SILVIA TILLER</u> (Printed Name)

Silvia Tiller Distance (Sector for Menal Headshard BOC) Discondent Tiller Discondent Tiller (Sector for Menal Headshard BOC) Discondent Tiller (Sector for Menal Headshard Boc) Discondent Tiller (Sector for Menal Headshard Boc) Discondent Tiller (Sector for Menal Headshard Boc)

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

A. FY 2020 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	6646
New Database ID#:	N/A
Contractor Name:	Transwestern Commercial Services, L.L.C
Service (brief description):	Real Estate Brokerage Services
Contract NTE (your current budget):	N/A
Responsible Staff Person:	Silvia Tiller / Contract Services
Rate(s)/Rate(s) Description:	Commission
Unit(s) Served:	N/A
G/L Code(s):	N/A
FY20 Purchase Order Number:	N/A

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (Y) (N) X.
- 2. Were Services delivered as specified in the contract? (Y) X (N)
- 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)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) <u>X</u> (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) \underline{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 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 JUN 3 0 2021

D. RENEWAL INFORMATION FOR FY2021:

Please provide the NTE for FY21 <u>N/A</u>. FY21 Rate(s) <u>N/A</u> UNIT <u>N/A</u> GL CODE <u>N/A</u>. <u>Not Applicable</u> Vendor is paid through Commissions.

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: Paid through a transaction. [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) \underline{X}
 - 3. Is the payment deadline different than net (30)? (Y)_____ or (N) X___. If so, please provide the due date ______ [i.e. net 45, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X
 - 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 and/or Department Chief/VP/Director for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve monthly invoices for this contract <u>Silvia Tiller</u>.

APPROVALS:

Budget Manager:	Ricardo Campbell	(Printed Name)
	Digitally signed by Ricardo Campbell	·

Ricardo Campbell Date: 2021.06.30 08:31:22-05'00' (Signature). REQUIRED

Contract Owner/Department Head: Silvia Tiller (Printed Name)

_____ (Signature). REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7330
Contractor Name:	The Furniture Bank
Interlocal Agreement:	
Service (brief description):	Furniture Delivery Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	
Rate(s)/Rate(s) Description:	\$36,000.00
Unit(s) Served:	2200
G/L Code(s):	595009
FY21 Purchase Order Number:	CT140630
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) (N)
- 3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) (N) (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) ____
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) (N)
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y) (N) _____.
- 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:
	Please provide the NTE for FY22 36,000. FY22 Rate(s) UNIT 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
	FY24 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:
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.
	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
	Please state the name of the Responsible Staff that will review and approve monthly invoices for
	this Contract
	APPROVALS:
	Budget Manager: Debbie Chumbers Shelby (Printed Name)
	(Signature). REQUIRED
	Contract Owner: (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

٠

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7844
Contractor Name:	Carahsoft Technology Corporation
Interlocal Agreement:	No
Service (brief description):	DocuSignEnterpise Pro Software
Term for Off-Cycle Only:	10/1/2020 - 9/30/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$16,258.72
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1147
G/L Code(s):	900021
FY21 Purchase Order Number:	CT140580
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) _____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X______
 (N) ______.
- 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_17,100 FY22 Rate(s)17,100 UNIT1147
	GL CODE90021 If Contract is a multi-year term, please provide the following.
	FY23 GL CODE
	FY23
	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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_X Will the scope of the Services change? (Y) or (N)_X, if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: (Printed Name)
	Erica Brown Date: 2021.06.02 08:39:16 -05'00' (Signature). REQUIRED
	Contract Owner:HURST(Printed Name)
	(Signature), REQUIRED

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7166
Contractor Name:	Dispensary of Hope
Interlocal Agreement:	No
Service (brief description):	A charitable generic product free drug distributor for the PAP program.
Term for Off-Cycle Only:	Initial Term 1/14/2019 – 1/3/2021; automatic annual renewals
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$37,500.00
Rate(s)/Rate(s) Description:	\$7,500 per site with a total of five (5) sites
Unit(s) Served:	1135
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140453
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) $\underline{\checkmark}$.
- 2. Were Services delivered as specified in the Contract? (Y) \checkmark (N) _____.
- 3. Did Contractor perform duties in a manner consistent with standards of the profession?
- 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) _____
- 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) _____.
- 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:

GL CODE 542000 _. If Contract is a multi-year term, please provide the following.

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	Auge	eh Ba	bin		•				

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)	
Ricardo Camp	bell Digitally sign Date: 2021.0	ned by Ricardo Campbell 6.02 14:39:23 -05'00'	(Signature).	REQUIRED	
Contract Owner:	Augela	Babin		nted Name)	
			(1.10	icea namer	

a Boulin 6/1/2021

(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6748
Contractor Name:	Future Com, Ltd.
Interlocal Agreement:	No
Service (brief description):	CISCO SMARTNET Support and Maintenance
Term for Off-Cycle Only:	11/1/2020 - 10/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-On to TIPS 200105
Contract NTE (your current budget):	\$24,095.98
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553001
FY21 Purchase Order Number:	CT140673
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) __XX__.
- 2. Were Services delivered as specified in the Contract? (Y)____ (N) ____.
- 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)_____.
- 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) .
- 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) _____.
- 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_26,000 FY22 Rate(s)_26,000 UNIT_1130 GL CODE553001 If Contract is a multi-year term, please provide the following.
	FY23
	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:
G.	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N) X Will the scope of the Services change? (Y) or (N)X, if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days [i.e. net 30, net 10]. Are there any changes in the Performance Targets change? (Y) or (N)X 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. RESPONSIBLE PARTY:
-	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:20:02 -05'00' (Signature). REQUIRED
	Contract Owner;HURST (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	7631
Contractor Name:	GTS Technology Solutions Inc.
Interlocal Agreement:	No
Service (brief description):	Platinum Level Subscription Service for Elastic Stack
	Licenses.
Term for Off-Cycle Only:	10/31/2020 - 10/30/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tips Contract 180306.
Contract NTE (your current budget):	\$18,096.75
Rate(s)/Rate(s) Description:	Per Quote
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140695
Contract Requester:	Wes Farris, Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

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

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) ____.
- 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) .
- 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_20,000 FY22 Rate(s)_20,000 UNIT1130 GL CODE_553002 If Contract is a multi-year term, please provide the following.
	FY23 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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X Will the scope of the Services change? (Y) or (N)X, if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
G.	RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:14:34 -05'00' (Signature). REQUIRED
	Contract Owner:HURST (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

•

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	2021-0067
Contractor Name:	InstaMed Communications, LLC
Interlocal Agreement:	No
Service (brief description):	Hardware, Software and Support for EPIC Payment
	Processing
Term for Off-Cycle Only:	3/24/2021 – until terminated (Evergreen)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$24,586.20
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1158
G/L Code(s):	900010, 900020, 900022
FY21 Purchase Order Number:	CT140982
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) ____.
- 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) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) X______.
 (N) _____.
- 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 3 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_25,820_	FY22 Rate(s)25,820
	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:
 - 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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) __X___
 - 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:

A D D D O VAL C

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:	Erica Brown			(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.02 10:41:53 -05'00'	_(Signature).	REQUIRED	
Contract Owner:	HURST		(Printed N	ame)
(USION		(Signature).	REQUIRED	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	5039
Contractor Name:	Knowledge Lake, Inc.
Interlocal Agreement:	No
Service (brief description):	Sharepoint/HRIS related Software Support and Maintenance
Term for Off-Cycle Only:	Initial Term 10/31/2019 – 10/31/2020 with automatic one-year renewals thereafter.
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$37,500.00
Rate(s)/Rate(s) Description:	\$37,500.00 annually
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140487
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

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

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)____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _X_____.
 (N) _____.
- 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) _Z___ (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_39,500 FY22 Rate(s)39,500 UNIT 1130
	GL CODE553002 If Contract is a multi-year term, please provide the following.
	FY23
	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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)X Will the scope of the Services change? (Y) or (N) _X, if yes, provide brief description.
	 Is the payment deadline different than net (45)? If yes, please provide the net days
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 ContractHURST/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:05:47 -05'00' (Signature). REQUIRED
	Contract Owner: HURST (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	7419
Contractor Name:	Leafhouse Financial Advisors, LLC
Interlocal Agreement:	No
Service (brief description):	Non-Erisa INvestment Fiduciary Services
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	RFP
Contract NTE (your current budget):	\$46,000.00
Rate(s)/Rate(s) Description:	Annual Payment
Unit(s) Served:	1108
G/L Code(s):	543068
FY21 Purchase Order Number:	CT140780
Contract Requestor:	Linda Arceneaux
Contract Owner:	Scott Rule

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? YES NOX
- 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 \square NO \square
- 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 <u>\$46,000</u>. FY22 Rate(s) <u>\$</u> UNIT<u>1108</u> GL CODE<u>543068</u>

*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)..

Rate	Rate Description	Unit Served	GL Code
\$			
\$			······································
\$			
\$			

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

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

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 NOX [i.e., net 30, net 10]
- 4. Are there any changes in the Performance Targets? YES NOX
- 5. Are there any changes to the Submission deadlines for notes or supporting documentation? YES NOX

If YES, please attach additional pages as necessary.

G. RESPONSIBLE PARTY

Contract

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

Scott D Rule

Digitally signed by Scott D Rule Date: 2021.06.02 14:21:34 -05'00'

Scott Rule, CBO (Signature of Staff Responsible for this contract in FY2022)

APPROVALS: Erica Brown Digitally signed by Erica Brown Date: 2021.05.21 07:54:28 -05'00'

Erica Brown (Signature of the Budget Manager)

Scott D Rule

Digitally signed by Scott D Rule Date: 2021.06.02 14:21:53 -05'00'

Scott Rule, CBO (Vice President/Contract Owner)

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6845
Contractor Name:	Qualtrics LLC
Interlocal Agreement:	No
Service (brief description):	Employment Engagement Technology software for
	Agency Wide surveys.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$24,763.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1108
G/L Code(s):	551003
FY21 Purchase Order Number:	CT140640
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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) (N)
- 3. Did Contractor perform duties in a manner consistent with standards of the profession?
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) _____ ()
- 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) _____.
- 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 2 5 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 \$24,763 . FY22 Rate(s) UNIT 1108 GL CODE 551003

TIF 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: <u>GR</u> [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.

 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) ____
 - 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:

Budget Manager:	Erica Brown	(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.24 16:44:24 -05'00' (Signature). REQUIRED	,
Vice President/Contra	ct Owner: Lesleigh Robertson (Printed Name)	
	(Signature). REQUIRED	

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7412
Contractor Name:	Safety Alert Network, Inc.
Interlocal Agreement:	No
Service (brief description):	24 Hour Employee Safety Monitoring and Alert Services
Term for Off-Cycle Only:	1/1/2021 – 12/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$1,580.00
Rate(s)/Rate(s) Description:	See Annual Quote
Unit(s) Served:	1150
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140835
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

		Yes	No
1.	Is the Contract being renewed for FY2022 with this		
	Contractor?	ж	
~	DEACON		

2. REASON:

Service disruption resulting from not receiving reports in a timely manner is being addressed. Service has been adequate up to this point.

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 following renewal information. Note If contract is a multi-year term, please provide

information for each term year by clicking in the table and clicking the plus sign +.

Fiscal Year	NTE	Rate(s)	Unit	GL Code
FY22	\$1,580.00		1150	553002
FY23	\$1,580.00		1150	553002
FY24	\$1,580.00		1150	553002

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: General Revenue (GR)	E.	CONTRACT FUNDING SOURCE:	General Revenue (GR)
--	----	--------------------------	----------------------

F. CONTRACT CONTENT CHANGES:

		Yes	No
1.	Are there any required changes to the contract language?		
	[i.e. Changes in law or updates to the Service standards]		x
2.	Will the scope of the Services change?		#
	a. Click or tap here to enter text.		
3.	Is the payment deadline different than net (45)? If yes,		
	please provide the net days? [i.e. net 30, net 10]		ж
4.	Are there any changes in the Performance Targets		
	change?		Ħ
5.	Are there any changes to the Submission deadlines for		
	notes or supporting documentation?		¥

G. RESPONSIBLE PARTY:

Please state the na contract	me of the Contract Owner for this	Todd McCorquodale	
	me of the Responsible Staff that prove monthly invoices for this	Sean A. McFarland	
APPROVALS:			
Budget Manager:	Ricardo Campbell		(Printed Name)
Ricardo Can	Digitally signed by Ricardo Can Date: 2021.05.18 10:13:56 -05'0	npbell 00' (Signature) REQU	IRED
Contract Owner:	Todd McCorquodale		(Printed Name)
Todd McCorq	uodale Digitally signed by Todd McCorqu Date: 2021.06.17 14:09:43 -05'00'	odale (Signature) REQU	IRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.



The current <u>FY 21</u> 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 <u>FY2022</u> 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#:	7832
Contractor Name:	Susan J. Fordice dba Fordice Consulting, LLC
Interlocal Agreement:	No
Service (brief description):	Consultant Services the Harris Center's Foundation and Foundation Board of Directors.
Term for Off-Cycle Only:	7/1/20 - 6/3-/21
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	N/A
Contract NTE (your current budget):	\$45,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140737
Contract Requestor:	Linda Arceneaux
Contract Owner:	Scott Rule/Wayne Young

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: _____



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 <u>\$45,000</u>. FY22 Rate(s) <u>S</u> UNIT <u>1101</u> GL CODE <u>542000</u>

*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)..

Rate	Rate Description	Unit Served	GL Code
\$			
\$			
\$			
\$			

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? YES NO
- 2. Will the scope of the Services change? YES NOX
- 3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NOX [i.e., net 30, net 10]
- 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

Name of **Staff** responsible for reviewing and approving monthly invoices for this Contract **APPROVALS**:

Scott D Rule

Digitally signed by Scott D Rule Date: 2021.06.29 15:56:58 -05'00'

Scott Rule, CBO (Signature of Staff Responsible for this contract in FY2022)

Erica Brown

Digitally signed by Erica Brown Date: 2021.06.29 12:51:36 -05'00'

Erica Brown (Signature of the Budget Manager)

(Vice President/Contract Wayne Young, CEO

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5748
Contractor Name:	WEX Health Inc. DBA WEX (FKA Discovery Benefits,
	Inc.)
Interlocal Agreement:	No
Service (brief description):	Agency Wide Administration of COBRA Benefits.
Term for Off-Cycle Only:	January 1 – December 31
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$11,777.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1108
G/L Code(s):	543039
FY21 Purchase Order Number:	CT140971; CT140415
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

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)
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ____ (N) $\frac{1-\psi}{2}$
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ____ (N) ____ (N) ____ (N)
- 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 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.		ENEWAL INFORMATION FOR FY2022:
	Pic Gl	ease provide the NTE for FY22 <u>\$11,777</u> . FY22 Rate(s)UNIT_1108UN
		INTERS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS CESSARY.
	L	st all applicable Units/GL codes. [Please verify with Budget Manager].
	FY	2022 Not to Exceed Amount for Master Pooled Contracts:
E.	cc	ONTRACT FUNDING SOURCE: 6 R [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]
F.	cc	DNTRACT 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
	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)
	Î <u>F</u> î	ES; 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 Texes. Exercise ,

APPROVALS:

. . .

Budget Manager:	Erica Brown	(Printed Name)
Erica Brown	Digitally signed by Erics Brown Date: 2021.06.24 16:39:42 -05'00' (Signature). REQUIRED	
Vice President/Contrac	2 Owner: Lesleigh Robertson (Printed Name)	
	(Signature), REQUIRED	

The current <u>FY21</u> 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 nonrenewal, please provide the reason.

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

Contract ID#:	5749
Contractor Name:	WEX
Interlocal Agreement:	No
Service (brief description):	Agency Wide Administration of FSA Benefits.
Term for Off-Cycle Only:	January 1 – December 31
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$29,000.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1108
G/L Code(s):	543039
FY21 Purchase Order Number:	CT140967; CT140698
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y)
- 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) ____. N/Q 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) _____ (N)____. N/Q
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y)
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) ____ (N) ____. n/c
- 7. Did Contractor render services consistent with Agency policy and procedures? (Y) nIn (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)
 - 2. REASON:

RECEIVED JUN 2 5 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:			
		\$11,777	FY22 Rate(s)	UNIT_1108
	GL CODE 543039		Correct amo	

TIF 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/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.

 - 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 involces for this Contract Texes for this Contract.

APPROVALS:

Budget Manager:	Erica Brown	(Printed Name)
Erica Brown	Digitally signed by Erica Brown Dete: 2021.06.24 16:35:42-05'00' (Signature). REQL	JIRED
Vice President/Contrac	±Owner: Lesleigh Robertson (Printed Nan	ne)
	(Signature). REQL	JIRED

The current <u>FY21/22</u> 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 <u>FY2021/FY2022</u> 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#:	7752
Contractor Name:	Rise Psychological Services, PLLC
Interlocal Agreement:	No
Service (brief description):	Psychological/Forensic Evaluations for the TRIAD for Childrens
Term for Off-Cycle Only:	07/01/20 - 02/28/21
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$8,000.00
Rate(s)/Rate(s) Description:	\$800.00 Per Psychological/Forensic Evaluation \$200.00 Per Court Testimony from arrival to court until released by the court \$100.00 Per each Clinical supervision of Interns which includes completing psychological evaluations \$50.00 Per each no show for each client who fails to attend their scheduled appointment.
Unit(s) Served:	6701
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140702
Contract Requester:	Sheenia Williams-Wesley
Contract Owner:	Betty Adams/Mona Jiles

B. EVALUATION OF FY21/22 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) _
- 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)

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.]

D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY21/22___<u>\$8,000</u>____. FY21/22 Rate(s)______UNIT_<u>6701</u> GL CODE_<u>542000</u>____. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown Funding Period if Applicable Contract Amount

FY21	
FY22	
FY23	

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: ____

- E. CONTRACT FUNDING SOURCE: <u>County</u> [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) _____ or (N) _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) _N___
 - Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) _____ or (N) _N___

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)
Shully (Signature). REQUIRED	
Contract Owner:Betty F. Adams [7]	
Sett FAdins (Signature). REQUIRED	
\frown	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY20</u> 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 <u>FY2021</u>. In the event of non-renewal, please provide the reason.

A. FY 2020 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	5159
New Database ID#:	N/A
Contractor Name:	Harris County Facilities Property Management
	Department
Service (brief description):	Lease for Property located at 5518 Jackson Street,
	Houston, Texas.
Contract NTE (your current budget):	\$50.00
Responsible Staff Person:	Silvia Tiller / Contract Services
Rate(s)/Rate(s) Description:	\$50.00 annual payment due 5/1 via invoice from Harris
	County.
Unit(s) Served:	1850
G/L Code(s):	555000
FY20 Purchase Order Number:	CT140105

B. EVALUATION OF FY20 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY20? (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) _____.

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 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 JUN 3 0 2021

D. RENEWAL INFORMATION FOR FY2021:

Please provide the NTE for FY21 \$50.00. FY21 Rate(s) <u>Annual Payment</u>. UNIT <u>1119</u> GL CODE <u>555000</u>.

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

FY 2021 Not to Exceed Amount for Master Pooled Contracts: N/A.

- E. CONTRACT FUNDING SOURCE: <u>General Revenue</u> [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
 - 3. Is the payment deadline different than net (30)? (Y) X or (N)______ If so, please provide the due date 5/1/2021 [i.e. net 45, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) X____
 - 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 and/or Department Chief/VP/Director** for this contract <u>Silvia Tiller</u>.

Please state the name of the **Responsible Party** or **Staff** that will review and approve annual invoices for this contract <u>Silvia Tiller</u>.

APPROVA	LS:
---------	-----

Budget Manager:	Tica Brow	vn		(Printed Name)
Erica Brown	Digitally signed by Erica Brown Date: 2021.06.30 09:27:09 -05'00'	_(Signature).	REQUIRED	
Contract Owner/Dep	artment Head: <u>Silvia Till</u> e	er		(Printed Name)

_____ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	5162
Contractor Name:	Plazer Properties, LTD
Interlocal Agreement:	No
Service (brief description):	Lease Agreement for 3600 S. Gessner, Suite 110, Houston, Texas
Term for Off-Cycle Only:	11/10/2016 - 11/9/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$264,488.00
Rate(s)/Rate(s) Description:	\$14,786.06 per month
Unit(s) Served:	0000
G/L Code(s):	126000
FY21 Purchase Order Number:	CT139402
Contract Requester:	Lily Pan 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)____
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X____(N) ____.
- 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.] Lease ends 11-9-2021, will not renew lease.

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 (\$42,968) FY22 Rate(s)_____ UNIT #3390 (\$7837) UNIT #3550 (\$6087) UNIT #3585 (\$29,044) GL CODE___126006_____.

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/federal_____ [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___
- 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

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7284	
Contractor Name:	CTEK Security, Inc.	
Interlocal Agreement:	No	
Service (brief description):	HIPAA Privacy and Security Risk Analysis (Internal	
	Only)	
Term for Off-Cycle Only:	12/31/2018 - 8/31/2023	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP	
Contract NTE (your current budget):	\$114,900.00	
Rate(s)/Rate(s) Description:	See Exhibit A1 or Exhibit B. Year 4 - \$64,400	
Unit(s) Served:	1130	
G/L Code(s):	553003	
FY21 Purchase Order Number:	CT140431	
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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X_____(N) _____.
- 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: UNDER 3YR TERM FY22 IS YEAR 2

RECEIVED JUN 0 3 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_26,100 FY22 Rate(s)_26,100 UNIT_1130 GL CODE_553003 If Contract is a multi-year term, please provide the following.
	FY23
	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:
G.	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_X Will the scope of the Services change? (Y) or (N)_X, if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days [i.e. net 30, net 10]. Are there any changes in the Performance Targets change? (Y) or (N)_X 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. RESPONSIBLE PARTY:
	Please state the name of the Contract Owner for this ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractHURST/FARRIS/BOSWELL
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.03 09:54:36 -05'00' (Signature). REQUIRED
	Contract Owner:/HURST(Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X____(N) ____.
- 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

RECEIVED JUN 0 3 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_14,500 FY22 Rate(s)_14,500 UNIT1130 GL CODE 553002_553003 . If Contract is a multi-year term, please provide the following.
	FY23
	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:
	 Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) or (N)_X Will the scope of the Services change? (Y) or (N)_X, if yes, provide brief description. Is the payment deadline different than net (45)? If yes, please provide the net days
	 4. Are there any changes in the Performance Targets change? (1) of (N) 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 ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for this ContractFARRIS
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitaliy signed by Ricardo Campbell Date: 2021.06.03 10:44:39 -05'00' (Signature). REQUIRED
	Contract Owner:HURST (Printed Name)
	(Signature). REQUIRED

-

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> starting with Section "B". In the event of non-renewal, please provide the reason.

Contract ID#:	7679
Contractor Name:	NETSPI LLC
Interlocal Agreement:	No
Service (brief description):	Network Penetration Testing Services
Term for Off-Cycle Only:	Initial Term 3 Years
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$19,390.50
Rate(s)/Rate(s) Description:	See Exhibt A
Unit(s) Served:	1130
G/L Code(s):	553003
FY21 Purchase Order Number:	CT140533
Contract Requester:	Wes Farris, Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

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

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) ____
- 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)_____.
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) _____.
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) __x_ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _x____
 (N) _____.
- 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_\$19,390.50 FY22 Rate(s) _\$19,390.50 UNIT1130
	GL CODE If Contract is a multi-year term, please provide the following.
	FY23 GL CODE
	FY23
	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 daysX
	[i.e. net 30, net 10]. 4. Are there any changes in the Performance Targets change? (Y) or (N)X
	 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 ContractCOCHINWALA
	Please state the name of the Responsible Staff that will review and approve monthly invoices for
	this ContractFARRIS
	APPROVALS:
	Budget Manager: <i>Ricardo Campbell</i> (Printed Name)
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.05.27 16:36:06 -05'00' (Signature). REQUIRED
	Contract Owner:RICK HURST (Printed Name)
	(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	6698
Contractor Name:	Ricoh USA, Inc.
Interlocal Agreement:	No
Service (brief description):	The BW and Color Printers for the State DIR Contract
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Tag-on to DIR-TSO-3041
Contract NTE (your current budget):	\$42,000.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1107
G/L Code(s):	552002
FY21 Purchase Order Number:	CT140623
Contract Requester:	Sean McFarland
Contract Owner:	Sean McFarland

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Have there been any significant performance deficiencies within FY21? (Y)____ (N) _No___.
- 2. Were Services delivered as specified in the Contract? (Y)_Yes___ (N) ____.
- Did Contractor perform duties in a manner consistent with standards of the profession? (Y)_Yes___(N) ____.
- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) Yes_ (N)____.
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) Yes (N)
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _Yes___ (N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) <u>Yes</u>.
 (N) _____.
- Maintained legally required standards for certification, licensure, and/or training? (Y) <u>Yes</u>
 (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) Yes____ (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 UNIT_1107	NTE for	FY22 _\$42,000.00	FY22	Rate(s)
GL CODE	. If Contract	: is a multi-year term, pl	ease provide the fo	llowing.
FY23 _\$42,000.00 CODE _552002		FY23 Rate(s)	UNIT _	1107 GL
FY24 \$42,000.00 CODE 552002		FY24 Rate(s)	UNIT _	1107 GL

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: _____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)No_____
- 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) No____
- Are there any changes to the Submission deadlines for notes or supporting documentation?
 (Y) _____ or (N) _No____

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the **Contract Owner** for this Contract<u>Todd</u> <u>McCorquodale</u>.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract__<u>Sean A. McFarland</u>______

APPROVALS:

Budget Manager:	Ricardo Campbell	(Printed Name)

Ricardo Campbell	Digitally signed by Ricardo Campbell		
Mcardo Campbell	Date: 2021.05.18 10:58:17 -05'00'	(Signature).	REQUIRED

Contract Owner: ______ (Printed Name)

Todd McCorquodale Digitally signed by Todd McCorquodale Date: 2021.06.17 14:07:40 -05'00' (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7534
Contractor Name:	SkillSoft Corporation
Interlocal Agreement:	No
Service (brief description):	Skillsoft Percipio Software.
Term for Off-Cycle Only:	9/6/2019 – 9/5/2022
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	DIR-TSO-3899 Tag-on
Contract NTE (your current budget):	\$14,330.00
Rate(s)/Rate(s) Description:	3 Year Total Cost - \$44,740.00
Unit(s) Served:	1130
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140509
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) _____.

- 4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) (N)
- 5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N)
- Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _____(N) _____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) ______.
 (N) _____.
- 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

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:

ł

	Please provide the NTE for FY2214,913		FY22	Rate(s)1	4,913	
	UNIT1130 GL CODE553002 If Contract is a mult	i-year tern	n, please	provide the	followin	g.
	FY23 FY23 Rate(s)	UNIT	ſ	GL CO	DE	
	FY23 FY23 Rate(s) FY24 FY24 Rate(s)	וואט	ŕ	GL CO	DE	
	List all applicable Units/GL codes. Attach additional Manager].	pages if ne	ecessary.	(Please veri	fy with B	udget
	FY 2022 Not to Exceed Amount for Master Pooled (Contracts:		*		
E.	E. CONTRACT FUNDING SOURCE:GR[GR	/STATE/FEI	Deral/Gi	RANT/PRIVA	TE/COUN	ITY]
F.	F. CONTRACT CONTENT CHANGES:					
	 Are there any required changes to the contract the Service standards] (Y) or (N)_X Will the scope of the Services change? (Y) 					
	 [i.e. net 30, net 10]. 4. Are there any changes in the Performance Targe 5. Are there any changes to the Submission dead (Y) or (N)X IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECES 	ines for no				ation?
G.	G. RESPONSIBLE PARTY:					
	Please state the name of t ContractCOCHINWALA		ntract	Owner	for	this
	Please state the name of the Responsible Staff that this Contract	: will reviev _·	v and ap	prove mont	h ly invoi c	es for
	APPROVALS:					
	Budget Manager: Ricardo Campb	ell		(Printed	Name)	
	Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.03 09:47:31 - 05'00' (Sign	ature). RE	QUIRED			
	Contract Owner:HURST	(Printed N	Name)		
	1 A	nature). RE				

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

ı.

CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current <u>FY21</u> 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 <u>FY2022</u> 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#:	7451
Contractor Name:	West Interactive Services Corporation
Interlocal Agreement:	No
Service (brief description):	Televox Software Subscription Services for an Agency wide phone tree.
Term for Off-Cycle Only:	Initial Term 60 months (7/1/2019 – 7/1/2024)
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$22,000.00
Rate(s)/Rate(s) Description:	\$1,760 per month for 60 months
Unit(s) Served:	1171
G/L Code(s):	553002
FY21 Purchase Order Number:	CT140596
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) ____.
- 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) __x_ (N) ____
- 6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) _x___(N) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) _x______.
 (N) ______.
- 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 31 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_\$22,000.00______. FY22 Rate(s)___\$22,000.00_____

 UNIT__1171_____

 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 _______

 It to the the term (of the data term) by the data term.

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:
 - 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.
 - Is the payment deadline different than net (45)? If yes, please provide the net days ____X______
 [i.e. net 30, net 10].
 - 4. Are there any changes in the Performance Targets change? (Y) _____ or (N) _X____
 - 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	COCHIN	WALA							

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract____HURST/BOSWELL______.

APPROVALS:

Budget Manager:	Rico	(Printed Name)			
Ricardo Campbell	Digitally signed b Date: 2021.05.27	y Ricardo Campbell 16:34:49 -05'00' Sign	nature).	REQUIRED	
Contract Owner:RIC	K HURST	MAN		(Printe	d Name)

(Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

.

EXHIBIT F-27

July 2021 AMENDMENTS UNDER 50k

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON.	COMMENTS
1	ADMINISTRATION									
_1	Harris County Department Education	No	Agency-Wide Records Management Services	\$43,047.48	\$1,000.00	\$44,047.48	09/01/20- 08/31/21	State Funds		To amend the existing contract to increase NTE amount by an additional \$1,000.00 for Unit 1122 (Accounting) for the remainder of FY2021 (June, July and August). Additional task performed to reduce the number of boxes stored for this unit.
	CPEP									
	CRISIS SERVICES									
+	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
2	Annie Vu	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$21,258.00	\$5,412.00	\$26,670.00	09/01/20- 08/31/21	State Grant		To amend existing contract for additional funds to match amount of hours granted on IPC for FY2021.
3	Destinee Smith	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$6,950.00	\$4,800.00	\$11,750.00	10/13/20- 08/31/21	State Grant		To amend existing contract for additional funds to match amount of hours granted on IPC for FY2021.
	LaShun Degay	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$13,500.00	\$6,563,75	\$20.063.75	09/01/20- 08/31/21	State Grant		To amend existing contract for additional funds to match amount of hours granted on IPC for FY2021.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI	2	JCIWLOS	\$13,500.00	40,303.73	\$20,003.73		State Giam		
	INTERLOCALS									
	LEASES									
	MENTAL HEALTH SERVICES									
	PROGRAM MANAGEMENT									

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$50,000

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
CROSS FISCAL YEAR CONTRACT RENEWALS									
ADMINISTRATION									
Behavioral Health Industry News, Inc. dba OPEN MINDS	No	Consulting Services	\$28,160.00	\$3,000.00	\$31,160.00	02/12/21- 02/12/22	GR	RFQuote	To amend the contract for provisions for the participation and facilitation of the Agency's Board of Directors Strategic Planning process.
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS	and an							and a second	
LEASES				an in strategi Maria Maria					
MENTAL HEALTH									
MULTI-YEAR CONTRACTS									
ADMINISTRATION									
NETSPI LLC	No	Network Penetration Testing Services	\$19,380.50	\$28,423.80	\$47,814.30	0/01/20- 02/28/23	GR		Change Order request resulted in an Amendment to contract for one of the following reasons: 1 Addition of Services 1 Change in number of systems or applications in scope 1 Change in regulatory requirements
							· · · · · · · · · · · · · · · · · · ·		
	CROSS FISCAL YEAR CONTRACT RENEWALS ADMINISTRATION Behavioral Health Industry News, Inc. dba OPEN MINDS CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI INTERLOCALS LEASES MENTAL HEALTH MULTI-YEAR CONTRACTS ADMINISTRATION	CROSS FISCAL YEAR CONTRACT RENEWALS ADMINISTRATION Behavioral Health Industry News, inc. dba OPEN MINDS Inc. dba OPEN MINDS No CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTERLOCALS LEASES MENTAL HEALTH MULTT-YEAR CONTRACTS ADMINISTRATION	CONTRACTORS HUB/MWBE DESCRIPTION CROSS FISCAL YEAR CONTRACT RENEWALS ADMINISTRATION Behavioral Health Industry News, Inc. dba OPEN MINDS CRISIS SERVICES CRISI	CONTRACTORS HUB/MWBE DESCRIPTION AMOUNT CROSS FISCAL YEAR CONTRACT RENEWALS ADMINISTRATION Behavioral Health Industry News, Inc. dba OPEN MINDS No Consulting Services \$28,160.00 CRISIS SERVICES FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES INTERLOCALS MENTAL HEALTH MENTAL HEALTH MULTI-YEAR CONTRACTS ADMINISTRATION Network Penetration	CONTRACTORS HUBMWBE DESCRIPTION AMOUNT CROSS FISCAL YEAR	CONTRACTORS HUBMANNE DESCRIPTION AMOUNT AMOUNT NTE AMOUNT CROSS FISCAL YEAR	CONTRACTORS HUBRAWBE DESCRIPTION AMOUNT ANOUNT ATEAMOUNT CONTRACT PERIOD CROSS FISCAL YEAR	CONTRACTORS HUBMWRE DESCRIPTION AMOUNT NTE AMOUNT OUTRACT PERIOD FUNDING CONTRACT RENEWALS	CONTRACTORS HUBBMWRE DESCRIPTION AMOUNT ATTE AMOUNT CONTRACT PERIOD FUNDING BIOTAG-ON- CONTRACT RENEWALS

Executive Contract Summary Contract Section Contractor* Harris County Department Education Contract ID #* -5000 5080 Presented To' Resource Committee Full Board Date Presented* 7/15/2021 Parties* (?) Harris County Department of Education 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 To amend existing contract; Increase NTE for an additional \$1000.00 for unit 1122 (Accounting) for the remainder of FY 2021, June, July and August Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract . Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2020 8/31/2021 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 43,047,48 Increase Not to Exceed* \$ 1,000.00 Revised Total Not to Exceed (NTE)*

\$ 44,047.48

Fiscal Year ^{* (?)}	Amount [*] (?)	
2021	\$ 44,047.48	
	[10] M. C. Mandala and M. Manaka.	
*		
Funding Source [*]		
State		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	on of Services Being Provided ^{* (?)}	
To amend existing contract; Increase NTE for a		
(Accounting) for the remainder of FY 2021, Jur		
performed to reduce the number of boxes store	ed for this unit.	
Contract Owner*		
Nina Cook		
Previous History of Contracting with Vendo	r/Contractor*	
Yes No Unknown		
Please add previous contract dates and wh	at services were provided *	
Existing Contract:		
September 1, 2020 through August 31, 2021		
Service:		
Agency-wide Records Management and Stora	ge	
Vendor/Contractor a Historically Underutiliz	red Business (HUB)* (2)	
	ed Business (HOB) (17	
🕘 Yes 🕘 No 🤏 Unknown		
Community Partnership* (?)		
🕘 Yes 🔄 No 🔹 Unknown		
Supporting Documentation Upload (?)		
Supporting Documentation opioad (4)		
Vendor/Contractor Contact Perso	חס	
		a provident state and a state of the state of the state
Name*		
Eldi Meza, Customer Support Specialist		
* *		
Address*		
Street Address		
6300 Irvington Blvd		
Address Line 2		
City	State / Province / Region	
Houston	ТХ	
Postal / Zip Code	Country	
77022-5618	US	

Phone Number* 713-694-9022			
Email*			
emeza@hcde-texas.org			
Budget Section		4	0
Budget Units and Amounts	s Charged to e	ach Budget Un	it
Budget Unit Number* 1122	Amount Charged S 1,000.00	d to Unit*	Expense/GL Code No.* 571002
Budget Manager CAMPBELL, RICARDO		Secondary Budget BROWN, ERICA S.	Manager
Provide Rate and Rate Descriptions	s if applicable [*] (?)		
Project WBS (Work Breakdown Str N/A	ucture ^{* (?)}		
Requester Name COOK, NINA M		Submission Date 6/11/2021	
Budget Manager Approval	(S)		\odot
Approved by			
Ricardo Campbell		Approval Date 6/11/2021	
Aluerat Campiea		0/11/2021	
Contract Owner Approval			\odot
Approved by			
Mina Cock		Approval Date 6/11/2021	
Guna Cork		0/11/2021	
Contracts Approval			
Approve*			
 Yes No, reject entire submission 			
Return for correction			
Approved by *			
		Approval Date *	
Belinda Stude		6/14/2021	
and the second			

itive Proposal
urce
t for Qualification
ner Driven
m End Date* (?)

Non-sold

2021	Amount* (?) \$ 26,670.00					
Funding Source*						
State Grant						
Contract Description / Type* (?)						
Personal/Professional Services	Consultant					
Consumer Driven Contract	New Contract/Agreement					
Memorandum of Understanding	Amendment to Existing Contract					
 Affiliation or Preceptor BAA/DUA 	Service/Maintenance					
Pooled Contract	 IT/Software License Agreement Lease 					
Renewal of Existing Contract	Other					
	-					
Justification/Purpose of Contract/Descrip						
Contract requires additional monies to matc	h amount of hours granted on IPC for FY 21.					
Contract Owner*						
Robert Stakem						
Previous History of Contracting with Ven	dor/Contractor*					
🖲 Yes 🔘 No 🔘 Unknown						
Disage and province contract datas and						
Please add previous contract dates and v 9/1/2020 - 8/31/2021	what services were provided					
9/1/2020 - 8/31/2021						
Vendor/Contractor a Historically Underut	Vendor/Contractor a Historically Underutilized Business (HUB)* (?)					
🔍 Yes 🔘 No 🖲 Unknown						
○ Yes ○ No ● Unknown Community Partnership* (?)						
Community Partnership [★] (?) ○ Yes ● No ○ Unknown						
Community Partnership* (?)						
Community Partnership * (?) Yes No Unknown Supporting Documentation Upload (?)						
Community Partnership [★] (?) ○ Yes ● No ○ Unknown						
Community Partnership * (?) Yes No Unknown Supporting Documentation Upload (?)						
Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per						
Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name [*]						
Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name [*] Annie Vu						
Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name [*] Annie Vu Address [*]						
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address						
Community Partnership [*] (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name [*] Annie Vu Address [*] Street Address 5801 Clarewood Drive						
Community Partnership * (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address * Street Address 5801 Clarewood Drive Address Line 2	rson					
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address 5801 Clarewood Drive Address Line 2 City	'SON					
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address 5801 Clarewood Drive Address Line 2 City Houston	rson State / Province / Region TX					
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address 5801 Clarewood Drive Address Line 2 City Houston Postal / Zip Code 77081-5136	rson					
Community Partnership * (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name * Annie Vu Address * Street Address 5801 Clarewood Drive Address Line 2 City Houston Postal / Zip Code	rson					
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address 5801 Clarewood Drive Address Line 2 City Houston Postal / Zip Code 77081-5136 Phone Number* 8326384580	rson					
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Per Name* Annie Vu Address* Street Address 5801 Clarewood Drive Address Line 2 City Houston Postal / Zip Code 77081-5136 Phone Number*	rson					

Budget Section			٢				
Budget Units and Amounts	Charged to e	each Budget Ur	nit				
Budget Unit Number* 3585	Amount Charge \$ 2,412.00	d to Unit [*]	Expense/GL Code No.* 543005				
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budge STAKEM, ROBERT					
Budget Unit Number* 3585	Amount Charge \$ 3,000.00	d to Unit [*]	Expense/GL Code No.* 543009				
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budge STAKEM, ROBERT					
\$9.00 per hour for individuals with LOI	Provide Rate and Rate Descriptions if applicable * (?) \$9.00 per hour for individuals with LON 1 & 5 \$10.00 per hour for individuals with LON 8 & 6						
Project WBS (Work Breakdown Stru n/a	ucture [*] (?)						
Requester Name ANTHONY, PATRINA R		Submission Date 6/23/2021					
Budget Manager Approval	(s)		•				
Approved by Mamie Adams-Austin		Approval Date 6/23/2021					
Contract Owner Approval			٥				
Approved by <i>røbert stakem</i>		Approval Date 6/25/2021					
Contracts Approval							
Approve* Yes No, reject entire submission Return for correction Approved by *		Approval Date*					
Shaskyia Behn		6/25/2021					

HARRIS CENTER **Executive Contract Summary Contract Section** ~ Contractor* Destinee Smith Contract ID #* 7872 Presented To* Resource Committee Full Board Date Presented* 7/20/2021 Parties* (?) Destinee Smith, 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date* (?) 10/13/2020 8/31/2021 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 6,950.00 Increase Not to Exceed* \$ 4,800.00 Revised Total Not to Exceed (NTE)* \$ 11,750.00

Fiscal Year ^{* (?)}	Amount* (?)
2021	\$ 11,750.00
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	E Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Servi	ces Being Provided * (?)
Contract requires additional monies to match amount of h	
Contract Owner*	
Robert Stakem	
Previous History of Contracting with Vendor/Contract	or*
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what services	were provided*
10/13/2020 - 8/31/2021	
Vendor/Contractor a Historically Underutilized Busine	ss (HIR)* (2)
⊘ Yes ○ No Unknown	
Community Partnership [*] (?)	
🔘 Yes 🖲 No 🔘 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	\sim
*	
Name*	
Destinee Smith	
Address*	
Street Address	
17431 Hoover Gardens Drive	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77095-6984	US
Phone Number [*]	
7139708338	
Email*	
smith.destinee1996@gmail.com	

Budget Section			0
Budget Units and Amounts	Charged to e	each Budget Ur	hit
Budget Unit Number* 3585	Amount Charge \$ 1,800.00	d to Unit [*]	Expense/GL Code No.* 543005
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budger STAKEM, ROBERT	
Budget Unit Number* 3585	Amount Charge \$ 3,000.00	d to Unit [*]	Expense/GL Code No.* 543009
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budget STAKEM, ROBERT	
Provide Rate and Rate Descriptions \$9.00 per hour for individuals with LON \$10.00 per hour for individuals with LC	N 1 & 5		
Project WBS (Work Breakdown Stru N/A	icture [*] (?)		
Requester Name ANTHONY, PATRINA R		Submission Date 6/23/2021	
Budget Manager Approval	(S)		\sim
Approved by Mamie Adams-Austin		Approval Date 6/23/2021	
Contract Owner Approval			ि
Approved by <i>tobert stakem</i>		Approval Date 6/25/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction Approved by*			
Shaskyia Behn		Approval Date [*] 6/25/2021	

Securities Executive Contract Summary

Contract Section

Contractor*

LaShun Degay

Contract ID #*

7676

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/20/2021

Parties* (?)

LaShun Degay, 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)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?) 9/1/2020

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

Current Contract Amount*

\$ 13,500.00

Increase Not to Exceed * \$ 6,563.75

Revised Total Not to Exceed (NTE)* \$ 20,063.75

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Term End Date*(?) 8/31/2021

Fiscal Year * (?)	Amount*(?)
2021	\$ 20,063.75
F	
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of	Services Being Provided * (?)
Contract requires additional monies to match amount	
Contract Owner*	
Robert Stakem	
Previous History of Contracting with Vendor/Co	ntractor*
💿 Yes 💿 No 💿 Unknown	
Disease and providence as the state of the sector of the s	
Please add previous contract dates and what se	rvices were provided
9/1/2020-8/31/2021	
Vendor/Contractor a Historically Underutilized B	usiness (HUB) * (?)
🥥 Yes 🔘 No 💿 Unknown	
Community Partnership* (?)	
🔾 Yes 🖲 No 🔵 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	\sim
Name *	
LaShun DeGay	
Address*	
Street Address	
11027 Unique Circle	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77044-1268	US
Phone Number*	
7136242278	
Email*	
lashundegay30@gmail.com	

Budget Section			े
Budget Units and Amounts	Charged to e	ach Budget Ur	it
Budget Unit Number* 3585	Amount Charge \$ 5,000.00	d to Unit [*]	Expense/GL Code No.* 543009
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budget STAKEM, ROBERT	
Budget Unit Number * 3585	Amount Charge \$ 1,563.75	d to Unit [*]	Expense/GL Code No.* 543005
Budget Manager ADAMS-AUSTIN, MAMIE L		Secondary Budget STAKEM, ROBERT	
Provide Rate and Rate Descriptions \$9.00 per hour for individuals with LON \$10.00 per hour for individuals with LC	1 2 5		
Project WBS (Work Breakdown Stru N/A	cture * (?)		
Requester Name ANTHONY, PATRINA R		Submission Date 6/23/2021	
Budget Manager Approval	s)		\circ
Approved by Mamie Adams-Austin		Approval Date 6/23/2021	
Contract Owner Approval			\odot
Approved by <i>robert stakem</i>		Approval Date 6/25/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction 			
Approved by* <i>Shaskyia Behn</i>		Approval Date * 6/25/2021	

HARRIS CENTER for Executive Contract Summary

Contract Section

Contractor*

Behavioral Health Industry News, Inc. dba OPEN MINDS

Contract ID #*

2021-0074

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/20/2021

Parties* (?)

The Harris Center for Mental Health and IDD Behavioral Health Industry News, Inc. dba OPEN MINDS

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)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

2/12/2021

Contract Term End Date* (?) 2/12/2022

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

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

Current Contract Amount* 28,160.00

Increase Not to Exceed* \$ 3,000.00

Revised Total Not to Exceed (NTE)* \$ 31,160.00

	Amount* (?)			
2021	\$ 31,160.00			
Funding Source*				
General Revenue (GR)				
Contract Description / Type* (?)				
Personal/Professional Services	✓ Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description of	-			
Consulting Services shall be provided for the partic Board of Directors Strategic Planning process.	ipation and facilitation of the Agency's			
Contract Owner*				
Scott Rule				
	*			
Previous History of Contracting with Vendor/Co	ontractor *			
🔾 Yes 🖲 No 🕓 Unknown				
Vendor/Contractor a Historically Underutilized E	Business (HUB) * (?)			
Yes No Inknown				
4				
Community Partnership ^{* (?)}				
Community Partnership ^{* (?)} Yes No Inknown				
🔾 Yes 🔍 No 💿 Unknown	174.62KB			
 Yes ○ No ● Unknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf 	174.62KB			
 Yes ○ No ● Unknown Supporting Documentation Upload (?) 	174.62KB	0		
 Yes No Unknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person 	174.62KB	S		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* 		0		
 Yes No Unknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person 		Ø		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* 		6		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M 		٢		
 Yes No Unknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* 		0		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 		S		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square 		٢		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 	NINDS	Ø		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City 	/INDS State / Province / Region	6		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg 	/IINDS State / Province / Region PA			
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325 	/INDS State / Province / Region PA Country	S		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 	/INDS State / Province / Region PA Country	6		
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325 	/INDS State / Province / Region PA Country			
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325 Phone Number* 713-334-0538 	/INDS State / Province / Region PA Country			
 Yes No Wunknown Supporting Documentation Upload (?) OPEN MINDS INVOICE #9206 - \$817.81.pdf Vendor/Contractor Contact Person Name* Behavioral Health Industry News, Inc. dba OPEN M Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325 Phone Number* 	/INDS State / Province / Region PA Country	S		

Budget Section		\circ		
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1101	Amount Charged to Unit \$ 3,000.00	* Expense/GL Code No.* 542000		
Budget Manager BROWN, ERICA S.		dary Budget Manager BELL, RICARDO		
Provide Rate and Rate Descriptions if applicable * (?) N/A				
Project WBS (Work Breakdown Structure * (?) n/a				
Requester Name		ssion Date		
ARCENEAUX, LINDA M.	6/7/202	1		
Budget Manager Approval(s)				
Approved by Ekica Bhown	Approv 6/7/202	val Date 1		
Procurement Approval				
Approved by Sign	Approv	val Date		
Contract Owner Approval		$\mathbf{\mathfrak{S}}$		
Approved by Scott D Rule	Approv 6/7/202 ⁻			
Contracts Approval				
Approve* Yes No, reject entire submission Return for correction 				
Approved by *				
Shaskyia Behn	Approv 6/9/2021	/al Date* 1		

Executive Contract Summary Contract Section Contractor* NETSPI Contract ID #* 7679 Presented To* Resource Committee Full Board Date Presented* 7/20/2021 Parties* (?) NETSPI LLC 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) 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*

\$ 19,390.50

Increase Not to Exceed* \$ 28,423.80

Revised Total Not to Exceed (NTE)* \$ 47,814.30

Fiscal Year ^{* (?)}	Amount ^{* (?)}
2021	\$ 28,423.80
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 CHANGE ORDER
Justification/Purpose of Contract/Description of Serv This Change Order is a result of one or more of the follow 1 Addition of Services 1 Change in number of systems or applications in scope 1 Change in regulatory requirements Contract Owner* Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contrac Yes No Unknown	tor*
Please add previous contract dates and what service CT140533	s were provided*
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Community Partnership* (?)	
🔾 Yes 🖲 No 📿 Unknown	
Supporting Documentation Upload (?)	
FY21_NETSPI_The Harris Center - 2021- Change Order	.docx 81.83KB
Vendor/Contractor Contact Person	\mathbf{S}
Name* NETSPI/OLYA JUMAKULIYEVA	
Address * Street Address 800 WASHINGTON AVE Address Line 2	
City	State / Province / Region
MINNEAPOLIS	MN
Postal / Zip Code 55401	Country USA

Phone Number* 888.270.0317		
Email*		
ACCOUNTING@NETSPI.COM		
Budget Section		े
Budget Units and Amounts	Charged to each Budg	get Unit
Budget Unit Number* 1130	Amount Charged to Unit* \$ 28,423.80	Expense/GL Code No.* 553003
Budget Manager CAMPBELL, RICARDO	Secondary BROWN, E	PBudget Manager RICA S.
Provide Rate and Rate Descriptions Addition of services \$28,423.80 USD	; if applicable * (?)	
Project WBS (Work Breakdown Stru N/A	ucture * (?)	
Requester Name BOSWELL, SHAWNTI R	Submissio 6/8/2021	n Date
Budget Manager Approval	(S)	$\overline{\mathbf{O}}$
Approved by		
Ricardo Campbell	Approval E 6/8/2021	Date
Contract Owner Approval		\odot
Approved by		
Mustafa Cochinwala	Approval E 6/8/2021	Date
Contracts Approval		
Approve*		
 Yes No, reject entire submission 		
 Return for correction 		
Approved by*		- *
Shaskyia Behn	Approval E 6/9/2021	Date "

EXHIBIT F-28

July 2021

Affiliation Agreements, Grants, MOU's and Revenues Information Only

SNAPSHOT SUMMARY AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

+	CONTRACTORS	HUBs/MWBE	CONTRACT TYPE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
	FY21 CONTRACTS							A
	AFFILIATION AGREEMENTS							
	DAY LEASES							
	GRANTS							
	МОА							
	MOU							
1	Allied Orion Group	No		Data Use Agreement	New	06/23/21-8/31/22	GR	An Agreement between the Agency and the Vendor for information sharing.
2	Center for Urban Tranformation	No		Care Coordination Agreement	New	06/22/21-08/31/22	GR	
3	Star of Hope Mission	No		Collaboration in Outreach Efforts, Referrals to SUDOP and PATH for Substance Abuse and Mental Health & Medical	New	06/15/21- 08/31/21	GR	The purpose of this MOU with Star of Hope and The Agency's SUDOP and PATH programs is to establish a referral relationship between the two agencies to ensure collaboration in outreach efforts and for Star of Hope to provide referrals to SUDOP/PATH for continued supports and linkages to substance use, mental health, and medical referrals. Star of Hope will provide information regarding locations needed for outreach efforts and supplies such as water, food, blankets, and other items as needed.
	REVENUE							
4	Community Health Choice, Inc	No	REVENUE	Telephonic Crisis Line Services to provide MH & IDD Resources and Support	Renewal \$12,600/yr.	09/01/21-08/31/22		
5	Gulf Bend Center	No	REVENUE	Crisis Intervention and Helpline Services to Callers	Renewal \$66,000/yr.	09/01/21-08/31/22		Annual renewal of agreement. Call volume of 301 to 500 per month
6	Mental Health Mental Retardation Authority of Brazos Valley	No	REVENUE	Crisis Intervention and Helpline Services to Callers	Renewal	09/01/21-08/31/22		Annual renewal of agreement
7	North Texas Behavioral Health Authority	No	REVENUE	Crisis Intervention and Helpline Services to Callers	Renewal	09/01/21-08/31/22		Annual renewal of agreement
8	The Burke Center	No	REVENUE	24-hour Crisis Helpline Services	Renewal \$66,000/yr.	09/01/21-08/31/22		Annual renewal of agreement. Call volume of 301 to 500 per month
9	U.S. Committee for Refugees and Immigrants	No	REVENUE	MHFA Trainings for Refugees and Immigrants, Parents, Caregivers, School Personnel, Community Primary Care and Specialty Care Providers	Renewal	09/01/21- 08/31/22		The Community Outreach Department will be paid \$400.00 per completed training course.
10	Volunteers of America Texas, Inc	No		Day Habilitation Services	Renewal	09/01/21-08/31/22		Annual renewal of agreement

Contract Section	
Contractor*	
Allied Orion Group	
Contract ID #*	
2021-0167	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/20/2021	
Parties * (?)	
Allied Orion Group & The Harris Center for Mental Hea	alth 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	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	 Competitive Proposal Sole Source Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
 Not Applicable (If there are no funds required) 	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date* (?)
6/23/2021	8/31/2021
If contract is off-cycle, specify the contract term (?)	
Fiscal Year [*] (?)	Amount [*] ^(?)
2022	\$ 0.00

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

The Harris Center and Allied Orion Group would like to create an information sharing contract between agencies.

Program Director: Amber Honsinger

Contract Owner*

Kim Kornmayer

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 Conta	act Person	
-------------------------	------------	--

Name*

Property Manager - Jamekia Albert

Address*	
Street Address	
1933 Hussion St	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77003-5625	US
Phone Number* 832-481-6670	
Email*	
eastwood@allied-orion.com	

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 9229	Amount Charge \$ 0.00	d to Unit [*]	Expense/GL Code No.* 0
Budget Manager OSHMAN, JODEL		Secondary Budget KORNMAYER, KIM	
Provide Rate and Rate Descriptions	; if applicable $*$ $(?)$		
Project WBS (Work Breakdown Stru NA	ucture * (?)		
Requester Name SINGH, PATRICIA R.		Submission Date 6/23/2021	
Budget Manager Approval	(s)		\odot
Approved by <i>Todel Oshman</i>		Approval Date 6/23/2021	
Procurement Approval			\odot
Approved by Sign		Approval Date	
Contract Owner Approval			ि
Approved by <i>Fim Kop NMAYEP</i>		Approval Date 6/23/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction 			
Approved by *		*	
Shaskyia Behn		Approval Date* 6/23/2021	

HARRIS CENTER for Mental Health and IDD	mmary
Contract Section	$\mathbf{\circ}$
Contractor* Center for Urban Transformation Contract ID #* 2021-0169 Presented To* Resource Committee Full Board Date Presented* 7/20/2021 Parties* (?) Center for Urban Transformation & 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 * (?) 6/22/2021 If contract is off-cycle, specify the contract term (?)	Contract Term End Date ^{* (?)} 8/31/2022
Fiscal Year* (?) 2021	Amount* (?) \$ 0.00
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 * (?)

The care coordination agreement serves to confirm that mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Center for Urban Transformation

Program Director: Sarah Strang

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

💮 Yes 🔘 No 💿 Unknown

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

Yes No Inknown

Community Partnership* (?)

🖲 Yes 🔘 No 🔘 Unknown

Specify Name*

Center for Urban Transformation

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*	
Leah Wolfthal	
Address*	
Street Address	
4300 Lyons Ave	
Address Line 2	
c/o Fifth Ward CRC	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77020-2569	US
Phone Number* 832-405-7480	
Email*	
lwolfthal@fwtransformation.org	
Budget Section	

Budget Units and Amounts	Charged to eacl	h Budget Un	it
Budget Unit Number* 9208	Amount Charged to \$ 0.00	Unit*	Expense/GL Code No.* 0
Budget Manager OSHMAN, JODEL		condary Budget DRNMAYER, KIMB	
Provide Rate and Rate Descriptions	if applicable $*$ (?)		
Project WBS (Work Breakdown Stru NA	icture ^{* (?)}		
Requester Name SINGH, PATRICIA R.		bmission Date	
Budget Manager Approval	(S)		•
Approved by <i>Todel Oshman</i>		pproval Date 22/2021	
Procurement Approval			0
Approved by Sign	Ар	proval Date	
Contract Owner Approval			\odot
Approved by		proval Date 22/2021	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction 			
Approved by* <i>Shaskyia Behn</i>		proval Date [*] 24/2021	

1

HARRIS CENTER, Executive Contract Summary

Contract Section

Contractor*

Star of Hope Mission

Contract ID #* NA 2021-0156

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/13/2021

Parties* (?)

Star of Hope Mission & 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)

Funding Information*

New Contract O Amendment

```
Contract Term Start Date * (?)
6/15/2021
```

Contract	Term	End	Date'	* (?)

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

8/31/2021

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

Fiscal Year* (?) 2021	Amount [*] (?) \$ 0.00	
Fiscal Year* (?) 2022	Amount* (?) \$ 0.00	

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 * (?)

The purpose of this MOU with Star of Hope and The Harris Center SUDOP and PATH programs is to establish a referral relationship between the two agencies to ensure collaboration in outreach efforts and for Star of Hope to provide referrals to SUDOP/PATH for continued supports and linkages to substance use, mental health, and medical referrals. Star of Hope will provide information regarding locations needed for outreach efforts and supplies such as water, food, blankets, and other items as needed.

Director: Ashley Neubauer

Contract Owner*

Kim Kornmayer

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*

Star of Hope Mission

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*	
Erika Wise	
Address*	
Street Address	
4848 Loop Central Drive	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77081-2356	US
Phone Number* 713.440.5377	

Email*			
ewise@sohmission.org			
Budget Section			\odot
Budget Units and Amount	s Charged to	each Budget l	Jnit
Budget Unit Number* 9263	Amount Charge \$ 0.00	ed to Unit*	Expense/GL Code No.* NA
Budget Manager OSHMAN, JODEL		Secondary Budg MACLEOD, ANN	
Provide Rate and Rate Description	ns if applicable [*] (?)		
Project WBS (Work Breakdown Str NA	ructure [*] (?)		
Requester Name		Submission Date	e
singh, patricia r. Budget Manager Approva	l(c)	6/8/2021	
	1(5)		
Approved by		Approval Date	
Todel Oshman		6/8/2021	
Procurement Approval			$\mathbf{\hat{o}}$
Approved by		Approval Date	
Sign			
Contract Owner Approval			$\mathbf{\hat{\mathbf{O}}}$
Approved by		Approval Date	
Kim KOPNMAYER		6/9/2021	
Contracts Approval			
Approve*			
 Yes No, reject entire submission 			
 Return for correction 			
Approved by *		a contro a Le	
Belinda Stude		Approval Date* 6/10/2021	

CONTRACT AFFILIATION/MOU/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 nonrenewal, please provide the reason.

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

Contract ID#:	7535	
Contractor Name:	Community Health Choice, Inc	
Interlocal Agreement:	(Y) or (No)	
Service Description:	Telephonic Crisis Line Services to provide MH & IDD resources and support	
NTE:	\$12,600/yr	
Designated Contract Requester:	Jennifer Battle	
Contract Owner:	Jennifer Battle	
Rate(s)/Rate(s) Description:	If no rate, check N/A	

Β. EVALUATION OF FY21 PERFORMANCE:

- Were Services delivered as specified in the Contract/MOU? (Y) (N) (N) //A ...
 Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) //A ...
- 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) ____ (N) ____ (N/A) _x___.
- 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) X
- 7. Maintained legally required standards for certification, licensure, and/or training? (Y) ____ (N) 🗶 (N/A._X

Comments/Other Concerns

Form Date Rev. 04/27/2021

RECEIVED JUN 0 9 2021

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].

Same as FY21	

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Owner** for this Contract. _____Janice Cote______.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) ______.

APPROVALS:

Budget Manager: _	<u>Ricardo Campbell</u>	(Printed Name)
	•	

Ricardo Camp	bell Digitally signed by Ricardo Campbell Date: 2021.06.09 11:10:00 -05'00'	(Signature). REQUIRED
Contract Owner: _	Matt.	(Printed Name)
	1 Part	

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

CONTRACT AFFILIATION/MOU/REVENUE EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS

The current <u>FY21</u> 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 <u>FY22</u> 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#:	6627
Contractor Name:	Gulf Bend Center
Interlocal Agreement:	(Y) or (No)
Service Description:	Crisis Intervention and Helpline Services to Callers
NTE:	\$66,000/ yr
Designated Contract Requester:	Jennifer Battle
Contract Owner:	Jennifer Battle
Rate(s)/Rate(s) Description:	\$5,500/ monthly for call volume of 301 to 500 per month
	10% volume exceeded - \$12 per call

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Were Services delivered as specified in the Contract/MOU? (Y)____(N) ____. NAX
- 2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ____ (N) ____. NAX
- Were reports, billing and/or invoices submitted in a timely manner if applicable?
 (Y) (N/A) .
- Contractor has made payment(s) to Agency according with the terms of the Contract?
 (Y) (N) (N/A) <u>×</u>.
- 5. If not, please provide an explanation in the comments section below.
- Did Contractor render services consistent with Agency policy and procedures?
 (Y) _____ (N) ____ (N/A) _____
- Maintained legally required standards for certification, licensure, and/or training?
 (Y) ____ (N) ____ (N/A _____

Comments/Other Concerns

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].

Same as FY21	

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Owner** for this Contract. _____Janice Cote______

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) ______.

APPROVALS:

Budget Manager:	Ricardo Campbell	(Printed Name)
------------------------	------------------	----------------

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

Form Date Rev. 04/27/2021

CONTRACT AFFILIATION/MOU/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 nonrenewal, please provide the reason.

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

Contract ID#:	6626	
Contractor Name:	Mental Health Mental Retardation Authority of Brazos Valley	
Interlocal Agreement:	(Y) or (No)	
Service Description:	Crisis Intervention and Helpline Services to Callers	
NTE:	\$81,000/yr	
Designated Contract Requester:	Jennifer Battle	
Contract Owner:	Jennifer Battle	
Rate(s)/Rate(s) Description:	\$6,750 for call volume of 501-700 per month	
	If exceed 10% - \$12 per call	

Β. **EVALUATION OF FY21 PERFORMANCE:**

- Were Services delivered as specified in the Contract/MOU? (Y) (N) (N) (N) (N)
 Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) (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)____(N)____(N/A) X.
- 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). K
- 7. Maintained legally required standards for certification, licensure, and/or training? (Y) ____ (N) ____ (N/A_X_

Comments/Other Concerns

Form Date Rev. 04/27/2021

RECEIVED JUN 0 9 2021

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].

Same as FY21	

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Owner** for this Contract. ____Janice Cote______

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) _____.

APPROVALS:

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

Ricardo Cam	pbell Digitally signed by Ricardo Campbell Date: 2021.06.09 11:11:19 -05'00'	_(Signature). REQUIRED
Contract Owner:	JBattle	(Printed Name) (Signature). REQUIRED
	()))	0-

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

Form Date Rev. 04/27/2021

CONTRACT AFFILIATION/MOU/REVENUE EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS

The current <u>FY21</u> 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 <u>FY22</u> 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#:	7605	
Contractor Name:	North Texas Behavioral Health Authority	
Interlocal Agreement:	(Y)✓ or (No)	
Service Description:	Crisis Intervention and Helpline Services to Callers	
NTE:	If no NTE amount, check N/A	
Designated Contract Requester:	Jennifer Battle	
Contract Owner:	Jennifer Battle	
Rate(s)/Rate(s) Description:	\$14 per call	

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Were Services delivered as specified in the Contract/MOU? (Y)____(N) ____. $N A \measuredangle$
- 2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) ____ (N) ____ . $\mathcal{N}A \times$
- Were reports, billing and/or invoices submitted in a timely manner if applicable?
 (Y) (N/A) X.
- Contractor has made payment(s) to Agency according with the terms of the Contract?
 (Y) (N) (N/A) X.
- 5. If not, please provide an explanation in the comments section below.
- Did Contractor render services consistent with Agency policy and procedures?
 (Y) (N) (N/A) X
- Maintained legally required standards for certification, licensure, and/or training?
 (Y) (N/A.X

Comments/Other Concerns

Form Date Rev. 04/27/2021

RECEIVED JUN 0 9 2021

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].

Same as FY21	
	· · · · · · · · · · · · · · · · · · ·

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Owner** for this Contract. _____Janice Cote______

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) _______

APPROVALS:

Budget Manager:	<u>Ricardo Campbell</u>	(Printed Name)
-----------------	-------------------------	----------------

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.09 11:12:11 -05'00' (Signature). REQUIRED

Contract Owner: (Printed Name) Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT AFFILIATION/MOU/REVENUE EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS

The current <u>FY21</u> 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 <u>FY22</u> 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#:	6625
Contractor Name:	Burke Center
Interlocal Agreement:	(Y) or (No)
Service Description:	Crisis Intervention Helpline Services to Callers
NTE:	\$66,000
Designated Contract Requester:	Jennifer Battle
Contract Owner:	Jennifer Battle
Rate(s)/Rate(s) Description:	\$5,500 for call volume of 301 to 500 calls per month
	If volume exceeds 10% - \$12 per call

B. EVALUATION OF FY21 PERFORMANCE:

- 1. Were Services delivered as specified in the Contract/MOU? (Y) (N) (N)
- 2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) _∞___ (N) /___. N/A
- Were reports, billing and/or invoices submitted in a timely manner if applicable?
 (Y) _∞___ (N) ____ (N/A) _√_.
- Contractor has made payment(s) to Agency according with the terms of the Contract?
 (Y) _____ (N) ____ (N/A) ___x__.
- 5. If not, please provide an explanation in the comments section below.
- Did Contractor render services consistent with Agency policy and procedures?
 (Y) _____ (N) ____ (N/A) △
- Maintained legally required standards for certification, licensure, and/or training?
 (Y) ★ (N) (N/A.X.

Comments/Other Concerns

Form Date Rev. 04/27/2021

RECEIVED JUN 0 9 2021

Is the Contract being renewed for FY2022 with this Contractor? (Y) __x_ (N) ____.

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].

Same as F21	

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Owner** for this Contract. ____Janice Cote_____

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) ______.

APPROVALS:

Budget Manager:	<u>Ricardo Campbell</u>	(Printed Name)
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.06.09 11:09:29 -05'00'	_(Signature). REQUIRED
Contract Owner:	JBattle	(Printed Name) (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. 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#:	7636
Contractor Name:	U.S. Committee for Refugees and Immigrants (USCRI)
Interlocal Agreement:	No
Service (brief description):	MHFA training for refugees and immigrants, parents, caregivers, school personnel, community primary care and specialty providers.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	N/A
Rate(s)/Rate(s) Description:	\$400 per completed course unit 7006
Unit(s) Served:	7003
G/L Code(s):	N/A
FY21 Purchase Order Number:	N/A
Contract Requester:	Carroll Prasad
Contract Owner:	Jennifer Battle

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) ____.
- 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) ____.
- Did Contractor render services consistent with Agency policy and procedures? (Y) __X____(N) ____.
- 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) ____.

C. 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].

7003	GL Code: 543058	400.00 per course

D. CONTRACT MANAGERS AND OWNERS:

Please state the name of the **Contract Manager** that will review and approve monthly invoices and manage this Contract (if different from above) _______.

APPROVALS:		
Budget Manager:	Ricardo Campbell	(Printed Name)
Ricardo Campbell	Digitally signed by Ricardo Campbell Date: 2021.06.03 13:03:57 -05'00'	_(Signature). REQUIRED
Contract Owner:	Jennifer Battle	(Printed Name)
	ento	/ (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

CONTRACT REVENUE EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS

The current <u>FY21</u> 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 <u>FY22</u> 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#:	7433
Contractor Name:	Volunteers of America Texas, 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)_X_ (N) ____
- 2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) __X_ (N)___
- Were reports, billing and/or invoices submitted in a timely manner if applicable?
 (Y) _____ (N) _____ (N/A) _X____.
- 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.
- Did Contractor render services consistent with Agency policy and procedures?
 (Y) __X_ (N) ____ (N/A).
- Maintained legally required standards for certification, licensure, and/or training?
 (Y) __X_ (N) ____ (N/A.

Comments/Other Concerns

Form Date Rev. 04/27/2021

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].

L	

E. CONTRACT MANAGERS AND OWNERS:

Please state the name of the Contract Owner for this Contract. <u>Robert Stakem</u>.

Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) <u>Lily Pan</u>.

APPROVALS:

Budget Manager: <u>Mamie Adams</u> (Printed Name)

Mamia Adams-Austin (Signature). REQUIRED

Contract Owner:	Robert Stakem	(Printed Name)
-----------------	---------------	----------------

Polint Smbn (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO <u>shaskyia.behn@theharriscenter.org</u> and <u>contactservices@theharriscenter.org</u>. Call Extension 7230 with any questions.

EXHIBIT F-29



Revenue Management Metrics

Transforming Lives



Date: July 20, 2021

Presented By: Sean Kim, Chief Financial and Administrative Officer

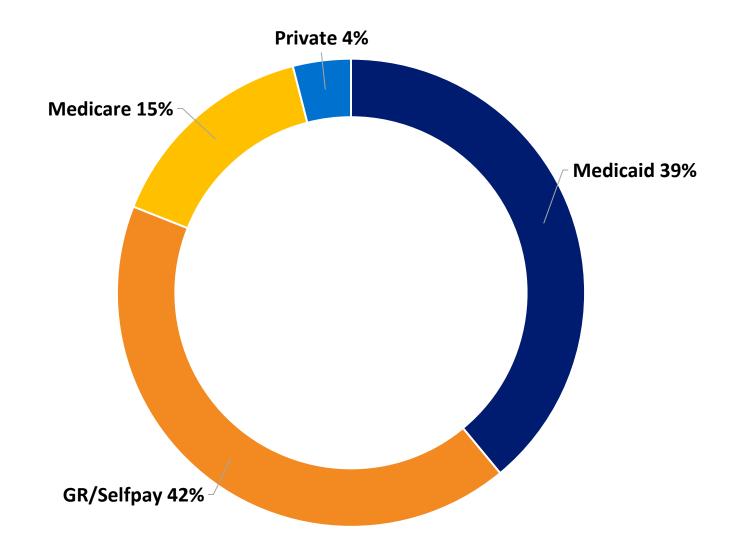


Overview

- Payor Mix
- Revenue Cycle Performance Metrics
 - Days in Accounts Receivable
 - Claims and Collections



Payor Mix



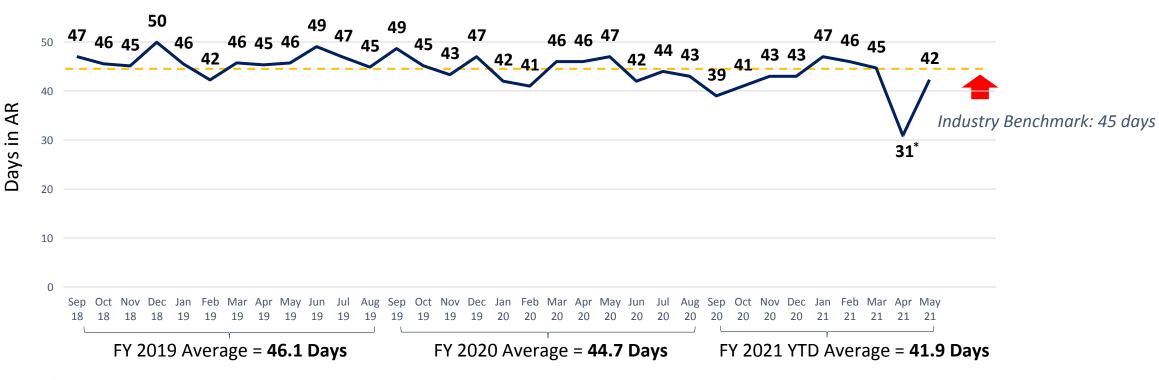


Revenue Cycle Performance Metrics

Days in Accounts Receivable



- Days in A/R is an industry standard for measuring the effectiveness of an organization's collection efforts
- Formula: Days in A/R = (3rd Party Payor A/R + Client A/R) ÷ Average Net Daily Revenue



* Transition to Epic EHR took place in April 2021

60

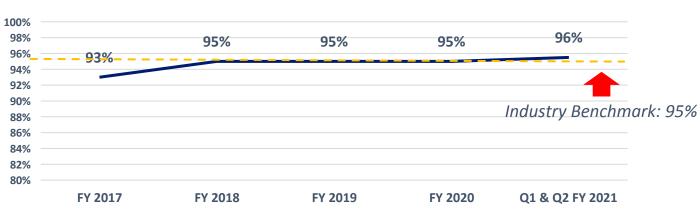
FY 2021 YTD Average Days in AR = 41.9 days which is favorable compared to the industry benchmark

Claims and Collections



Average Monthly Count of Claims							
Q3 FYTD 2021 FY 2020 FY 2019							
28,867*	32,920	32,559					

* April/May 2021 claim counts are lower than average due to Epic EHR conversion



The Harris Center Collections Rate Trend

Collections Detail by Payor for Q1 & Q2 FY2021 (6 Months)

	Billed Charges	Contractual Adjustments	Expected Revenue	Adjustments/ Write-offs	Adjustments/ Write-offs %	Net Revenue	Cash Collections	Denial Amount	Denial %	Cash Collection %
Medicare	\$ 1,668,097	(\$ 1,100,754)	\$ 567,343	(\$ 17,168)	3.0%	\$ 550,174	\$ 383,264	(\$ 26,662)	4.8%	69.7%
Medicaid	17,655,787	(6,883,578)	10,772,209	(101,450)	0.9%	10,670,759	10,695,630	(67,174)	0.6%	100.2%
ММР	298,413	(163,646)	134,767	(793)	0.6%	133,974	128,546	(3,706)	2.8%	95.9%
СНІР	264,766	(123,194)	141,572	(3,102)	2.2%	138,470	128,710	(783)	0.6%	93.0%
Private Insurance	1,444,478	(877,402)	567,076	21,505)	3.8%	545,571	166,452	(22,989)	4.2%	30.5%
TOTAL	\$ 21,331,541	(\$ 9,148,574)	\$ 12,182,967	(\$ 144,019)	1.2%	\$ 12,038,948	\$ 11,502,602	(\$ 121,314)	1.0%	95.5%



Transforming Lives

Thank You

Page 511 of 533

EXHIBIT F-30







Supplier Diversity Report

Q1 + Q2 + Q3 FY2021

Date: July 20, 2021

Presented By: Sean Kim, Chief Financial and Administrative Officer



Overview RFP Advertisement - Examples

• HUB Spend Report





RFP Advertisements - Examples

May 27, 2021 | DEFENDER NETWORK **DN** Business

Federal initiative wants to help more minorities get bank accounts

Houston Public Media

According to the latest survey by the Federal Deposit Insurance Corporation, more than 10% of households in Houston don't have bank accounts, significantly higher than the national average of about 5%. Among some minority communities, the numbers are even higher: More than 20% of Latino and nearly 15% of Black Houstonians are unbanked.

Leonard Chanin, deputy to the chairman of the FDIC, said trust is one of the main reasons people mention for not getting a bank account. "People use different words but basically it comes down to: many consumers just don't

trust banks," he said. Another reason is that the minimum balance that has to be in an account at all times coronavirus relief bill, families with children is too high for people to afford. There are also will receive monthly benefit payments. unexpected fees, like overdraft fees. Many banks will allow customers to

around \$30 for each overdraft. That means for people already short on cash, the only options are payday lenders and check-cashing

businesses, which can charge substantial fees. The Brookings Institution has estimated that To reach more Latino and Black commu- Bank of America, Chase or Wells Fargo.

nities, the FDIC has started an awareness campaign in Atlanta and Houston, called Get minimum balance requirements, no more than Banked. Chanin said the FDIC has been work- a \$5 a month account fee and no overdrafts. ing with communities for years, but the pandemic brought a new urgency. "What particularly brought this home was

when the government started ... providing stimulus funds for consumers," he said. Many of those who don't have bank

even months later, Chanin said. And then is financial education early on, she said. they would have to find a place to cash the

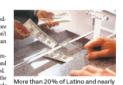
"When they are trying to do it, they're not check, which could be challenging during the doing it at the middle school level or high pandemic. That's on top of having to pay a fee. school level or even at the junior college level," The campaign is also relevant to those he said. "They're doing it at the UH level."



The HARRIS CENTER for Mental Health and IDD (formally known as Mental Health Mental Retardate hority of Harris County) will be accepting Proposals for the following

Agency Wide Clinical Laboratory Services

ions may be secured from THE HARRIS CENTER, Purchasing Department located at 940 SW Freeway, Houston, Texas 77074; telephone (713) 970-7279 and/or via THE H/4RRIS CENTER website www.thehamiscenter.org or the Electronic State Business Daily Site https://portal.opa.state.tx.us/ www.thetamiscentro.org or the Electronic Sole Dusiness Daly Sile Integratiopatal.public buck, beginning Thursday, ana 3, 2820. Doublin for proparities works to kand aquasions to the (PP) a Thursday, June 10, 2827. Solicitation documents multi te instruction buck the Phartmaniang Department, 9401 Phart 2014, June 11, 2827. Solicitation documents and the instruction buck the Phartmaniang Department, 9401 Phart 2014, Phar



15% of Black Houstonians are unbanked, according to the FDIC.

receiving the federal government's new child tax credit. Starting July 15, as part of Congress As part of the two-city pilot Get Banked campaign, the FDIC is using internet and overdraw from an account, but may charge radio ads in English and Spanish to promote the benefits of having a bank account. The agency is also directing people to so-called

Bank On accounts - accounts that meet certain affordability standards, developed by the nonprofit Cities for Financial Empowerment Fund, and are a fulltime worker could lose up to \$40,000 over offered by a number of banks, including some their lifetime without a low-cost checking account. community banks and national institutions like For example, those accounts need to have low

Outside of the FDIC campaign, community banks play a role in getting low-income and communities of color access to bank accounts. But Alexander Lara, head of the University of Houston's commercial banking program, said community banks could do a better job accounts received stimulus checks weeks or educating potential clients on banking. The key

Del 27 de Mayo al 2 de Junio de 2021

NO BATALLES MAS CON ESA LAVADORA! APPECTALA HOS Arreglamos todo tinos de electrodomésticos Lavadoras, secadoras, Refrigeradores, aire acondicionado. ¡Llamanos y recibe un descuento por tu primer servicio! 832-660-3351. D&G ELECTRIC TE OFRECE EL MEJOR SERVICIO DE ELECTRICIDAD Para trabaios comerciales, residenciales, remodelacione solo llamanas al \$32.044-1430 / \$32-\$48-7307 con el Sr. David tora una cita o estimado.

AUTO DESCOMPUESTO COMPRAMOS AL INSTANTE Y AL AUTO DESCOMPUESTO COMPRAMOS AL INSTANTE YAL 281-662-1888



CALENDARIO CURSOS DE COMPUTACIÓN EN EL INSTITUTO MEXICANO 2021

CURSO DIA NORA IN/C/O COSTO INCLUYE: COMPUTACIÓN 6:00 pm Curse, Registro y Maturial de Trabajo \$400.00 INCLUNE Curse, Registro y Maturial de Trabajo \$350.00 Sábado in. 12, 202 BÁSICA 9:00 pm 3:00 pm 8:00 pm EXCEL Domingo May. 30, 2021

SELOS PADRES SABEN USAR UNA COMPUTADORA PODRAN AYUDAR A SUS HUOS EN LAS CLASES & DISTANCE ar en internet, Creación y USO de Carreo Electrónico y Jos Proaramas de Missessiti rolla Forma de pagos: Tarieta de Crédito, Electivo, Cheque Personal o Money Orde

[Inscribase Ya! [Cupo Limitado] Registros de lunes a viernes de 9:00 am a 2:00 pm MIGH - Llame ahora: (713) 988-6699

El que aprende a usar una computadora podrá usarla para aprender más! Al completar exitosamente su curso recibirá su Certificado del MIGH

Vishmas en 🛐 🛅 🔛 🔠 🛅 🕒



he HARRIS CENTER for Mental Health and IDD (formally known as M Harris County) will be accepting Proposals for the following:

Agency Wide Clinical Laboratory Services

Specifications may be secured from THE HARRS CENTER, Purchasing Department located at 401 SW Freeway, Houston, Tesus 7707, https://org.org.ic.uk/ CENTER-works/swep/that/artisecter/action of the Exercised Sub-Basinean Dayles Intrast-Total cast 2018, Local beginning Thumday, Jane 3, 2012. Deadine for prospective vendors to submit quadators to the Ref To Thumday, Jane 10, 2013. Solicitan documents and the automated the Particulary Operational Submit and the State SERVICES* - DO NOT OPEN UNTIL - THURSDAY, JUNE 24, 2021 AT 10:00 A.M. Any questio pertaining to this solicitation should be addressed in writing to Sharon Brauner, Purchasing Manag or E-mail questions to sharon braunen@theharriscenter.org cc: nina.cook@theharriscenter.org, or v fax at (713) 970-7682. Historically Underutilized Businesses, including Minority-Owned Bus

nbajos rápidos y con garantía. Aceptanos cualquier aseguranz de grúa. Llame al Sr. Vicente para precupaente GRATES al (833 Visiteson' En la 5611 Dashwood 4D, 77681. ISMAEL BODY SHOP. ANÚNCIESE AOUÍ 713-272-0100 ESTIMADOS GRATIS EN REPERACIONES \$100 off en reparaciones de techo llame ya al 832-878-2604/ 281-748-2798 ANÚNCIESE AQUÍ 713-272-0100 ;BUSCAS REMODELAR TU ESPACIO? Hacemos remodelaciones de todo tipo, tenemo estimados gratis.

Llama abora y

remodela tu hogar

al meior precio.

Comunicate con

Juan Diaz al

(281) 630 - 6826

NIVELAMOS

CASAS

DE CONCRETO O BLOQUE

Piomero, drywall,

arpintero, estimado

gratis, reparación e instalación

de baldosas y pisos

emodelación y pintura

trabajo de concreto

Garantía de por vida

y transferible a otros

dueños.

Precios razonables

lame para un estimad

;GRATIS! (281) 661 - 5034

Periódico Información - Edición 1856

en Hou

CLASIFICADOS

ROOFING COMERCIAL Y RESIDENCIAL

Además hacemos todo tipo de remodelaciones

llama ya para estimados gratis 713-349-4457

TREES

TRABAJO GARANTIZADO!

Inglés Práctico 713-457-4423 CORTO SUS ARBOLES Y HAGO LOS SERVICIOS DE JARDINERIA para su protección contamos con seguro. Llame ya (832) 731 - 2150

iCLASES DE

INGLÉS ONLINE!

15

¿BUSCAS UNA COPIA EXTRA DE TU LLAVE? Nosotros la arreglamos. Llámanos y pregúnta por nuestros servicios 832-807-8211 y 832-531-4622

TECHOS, PORCHES, SHEETROCK, CONSTRUCCIÓN Remodelación. y mas. Incluimos permisos y planos de la ciudad si se requiere Con mas de 10 años de experiencia. ma por un pre



Tenemos especiales para ti. Tú nos apoyas,

nosotros te apoyamos

713-272-0100 Informació

RFP Advertisements – Examples (Continued)

15



Del 8 al 14 de Abril de 2021

ACOSTA LANDSCAPE

de corte de yarda huen precis

trabajo garantizado - Llame a (561) 693 - \$130

TECHOS, PORCHES,

Remodelación, y mat

de la ciudad ui se requiere Con mas de 10

allos de experiencia.

ina por un presupue featie al 832-417-769

2NECESITAS

REPARACIONES

EN TU CASA?

Arreglamos tu techo

reemplazo de techos de

y pisos, afrecemos

granito, pintura, piso

laminados, cerámica

madera, sheetrock.

siding. Llamanos al

832-488-0515

tenemos los mejore

precios de Houston

para ti.

Tenemos especiales para ti.

Tú nos apoyas,

nosotros te apoyamos

713-272-0100

'Informació

iscape ofrezco un buen tra

CLASIFICADOS

HGAC

ton-Galveston Area Council esative Punchasing Program

pome Deadline: 05/03/21 @ tom il:: Opening: 05/03/21 @ 3pm 5 Timmons Lane, Houston, TX.

ADA, researable accommodel

kled with 34 hour prior notice 713-593-4554 or www.hgada.yorg.for i

Cansulling and Recovery Service

LEGAL NOTICE holos Partners (CP) a division of Harin County Department (CD), is a reformal cooperative that will be accepting proposal the following Request for Proposals (RFP). roposal Solicitation #HP08-1 21/0405G for Automotive Ecs/privent. Tires and Related Services Proposals are due Taesday, April 27, 2021 (8 2:90pm central All Hazards Preparedness, Planning 21/041LS for los Cream Products Vopceal Conference: 04/01/21 @1

Proposals are due Monday, May 3, 2021 at 2:01pm central time 21042MJ for Moving. Storage and Related Items Proposals are due Friday, April 30, 2021 @ 2:00pm central tin terested proposers may go to www.shoizeparthers.org and register download the solicitation or pall 713.691.6052 or 713.696.8213 or 3 3 16 4 2 50

net to discriminate on the basis of race, color, national origin, gender, limited English proficiency or hundicapping condition in its programs.

Inglés Práctico

713-457-4423

HGAC

Solicitud de Propuesta. Consejo del Área de Houston-Galvestor (H-GAC)-Departamento de Comunidad-Estudio de Livable Centers City of Houston, Southwest – 113/21-01

Dhy of Hounton, Southwest – 118123-01 El Consejo del Azea de Houston-Galveston (H-GAC) está lauscando envícios de consultoria para conducir un estudio y desarrollar un plar

para promover los objetivos del programa de Livatão Centera de Cily of Houston, Southweal. El plan dirigita de los objetivos del programa de Livatão Centera en á área de estada específicadas y definia estándame narvos, sensitives al contento, que formenten el acceso transporte multimotal y concertividad, um venderal de uso del Interno, um a divensidad

Para veri descargar los documentos de RFP visita https://www.h-gac.com/procurement La Fecha Tope para Respuestas: 19 de mayo, 2021 @ 2:00 RM. CST

de opciones de viviendas, y un sentido de luca



WRBE, SBE, and HUB vendor participation is encouraged, it is HCDE police

Bencotssepara as inverted in ever 10,000 eventos datas per year, tensity combined with other degs, like spinits. There is also a protectioned differ intensitied with far use of bencotsseparaes, like Xianu, ben described as a solucion in the ability to rathe animal decisions. This effect randomitts that fit a various verys, and these have been instances of trans. design fast as meanchably out of character for them. These can range from hemaleto to potentially deadly. There are eports of users getting up in the middle of the night and doing things like larnedry in dishes, only to have entirely formuten the most morning what took place the er conser, oue po nove emmoy requires na noet moting wine too poor no appl bufes. Moting wine intermediations include studing for finility, getting inte fights, and spending spress for outside of con's budget. People make unsite decision under fini influence of X-max, and constitutions for consequences on y more Pror decisions and the influence of X-max, and constitutions for consequences of X-max abuse decisions that the influence of X-max abuse decision of X-max abuse. Some of the more common ones are

> · Decreased blood messar Lighthendedness
> Decreased heart rate
> Decreased respiration Slowed selfeses
> Initability or depression
> Dependency and Withdraw

NARCONON

New Life Retreat Drug and Alcohol

Rehabilitation and Education

bucciption bearedianspines can beat several conditions, including endersy-

penic disorder, and penersliped arrists disorder. However, professionals central

to debate as to whether long-term use of these drugs are medically acceptable. A to detoke in to witating long-sean use of these design are matically accepted. Al-near adversarios has surfaired regarding these singly "addrive potential, medical preferencesh have sized away drom prescribing them. Psychiatrizis have appear that beamsidianguing have a long pertential for shows when them as prescribed, but tedes show that over 10 mallion people are not using them as their decire solvined

kenrodianerinen are involved in ever 10.000 eventione deaths per vear, tenai

Daily use of benzodiazepines, even as prescribed, comes the body to develop a tolerance. This tolerance eventually turns into a dependency. This can be life-forestening if withdrawals begin unexpectedly. When ran can be inter-interming in withoutwas organ interpretenty, when morene in dependent on beautorizatorites, it means they areed it to inction normally. When senarone because physically dependent on encot, they will experience withdownd symptomic like venating, sweats, convolutions, and senares. These symptoms are potentially deadly. For more information on bearodiazepine abase, visit:

https://www.narcononsewliferetwat.org/blog/five-shocking-facts about-sanas.html ADDICTION SCREENINGS

Nacconsta can belo you take steps to overcome addiction in your family Call today for free screenings or referrals. 1-800-451-1754

CABLE, INTERNET, Y/O ELECTRICIDAD!

\$29.99 Directy o Dish. Paquetes con más canales en español, hasta 165 Canales y gol TV disponibles. HBO Gratis y más. \$0 depós Llämenos al (281) 810 - 8863 / (800) 419 - 0874

LIMPIEZA DE PISOS DE CERÁMICA (LLÁMANOS Onitamos toda la suciedad en nisos de cerámica. Lo dejamos como nuevo. Llama al (832) 526 - 7945



Irabajas rigidas y con garanti

amot cualquier atoguru

nis para presupuesto GRATIS

Servicio de grún. Llame al Se.

al (332) \$77 - \$275 Mitheast! Ea

In 6611 Declarated (D. 7206).

ISMAEL BODY SHOP.

JC CENTE The HARRIS CENTER for Mental Health and IDD (formerly known as MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY) will be accepting processis for the following:

9401 SOUTHWEST FREEWAY INTEGRATED CARE CLINIC RENOVATION

cifications may be secured from THE HARRIS CENTER. Purchasing Services incated at 9601 SW Free suston, Texas 77074, telephone (713) 970-7279, THE HARRIS CENTER website <u>unwethethamiscenter org</u> or th extronic State Business Daily Site <u>https://portal.cps.state.tx.us/</u> beginning Tuesday, April 6, 2021. Deadlin tr prospective vendors to submit questions to this NFP is Tuesday, April 13, 2021. Proposais must be submitted o Parchasing Services, 9401 SW Freewey, Houston, Ticcas 77074 by 10:00 sum., Thansday, April 29, 2021 in a te marked "PROPOSAL - DO NOT OPEN UNTIL - THURSDAY, APRIL 29, 2021, 9401 SOUTHWEST PREEMAY INTEGRATED CARE CLINE RENOVATION" Any quantizes partaining to this anticitation should addressed in writing to Steron Braune, Purchasing Managar and Nana Cook Parchasing Diracdo, via Erra Manoz haranno (Taburationatherazo) or china cook/distingtionationator or fina al (1713) 1970-7826. Histori sing Director, via E-mail 8 Inderutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged participate. THE HARMES CENTER reserves all rights to reject any and/or all proposals, to weive formalities I reasonable imegularities in submitted documents as it deems to be in its best interests, and is not obligati accept the lowest propose

DN News

Georgia's new GOP election law draws criticism, lawsuits

NEW ELECTION LAW

absentee by mail

request an absentee ballot

and when they can be accessed

water to voters waiting in line

county election officials.

- Adds a photo ID requirement for voting

- Cuts the amount of time people have to

Limits where drop boxes can be placed

- Bans people from handing out food or

Allows the Republican-controlled State

Election Board to remove and replace

Associated Press

Critics of Georgia's new Republican-backed election law issued fresh calls to boycott some of the state's largest businesses for not speaking out more forcefully against the law, a day after advocacy organizations filed. a lawsuit in federal court challenging it. In a letter to more than 90,000 parishioners, Bishop Reginald Jackson, who presides over more than 400 African Methodist Episcopal churches in Georgia, said the law is "racist and seeks to return us to the days of lim Crow?

Jackson is calling for corporate leaders at companies like Coca-Cola and Delta Air Lines to speak out in opposition.

"If we cannot persuade them or if they refuse to Georgia State Rep. Park Cannon, D-Atlanta, oppose this legislation then we will organize and implecenter, walks beside Martin Luther King, III. ment a boycott of their companies," the letter says. as she returns to the State Capitol in Atlanta Coca-Cola said in a statement that the company has after being arrested last week for knocking on been engaged in "advocating for positive change in votthe governor's office door as he signed voting ing legislation." egislation.-AP

Delta Air Lines issued a statement touting some parts of the law, such as expanded weekend voting, but said "we understand concerns remain over other provisions in the legislation and there continues to be work ahead. in this important effort." In a separate letter, the children of some of the

nation's most notable civil rights leaders said that far "too many of our lawmakers failed to take a stand and corporations did not go far enough to ensure every voting citizen had fair and equitable access to the most basic of American rights." A lawsuit filed by organizations including the Georgia

NAACP, against Secretary of State Brad Raffensperger and other members of the State Election Board, asks a judge to find that the law violates the U.S. Constitution and the Voting Rights Act and to block state officials. Senate runoffs in the once reliably red state. from enforcing it.

Son

Stra Clyd

Creat

Pho

Ray

The new election law was signed last week by The complaint argues that Republican "officials Republican Gov. Brian Kemp, just hours after it cleared have resorted to attempting to suppress the vote of the state legislature. It is part of a tide of GOP-spon-Black voters and other voters of color in order to served election hills introduced in states across the maintain the tenuous hold that the Republican Party country after former President Donald Trump made has in Georgia." false claims about election fraud. Republicans in

The change to Georgia's election law was made after Georgia argue that the law is needed to restore vot-Democrats won the presidential contest and two U.S. ers' confidence.



lisher CEO	Managing Editor
certa Messiah-Jiles	ReShonda Tate Bill
stegic Alliance	Associate Editor
Jo Jies	Aswad Walker
ative Director	Sports
haal Grant	Terrance Harris
tographers Carrington III me Aggison	Jodie B. Jies

companies to multilished by the Househov Defender Menopanier Inc. and exellect by Alliance for No Defender revengager is published by the introduction partnetser thereapper are, and automating a variance or administration of the second s



Census data delav scrambles plans for state redistricting

Defender News Service

Stymied by delayed census data needed for redistricting, some states are considering postponing their 2022 primaries or turning to other population estimates to start the once-a-decade task of redrawing voting districts used for U.S. House and state legislative elections.

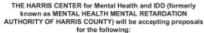
The U.S. Census Bureau was supposed to provide redistricting data to the states by March 31, but after aethacks from the nandemic, it won't be ready until mid-to-late August and might not be available in an easy-to-use format until Sept. 30. That's later than the legal deadlines to complete redistricting in some states and could mean less time for court challenges, candidate filing and ballot creation. The delay has sent states scrambling to adapt. Some face

the decision to sidestep their constitutional deadlines or draw stopgap maps that might not fully reflect population shifts in the past decade.

"States that have done the exact same thing for decades in a row now have to look for alternatives," said Wendy Underhill, director of elections and redistricting at the National Conference of State Legislatures.

In many states, redistricting is done by lawmakers subject to a gubernatorial veto. A growing number will use independent or bipartisan commissions, but Republicans will have ultimate control over redistricting in more than twice as many states as Democrats. Political control allows officials to draw districts that make it easier for their candidates to win future elections - something Republicans did more effectively than Democrats after the 2010 census Although the census is typically used for redistricting, only about half the states have laws or constitutional

provisions explicitly requiring them to use census data, according to the NCSL



9401 SOUTHWEST FREEWAY INTEGRATED CARE CLINIC RENOVATION

Specifications may be secured from THE HARRS CENTER, Purchasing Services located at 1401 SIII Fineeus, Houzron, Teason 72714, Isieptone (H3) HTM-1274, THE HARRS CENTER exclude weak-thirattracterizing or the Electrics Cable Basimum Daily Sile Highs/pentilopataleta. Jagetime Tameda, April K, 2021. Deadline for prospective vehicles to isstind questions to this RPT o Tamedad, April 15, 2027. Populari and ta deadline to Purchasing Service, RMT SW Fineeux, nton, Texas 77074 by 10:00 a.m., Thunday, April 29, 2021 in a sealed envelope marked "WIOPOSAL DO NOT CREW ANTL - THURSDAY AREA TO 2017 MELL SOLTHWEST FREEMAY INTEGRATED - DD BOT OVEN ANTL. TAMERDAR, AVME, B. 2071, Mell SOUTHWEST PREEMAN INTERDARTD CARE CLINCE REMONTAND^{IN}, ANY, quarties particing to his solubility to shaat be advenued in writing to Sharon Braane, Purchaing Manager and Hins Cosk, Purchaing Desdor, Va E-ani to Anternakersaverility Understatised resources on induced diffusion framework and the advence Hatarcialy Understatised Businesses, including Mitrothy-Owned Businesses and Women-Owned Basinesses are excurged to participant. THE MARRE RADIO RUTE Instrumes and Myoten-Owned Basinesses and excurged to participant. THE MARRE RADIO RUTE Instrumes and Sights in rejet any and/or solutions. all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests, and is not obligated to accept the lowest proposal.





Q1 + Q2 + Q3 FY2021 HUB Report (1 of 2)

			Local Vendor		
Vendor Name	Q1 - Q3 FY2021 Spend (\$)	Description	Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	522,872	Janitorial services	x	x	x
Rekruiters	482,440	IT staffing	x	x	x
Innovative Solutions*	327,338	PPE	x	x	x
Rey De La Reza Architects	196,895	Architecture services	x	x	x
PPG Global LLC	195,718	PPE	x	x	x
Virtue Construction Partner LLC	172,357	Commercial general contractor	x	x	x
Elite Personnel Consultants	129,026	Personnel staffing		x	x
Dura Pier Facilities Services	114,385	Facility services - construction	x	x	x
MEK Interiors & Floors	107,405	Facility services - commercial flooring	x	x	x
Metropolitan Landscape*	92,284	Landscape	x	x	x
Universe Technical Translation	78,644	Translation and interpretation services	x	x	x
Crystal Communications	53,478	Data, IP, and video communications systems integration	x	x	x
Right Now Pest	52,009	Pest Control and Exterminator	x	x	x
A-Rocket Moving & Storage	43,577	Moving services	x	x	x
SHI Government Solutions	20,063	Computer hardware and software	x	x	x
GTS Technology Solutions	18,097	Customized IT solutions		x	x
E&C Engineers & Consultants	17,000	Engineering analysis, consulting and design	x	x	x
Modern Psychological & Allied	9,625	Psychological services	x	x	x
Baker's Safe & Lock	4,932	Locksmith	x	x	x
MasterWord Services	4,833	Translation and interpretation services	x	x	x
ELP Enterprises	1,472	Toner/inkjet cartridges for printers, faxes, and copiers	x	x	x
Next Level Urgent Care	815	Urgent care/workers' comp	x	x	x
Total HUB Spend	\$ 2,645,264				

* Did not renew HUB certification during FY2021

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area



Q1 + Q2 + Q3 FY2021 HUB Report (2 of 2)

- Q1 + Q2 + Q3 FY2021 HUB spend = **\$2,645,264**
- Q1 + Q2 + Q3 FY2021 discretionary spend = **\$12,463,493**
- HUB spend % = **21.2%**
- Exclusion categories from discretionary spend
 - Intergovernmental contracts
 - *Key service contracts with non-profits (Easterseals)*
 - University systems (BCM for residency program)
 - Enterprise software (EHR, ERP)
 - Leases
 - Supported housing
 - Pharmaceuticals

- Utilities
- Physician services
- Trade organizations (National Council, Texas Council)
- Employee reimbursements
- Employee benefits
- Consumer-chosen individuals for respite services



Transforming Lives

Thank You

Page 518 of 533

EXHIBIT F-31







Financials by Clinic + NPC Q1 + Q2 + Q3 FY2021

Date: July 20, 2021

Presented By: Sean Kim, Chief Financial & Administrative Officer

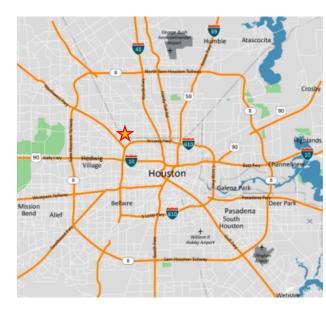


Northwest Community Service Center

- Service Description Adult Mental Health
- Address 3737 Dacoma St
- FTEs
- Facility Size

3737 Dacoma 153 40,000 sq ft

Q1 + Q2 + Q3 FY2021 Financial Performance								
+ Revenues	\$ 12,830,138							
- Expenses	14,352,322							
+ Other Sources	3,822,087							
= Gross Margin	\$ 2,299,903							



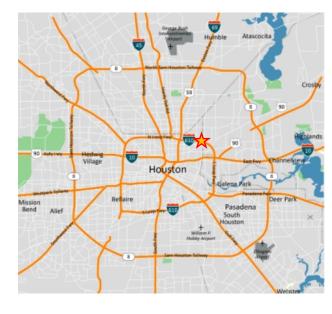




Northeast Community Service Center

- Service Description Adult Mental Health
- Address 7200 N Loop East Fwy
- FTEs
- Facility Size
- 7200 N Loop East F 74
- 18,000 sq ft

Q1 + Q2 + Q3 FY2021 Financial Performance									
+ Revenues	\$ 4,192,945								
- Expenses	5,769,356								
+ Other Sources	2,639,978								
= Gross Margin	\$ 1,063,567								



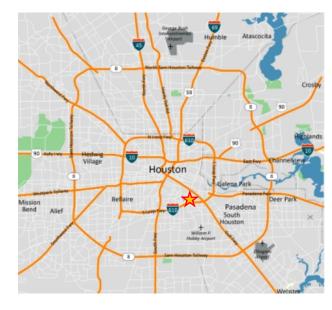


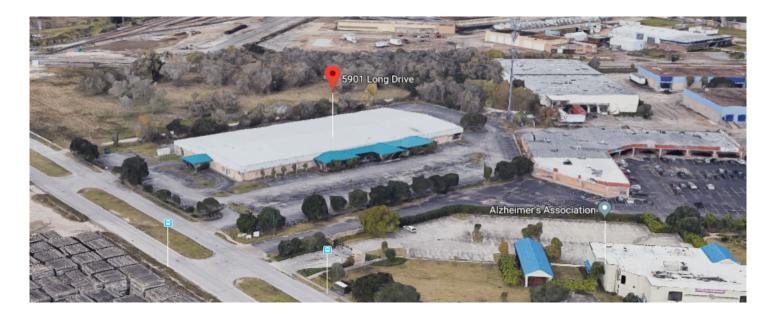


Southeast Community Service Center

- Service Description AMH & CAS
- Address 5901 Long Dr.
- **FTEs** 178
- Facility Size 45,000 sq ft

Q1 + Q2 + Q3 FY2021 Financial Performance								
+ Revenues	\$ 14,460,816							
- Expenses	Expenses 15,015,401							
+ Other Sources	3,848,304							
= Gross Margin	\$ 3,293,720							





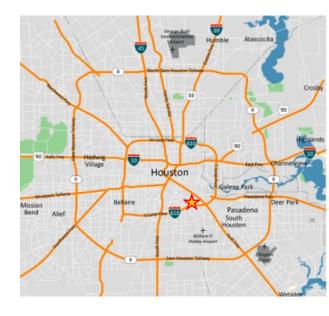


Southwest Community Service Center

- Service Description AMH & CAS
- Address 9401 Southwest Fwy
- FTEs
- Facility Size 37,770 sq ft (clinic space)

175

Q1 + Q2 + Q3 FY2021 Financial Performance							
 + Revenues - Expenses + Other Sources = Gross Margin 	\$ 12,865,216 15,300,970 <u>5,251,183</u> \$ 2,815,430						





Neuro Psychiatric Center (NPC)



• Service Description Psychiatric Emergency

169

- Address 1502 Taub Loop
- FTEs
- Facility Size 37,308 sq ft

Q1 + Q2 + Q3 FY2021 Financial Performance								
 + Revenues - Expenses + Other Sourc = Gross Margi 								



O1 + O2 + O3 FY2021 Detailed Financials

Page 525 of 533

3,238,252

5,251,183

ind IDE

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
levenues					
Harris County and Local	\$ 149,614	\$ 37,459	\$ 264,145	\$ 246,371	\$ 4,473,660
PAP / Samples	2,907,719	1,466,407	3,101,418	2,479,148	379,924
State General	5,927,426	1,969,046	6,524,206	6,678,324	6,388,214
State Grants	1,830,812	-	-	-	· -
Federal Grants	476,838	-	1,959,867	1,221,777	-
3rd Party Billings	1,537,730	720,034	2,611,180	2,239,597	2,673,498
Total Revenues	12,830,138	4,192,945	14,460,816	12,865,216	13,915,296
xpenses					
Salaries and Fringe	9,799,541	3,273,110	9,902,145	11,088,182	13,015,282
Travel	10,854	1,391	1,685	4,265	11,332
Contracts and Consultant	1,068	764	1,692	1,417	456,385
Supplies and Drugs	3,697,873	1,869,132	3,732,832	2,954,714	709,718
Equipment	404,853	418,037	620,454	581,841	237,339
Building	257,626	142,664	523,968	451,453	285,261
Vehicle	5,321	-	7,317	12	1,978
Telephone and Utilities	70,729	27,692	97,083	114,299	29,347
Insurance, Legal, Audit	21,758	5,081	17,355	24,055	44,450
Other	23,395	11,483	20,322	19,569	184,023
Reserve for Bad Debt	59,306	20,000	90,547	61,163	72,521
Total Expenses	14,352,322	5,769,356	15,015,401	15,300,970	15,047,637
Other Sources					
Fund Balance DSRIP	34,254	11,448	31,365	32,298	727,524
DSRIP Allocation Based on Metrics Insurance Proceeds	3,787,833	2,628,530	3,816,939	5,218,885	2,510,728

Gross Margin	\$ 2,299,903	\$ 1,063,567	\$ 3,293,720	\$ 2,815,430	\$ 2,105,911

2,639,978

3,848,304

3,822,087

Total Other Sources

Let's Transform Lives Together



Transforming Lives

Thank You

Page 527 of 533

EXHIBIT F-32

Transforming Lives





COVID-19 PPE & Supplies Vendor List

Q1 + Q2 + Q3 FY2021

Date: July 20, 2021

Presented By: Sean Kim, Chief Financial and Administrative Officer

Page 529 of 533 The HARRIS CENTER for Mental Health and IDD Transforming Lives

Report Parameters

- Scope of Purchases: COVID-19 Personal Protective Equipment (PPE) and supplies, including but not limited to
 - Masks
 Thermometers
 - Sanitizer
 - Sneeze guards Wipes

Gloves

- Face shields Spray bottles
- Time Period: Sep 2020 May 2021 (9 months)
- **Purpose of Report**: To provide an overview of the necessary PPE and supplies purchased in response to the COVID-19 pandemic during Governor Abbott's Disaster Declaration initially issued on March 13, 2020 and extended on September 7, 2020. Governor Abbott's Disaster Declaration suspended all contracting and procurement statutes and administrative rules to the extent strict compliance would impede a governmental entity's response to cope with the COVID-19 pandemic. On July 1, 2021 Governor Abbott extended the Disaster Declaration and continued the suspension of all contracting and procurement statutes and rules that would impede an emergency response necessary to cope with this declared disaster. The Harris Center's current contracted vendors have been unable to meet the Harris Center's PPE needs. Since the last reporting period, The Harris Center has contracted with two vendors (PPG Global & Muzzammil Sajjad d/b/a Innovative Solutions IT) to meet its PPE needs.



List of Vendors/Spend

			Local \		
Vendor Name	Dollars Spent	Description of Purchases	Greater Houston	State of Texas	HUB
Innovative Solutions IT ^{1,2}	\$ 327,338	PPE - masks, gloves, and sanitizer	x	x	x
PPG Global, LLC ²	\$ 195,718	PPE - masks and gloves	x	x	x
Amazon.com	\$ 32,654	PPE - masks, face shields, spray bottles, thermometers, and sanitizer			
FaceGraph	\$ 25,968	Thermal scanners for staff and consumer temperature checks			
Staples ²	\$ 18,583	Wipes, gloves, sanitizer and various supplies			
McKesson ²	\$ 14,050	PPE - masks, gloves, and medical supplies		x	
4IMPRINT	\$ 8,352	PPE - masks with Harris Center logo and embroidered caps			
DGS Retail	\$ 5,854	Sneeze guards			
Global Industrial	\$ 1,377	PPE - masks, face shields, and coveralls			
Uline	\$ 808	Pallet Jack for PPE logistics and bags for mask storage			
The Home Depot	\$ 581	Spray bottles, sanitizer, and sneeze guards			
Axiom Design and Print	\$ 502	Sneeze guards for SUDOP vehicles			
Project N95	\$ 454	Head covers			
SP Joy Displays	\$ 439	Sneeze guards			
Sam's Club	\$ 332	Microban/Lysol & miscellaneous supplies			
Lowe's	\$ 143	Sanitizer and miscellaneous supplies			
FastSigns	\$ 104	Materials, supplies, and signs		x	
Walmart	\$ 98	Spray bottles, cleaning supplies and Lysol spray			
HEB	\$ 60	Lysol spray			
Dollar General	\$ 26	Lysol spray			
	\$ 633,439				

¹ Did not renew HUB certification during FY2021

² Contracted vendor

- 83% of spend on historically underutilized businesses (HUBs)
- **85%** of spend on local vendors



Next Steps

- Adhere to the procurement policy and procedure for goods and services via contracted vendors when supply is available
- Good faith effort to engage local vendors and HUBs
- Quarterly update for Board review until the end of the pandemic



Transforming Lives

Thank You

Page 532 of 533

EXHIBIT F-33

The Harris Center Board of Trustee's Attendance Report Calendar Year 2021

													Total	%
Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mtgs	Attendance
Resource Committee	Y	Ν	Y	Y	Y	Y							5	
Santos	Р		Р	Р	Р	Р							5	100%
Womack	Р		Р	Р	Р	Р							5	100%
Zakaria	Р		Р	Р	Р	Р							5	100%
Hunt (no longer Board member)	Α		Α										0	0%
Lykes	N/A		Р	Р	Р	Р							4	100%
Badar	N/A		А	А	Р	А							1	25%
Gearing	N/A		Р	Р	Р	Р							4	100%
Quality Committee	Y	Ν	Y	Y	Y	Y							5	
Zakaria	Р		Р	Р	Р	Р							5	100%
Santos	Р		Р	Р	Р	Р							5	100%
Moore	Р		Р	Р	Р	Р							5	100%
Gearing	Р		Р	Р	А	Р							4	80%
Lykes	Р		Р	Р	Р	Р							5	100%
Program Committee	Y	Ν	Y	Y	Y	Y							5	
Moore	Р		Р	Р	Р	Р							5	100%
Lykes	Р		Р	Р	А	Р							4	80%
Gearing	Р		Р	Р	Р	Р							5	100%
Hellums	Р		Р	Р	Р	Р							5	100%
Audit Committee	Y	Ν	Ν	Y	Ν	Ν							2	
Santos	Р			Р									2	100%
Moore	Р			Р									2	100%
Womack	А			Р									1	50%
Hellums	Р			Р									2	100%
Hunt (no longer Board member)	Α												0	0%
Gearing	N/A			Р									1	100%
Lykes	N/A			А									0	0%
Governance Committee	Ν	Ν	Ν	Ν	Y	Y							2	
Zakaria					А	Р							1	50%
Womack					Р	Р							2	100%
Lykes					Р	Α							1	50%
Full Board Meeting	Υ	Y	Y	Y	Y	Y							6	
Santos	Р	Р	Р	Р	Р	Р							6	100%
Moore	Р	Р	Р	Р	Р	Р							6	100%
Womack	Р	Р	Р	Р	Р	Р							6	100%
Zakaria	Р	Р	Р	Р	А	Р							5	83%
Hellums	Р	Р	Р	Р	Р	Р							6	100%
Hunt (no longer Board member)	Α	Α	Α										0	0%
Gearing	Р	Р	Р	Р	Р	Р							6	100%
Lykes	Ρ	Ρ	Р	Р	Р	А							5	83%
Badar	Р	А	Р	А	Р	Р							4	67%
McIngvale	N/A	N/A	N/A	N/A	N/A	N/A							0	0%
N/A = Not yet active member						•								

N/A = Not yet active member of Board or Committee