

Full Board Meeting

August 25, 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, July 28, 2021
(EXHIBIT F-1)
- IV. CHIEF EXECUTIVE OFFICER'S/CHIEF OPERATING 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-August
(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)
- VI. CONSENT AGENDA**
 - A. Commercial Insurance Renewal 2021-2022
(EXHIBIT F-3 Anthony Robinson)
 - B. Health and Medical Insurance
(EXHIBIT F-4 Lesleigh Robertson)
 - C. FY 2022 Proposed Budget: Operating and Capital
(EXHIBIT F-5 Sean Kim)
 - D. Authorization to Transfer July 2021 eFMAP Funds to COVID-19 Reserve and Payment of COVID-19 Expenses from COVID-19 Reserve
(EXHIBIT F-6 Sean Kim)
 - E. Approve FY'21 Year-to-Date Budget Report-August
(EXHIBIT F-7 Sean Kim)
 - F. August 2021 New Contracts Over 50K
(EXHIBIT F-8 Silvia Tiller)
 - G. August 2021 Contract Renewals Over 50K
(EXHIBIT F-9 Silvia Tiller)
 - H. August 2021 Contract Amendments Over 50K
(EXHIBIT F-10 Silvia Tiller)

- I. August 2021 Interlocal Agreements
(EXHIBIT F-11 Silvia Tiller)

VII. CONSIDER AND RECOMMEND ACTION

- A. Continuous Care Performance Award Proposal and Vaccination
Incentive Plan
(Sean Kim)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

* In accordance with §551.072 of the Texas Government Code,
Discussion about the acquisition of real property for a new
Children's program -Silvia Tiller, Director of Contracts

* As authorized by §551.071 of the Texas Government Code,
the Board of Trustees reserves the right to adjourn into
Executive Session at anytime during the course of this meeting
to seek legal advice from its attorney about any matters listed
on the agenda.

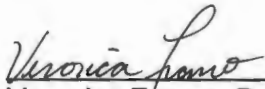
X. RECONVENE INTO OPEN SESSION

**XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE
SESSION**

XII. INFORMATION ONLY

- A. August 2021 New Contracts Under 50K
(EXHIBIT F-12)
- B. August 2021 Contract Renewals Under 50K
(EXHIBIT F-13)
- C. August 2021 Contract Amendments Under 50K
(EXHIBIT F-14)
- D. August 2021 Affiliation Agreements, Grants, MOU's and Revenues-
Information Only
(EXHIBIT F-15)

XIII. ADJOURN



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



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

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: July 28, 2021

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

TRUSTEES ABSENT:

1. Declaration of Quorum

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:30 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: SANTOS

SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Wednesday, June 23, 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- July
 - 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
 - D. Governance Committee Report and/or Action-J. Lykes, Chair

6. **Consent Agenda**

MOTION: Dr. Santos moved to approve Consent Agenda items A through T

SECOND: G. Womack seconded the motion.

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

- A. Approve FY’21 Year-to-Date Budget Report-July
- B. July 2021 New Contracts Over 50K
- C. July 2021 Contract Renewals Over 50K
- D. July 2021 Contract Amendments Over 50K
- E. July 2021 Interlocal Agreements
- F. Disaster & Emergency Plan
- G. Closed Record Committee Policy
- H. Criminal History Clearances Policy
- I. Employee Job Descriptions Policy
- J. Confidentiality Disclosure of PHI Policy
- K. License Certification and Registration Policy
- L. Nursing Peer Review and Safe Harbor Policy
- M. Telehealth and Telemedicine Services Policy
- N. Patient Safety Committee Policy

- O. Purchasing Card Policy
- P. Medical Peer Review Policy
- Q. Pharmacy and Unit Medication and Drug Inventory Policy
- R. Medication Storage, Preparation and Administration Areas Policy
- S. Pharmaceutical Representatives Policy
- T. Suicide and Homicide Prevention Policy

7. Consider and Recommend Action

- A. Board Bylaw Amendment

MOTION BY: SANTOS

SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Board Bylaw Amendment as presented under Exhibit F-23, are approved.

8. Review and Comment

- A. Epic Update

Mustafa Cochinwala and David Chou, CIO from Harris Health System presented on the Epic Update

- B. 6160 South Loop Apartment Update

Wayne Young presented on 6160 South Loop Apartment Update

- B. Full Board-Emergency Supplemental Item-Update on Emergency Procurement of HVAC and Generator at Residential Treatment Program located at 6160 South Loop East

Wayne Young presented on 6160 South Loop Apartment Update

9. Executive Session

At 11:36 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

- 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

10. Reconvene into Open Session and Take Action

No action was taken in Executive Session

11. ADJOURN

MOTION: SANTOS SECOND: HELLUMS

Motion passed with unanimous affirmative votes

The meeting was adjourned at 12:04 P.M.

Respectfully submitted,

Veronica Franco, Board Liaison

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

DRAFT

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report
For the Eleventh Month and Year to Date Ended July 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on August 17, 2021

The Harris Center for Mental Health & IDD

August 17, 2021

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

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

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



Sean Kim, CPA
Chief Financial and Administrative Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 21,329	\$ 21,478	\$ (149)
Expenditures	26,553	23,771	(2,782)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (5,223)</u>	<u>\$ (2,293)</u>	<u>\$ (2,930)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 23,814</u>	<u>\$ (303)</u>	<u>\$ 24,117</u>

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

	Month Ended July 31, 2021					Eleven Months Ended July 31, 2021				
	Actual	Budget	Variance		Actual	Budget	Variance			
			Favorable	or (Unfavorable)			Favorable	or (Unfavorable)		
			\$	%			\$	%		
Total Revenues:										
Harris County and Local	\$ 4,589,840	\$ 4,315,514	\$ 274,326	6%	\$ 51,335,274	\$ 47,413,427	\$ 3,921,847	8%		
PAP / Samples	964,673	1,583,323	(618,650)	-39%	13,072,392	17,416,553	(4,344,161)	-25%		
Interest	3,133	41,666	(38,533)	c -92%	114,383	458,326	(343,943)	-75%		
State General	9,677,339	9,642,311	35,028	0%	105,738,986	106,065,406	(326,420)	0%		
State Grants	1,631,686	891,778	739,908	d 83%	11,492,488	9,895,834	1,596,654	16%		
Federal Grants	1,654,674	1,063,105	591,569	56%	18,345,359	11,694,152	6,651,207	57%		
3rd party billings	2,808,033	3,940,212	(1,132,179)	e -29%	33,719,191	37,953,519	(4,234,328)	-11%		
Total Revenue	21,329,378	21,477,909	(148,531)	f -1%	233,818,073	230,897,217	2,920,856	1%		
Total Expenses:										
Salaries and Fringe	18,105,259	15,925,153	(2,180,106)	g -14%	177,769,355	175,184,270	(2,585,085)	-1%		
Travel	65,622	193,215	127,593	66%	542,275	1,879,804	1,337,529	71%		
Contracts and Consultants	1,648,631	1,803,662	155,031	9%	18,036,381	19,875,782	1,839,401	9%		
HCPC Contract	2,331,047	2,369,794	38,747	2%	25,747,644	26,077,734	330,090	1%		
Supplies and Drugs	1,302,321	1,902,175	599,854	32%	16,570,445	20,935,121	4,364,676	21%		
Equipment (Purch, Rent, Maint)	403,600	377,155	(26,445)	h -7%	12,418,204	4,162,816	(8,255,388)	-198%		
Building (Purch, Rent, Maint)	1,905,245	283,231	(1,622,014)	i -573%	13,675,005	3,114,688	(10,560,317)	-339%		
Vehicle (Purch, Rent, Maint)	10,306	28,249	17,943	64%	135,133	311,814	176,681	57%		
Telephone and Utilities	271,386	222,979	(48,407)	-22%	2,370,253	2,452,821	82,568	3%		
Insurance, Legal, Audit	146,826	137,843	(8,983)	-7%	1,735,596	1,516,063	(219,533)	-14%		
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%		
Other	322,685	460,148	137,463	30%	4,386,983	5,131,284	744,301	15%		
Claims Denials	39,854	67,534	27,680	41%	648,291	742,852	94,561	13%		
Reserve for Bad Debt	-	-	-	0%	-	-	-	0.0%		
Total Expenses	26,552,782	23,771,138	(2,781,644)	j -12%	274,587,989	261,973,646	(12,614,343)	-5%		
Excess of Revenues over (under)										
Expenditures before Other Sources	(5,223,404) a	(2,293,229)	(2,930,175)		(40,769,916)	(31,076,429)	(9,693,487)			
Funds from other sources:										
Use of fund balance - CapEx	1,584,778	-	1,584,778		10,210,473	-	10,210,473			
Use of fund balance - COVID-19	-	-	-		3,568,270	-	3,568,270			
Fund Balance DSRIP	629,236	629,236	-		6,928,667	6,930,895	(2,228)			
Waiver 1115 Revenues	2,167,484	2,167,484	-		23,842,345	23,842,366	(21)			
DSRIP Transition	1,809,411	-	1,809,411		19,022,277	-	19,022,277			
COVID-19 FMAP Allocation	-	-	-		-	-	-			
Insurance Proceeds	9,177	-	9,177		990,607	-	990,607			
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125			
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-			
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 976,682	\$ 503,491	\$ 473,191		\$ 23,813,848 b	\$ (303,168)	\$ 24,117,016			

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 July 31, 2021

Month Ended July 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 5,557,093	\$ 5,935,695	\$ 553	\$ 4,808	-	-
State General Revenue	9,659,386	9,624,358	17,953	17,953	-	-
State Grants	1,631,686	891,778	-	-	-	-
Federal Grants	1,654,674	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,895	1,705,260	-	-
3rd party billings	2,722,736	3,842,252	85,297	97,960	-	-
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Total Revenue	21,225,575	21,357,188	4,080,698	1,825,981	-	-
Total Expenses:						
Salaries and Fringe	16,703,855	14,562,531	1,401,404	1,362,622	-	-
Travel	61,585	180,437	4,037	12,778	-	-
Contracts and Consultant	1,548,593	1,686,104	100,038	117,558	-	-
HPCPC Contract	2,331,047	2,369,794	-	-	-	-
Supplies and Drugs	1,272,355	1,878,502	29,966	23,673	-	-
Equipment (Purch, Rent, Maint)	251,430	300,549	64,610	76,606	87,560	-
Building (Rent, Maint)	280,731	(102,011)	127,296	385,242	1,497,218	-
Vehicle (Purch, Rent, Maint)	7,357	16,539	2,949	11,710	-	-
Telephone and Utilities	254,471	183,355	16,915	39,624	-	-
Insurance, Legal, Audit	118,923	107,784	27,903	30,059	-	-
Note Payments	-	-	-	-	-	-
Other	314,748	436,504	7,937	23,644	-	-
Claims Denials	39,507	67,039	347	495	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	23,184,602	21,687,127	1,783,402	2,084,011	1,584,778	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(1,959,027)	(329,939)	2,297,296	(258,030)	(1,584,778)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	1,584,778	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	629,236	629,236	-	-	-	-
Insurance Proceeds	9,177	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,320,614)	\$ 299,297	\$ 2,297,296	\$ (258,030)	\$ -	\$ -
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The Harris Center for Mental Health and IDD
Comparison of Revenues and Expenses- Core Business and DSRIP
Management Use Only (Non-GAAP)
For the Year to Date Ended July 31, 2021

Eleven Months Ended July 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 64,488,296	\$ 65,235,418	\$ 33,753	\$ 52,888	\$ -	\$ -
State General Revenue	105,541,503	105,867,923	197,483	197,483	-	-
State Grants	11,492,488	9,895,834	-	-	-	-
Federal Grants	18,345,359	11,694,152	-	-	-	-
Federal Revenue - DSRIP	-	-	42,864,622	23,842,323	-	-
3rd party billings	32,674,130	36,883,497	1,045,061	1,070,022	-	-
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Total Revenue	232,541,776	229,576,824	44,140,919	25,162,716	-	-
Total Expenses:						
Salaries and Fringe	163,861,744	159,804,858	13,907,611	15,379,412	-	-
Travel	526,086	1,745,837	16,189	133,967	-	-
Contracts and Consultant	17,091,831	18,582,673	944,550	1,293,109	-	-
HCPC Contract	25,747,644	26,077,734	-	-	-	-
Supplies and Drugs	16,416,080	20,678,131	154,365	256,990	-	-
Equipment (Purch, Rent, Maint)	3,752,914	3,307,125	750,493	855,691	7,914,797	-
Building (Purch,Rent, Maint)	9,959,007	1,227,690	1,420,322	1,886,998	2,295,676	-
Vehicle (Purch, Rent, Maint)	105,273	185,004	29,860	126,810	-	-
Telephone and Utilities	2,189,857	2,016,010	180,396	436,811	-	-
Insurance, Legal, Audit	1,425,671	1,184,767	309,925	331,296	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	4,221,191	4,872,033	165,792	259,251	-	-
Claims Denials	634,480	737,407	13,811	5,445	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	245,931,778	240,419,269	18,445,738	21,518,204	10,210,473	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(13,390,002)	(10,842,445)	25,695,181	3,644,512	(10,210,473)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	10,210,473	-
Use of fund balance - COVID-19	3,568,270	-	-	-	-	-
Fund Balance DSRIP	6,928,667	6,930,895	-	-	-	-
Insurance Proceeds	988,747	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,883,193)	\$ (3,911,550)	\$ 25,697,041	\$ 3,644,512	\$ -	\$ -
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The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of July 31, 2021

	Ending Balance		Increase/(Decrease)	
	June 30, 2021	July 31, 2021	July	
Assets				
Cash and Cash Equivalents	\$ 115,147,222	\$ 140,032,839	\$ 24,885,617	a
Inventory - includes RX	304,877	300,070	(4,807)	b
Prepaid Expenses	2,563,932	5,719,089	3,155,157	c
A/R Medicaid, Medicare, 3rd Party	14,863,471	14,997,768	134,297	
Less Bad Debt Reserve	(5,884,594)	(6,374,639)	(490,045)	
A/R Other	24,260,223	25,498,888	1,238,665	d
A/R DSRIP	41,180,372	-	(41,180,372)	e
Total Current Assets	<u>192,435,503</u>	<u>180,174,014</u>	<u>(12,261,488)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,914,881	51,272	
Furniture and Fixtures	9,882,776	9,898,640	15,864	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	12,973,806	14,558,584	1,584,778	
Total Property, Plant & Equipment	<u>76,127,328</u>	<u>77,779,242</u>	<u>1,651,914</u>	
TOTAL ASSETS	<u>\$ 268,562,831</u>	<u>\$ 257,953,256</u>	<u>\$ (10,609,574)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 48,992,867	\$ 43,918,857	\$ (5,074,010)	f
Accrued Payroll and Accounts Payables	25,855,733	19,907,275	(5,948,458)	g
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>74,848,600</u>	<u>63,826,132</u>	<u>(11,022,468)</u>	
State Escheatment Payable	34,746	33,067	(1,679)	
Total Non Current Liabilities	<u>34,746</u>	<u>33,067</u>	<u>(1,679)</u>	
TOTAL LIABILITIES	<u>74,883,346</u>	<u>63,859,199</u>	<u>(11,024,147)</u>	
General Fund Balance	20,086,704	15,533,661	(4,553,043)	h
Nonspendable				
Investment in Inventories	304,877	304,877	-	
Investment In Fixed Assets	76,127,328	77,779,242	1,651,914	
Assigned:				
Current Capital Projects	21,856,193	24,824,448	2,968,255	i
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	41,439,569	40,810,333	(629,236)	
COVID-19 eFMAP Reserve	2,445,788	2,445,788	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>170,842,319</u>	<u>170,280,209</u>	<u>(562,110)</u>	
Year to Date Excess Revenues over (under) Expenditures	22,837,166	23,813,848	976,682	
TOTAL FUND BALANCE	<u>193,679,485</u>	<u>194,094,057</u>	<u>414,572</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 268,562,831</u>	<u>\$ 257,953,256</u>	<u>\$ (10,609,575)</u>	

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

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of July 2021, the eleventh month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$5,223,404.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$23,813,848 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 \$38,533 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 \$739,908 primarily due to timing of ECI revenues.
- e. **Third Party Billings** is unfavorable to budget by \$1,132,179.
- f. **Total Revenue** is unfavorable to budget by \$148,531.
- g. **Salaries and Fringe Benefits** are unfavorable to budget by \$2,180,106 due to salaries and fringe benefits paid by grants awarded after approval of the original budget.
- h. **Equipment** is unfavorable to budget by \$26,445. Equipment purchases exceeding budget were covered by funds designated by the Board through Fund Balance-Capex designations.
- i. **Building** is unfavorable to original budget by \$1,622,014 primarily due to purchase of NE land which was covered by funds designated by the Board through Fund Balance-Capex designations.
- j. **Total Expenses** are unfavorable to budget by \$2,781,644 due to expenses associated with Board designated Capex funds and grants awarded after approval of the original budget.

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 increased from the prior month because of operations and receipt of DSRIP funds.

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Cash - General Fund Bank Of America	\$ 2,664,886	\$ 2,785,888	\$ 121,002
Cash - General Fund Chase	48,040,277	80,703,553	32,663,276
Cash - BOA ACH Vendor	467,913	358,819	(109,094)
Cash - FSA - Discovery	144,871	152,170	7,299
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,559	1,001,575	16
Investments - Texpool Self Insurance	2,288,884	2,288,921	37
Investments - Texpool Prime	29,308,805	24,810,390	(4,498,415)
Investments - Texas Class	31,220,727	27,922,223	(3,298,504)
Total Cash and Cash Equivalents	\$ 115,147,222	\$ 140,032,839	\$ 24,885,617

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(20,857)	(25,664)	(4,807)
Inventory - Drugs	293,096	293,096	-
Total Inventory	<u>\$ 304,877</u>	<u>\$ 300,070</u>	<u>\$ (4,807)</u>

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

II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** increased in July.

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Villas At Bayou Park	\$ 53,533	\$ 58,133	4,600
Pear Grove	26,027	29,651	3,624
Pasadena Cottages	72,325	76,014	3,689
Employee	40	25	(15)
Pecan Village	-	4,401	4,401
Acres Homes Garden	71,385	75,010	3,625
General Accounts Receivable	1,365,080	1,683,966	318,886
Harris County Juvenile Probation	800,652	825,293	24,641
Harris County Community Supervision & Correcti	228,416	537,161	308,745
Harris County Sheriff Dept.	3,556,596	3,338,965	(217,631)
ICFMR	206,879	221,825	14,946
ECI Administrative Claiming	25,490	63,571	38,081
TCOOMMI -Special Needs	991,393	782,184	(209,209)
TDCJ - Parole	82,000	61,500	(20,500)
TDCJ - Substance Abuse	71,400	53,550	(17,850)
TCOOMMI- Juvenile	108,612	172,765	64,153
Jail Diversion	3,137,626	3,167,839	30,213
ECI	1,077,585	1,121,386	43,801
ECI Respite	-	836	836
ECI SNAP	9,900	9,900	-
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	218,572	208,902	(9,670)
MH Block Grant	5,749,547	6,006,364	256,817
MH Block Grant - Coordinated Specialty Care	125,169	212,075	86,906

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Title XX Social Services	\$ 1,064,097	\$ 1,112,465	48,368
TANFF to Title XX Block Grant	3,100,162	3,241,079	140,917
DSHS SAPT Block Grant - SA/OSR	82,267	70,828	(11,439)
Enhanced Community Coordinator	131,149	104,751	(26,398)
DSHS Mental Health First Aid	25,875	11,772	(14,103)
HHSC ZEST - Zero Suicide	128,965	67,297	(61,668)
HCC Open Door	306,383	631,482	325,099
HCS	22,416	22,416	-
TX Home Living Waiver	(126,830)	(150,584)	(23,754)
Federal DSHS Disaster Assistance	1,051,525	1,136,826	85,301
Helpline Contracts	65,685	79,742	14,057
City of Houston - CCSI	25,268	50,537	25,269
City of Houston - DMD	10,331	10,331	-
City of Houston - 911 CCD Amended	22,966	26,893	3,927
	<u>\$ 24,260,223</u>	<u>\$ 25,498,888</u>	<u>1,238,665</u>

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

- f. **Unearned Income** decreased due to spending of State GR funds.
- g. **Accrued Payroll and Accounts Payable** decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General Fund Balance** decreased due to allocation of Board approved Capex projects to designated fund balance categories.
- i. **Current Capital Projects** increased due to allocation of Board approved Capex projects to designated fund balance categories.
- j. **Days of Operation in Reserve for Total Agency** is 161 days and for **Core Business** is 99 days versus 159 and 98 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of July 31, 2021, is \$56,023,110 of which 100% is in government pools (Texas Class 49% and TexPool 51%).
- b. Investments this month yielded interest income of \$3,133.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
GOVERNMENT POOLS												
TEXAS CLASS - GF G/L 120700		31,220,727	-	(3,300,000)	1,496		27,922,223		49.84%		0.0615%	
TEXPOOL ISF G/L 120610		2,288,884	-	-	37		2,288,921		4.09%		0.0189%	
TEXPOOL GF G/L 120600		1,001,560	-	-	16		1,001,576		1.79%		0.0189%	
TEXPOOL PRIME G/L 120620		29,308,805	-	(4,500,000)	1,585		24,810,390		44.29%		0.0655%	
Subtotal Texpool		43,086,969	-	(4,500,000)	1,638		28,100,887		50.16%			
Subtotal Government Pools		95,795,588	-	(7,800,000)	3,133		56,023,110		100.00%			
TOTAL INVESTMENTS		\$ 95,795,588	\$ -	\$ (7,800,000)	\$ 3,133	\$ -	\$ 56,023,110		100.00%			

Total Investment Interest G/L 409000 & 409005

3,133

3 Month Weighted Average Maturity (Days)

1.00

Total Interest

-

3 Month Weighted Average Yield

0.0655%

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

0.0280%

The Harris Center for Mental Health and IDD

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

Report for July 2021

Vendor	Description	Monthly Not-To-Exceed*	Jul-21	YTD Total (Apr -July 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,281,359	\$4,022,523
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$197,100	\$790,049
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,027,580	\$8,161,698
Cigna Dental	Dental Insurance	\$100,000	\$77,161	\$310,874

* 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 July 2021 Payments of Liabilities for Employee Benefits = 9% of Expenditures.

EXHIBIT F-3



Commercial Insurance Renewal

2021-2022

Commercial Insurance Team

D. Anthony Robinson, JD/MBA

Vice President, Enterprise Risk Management

Eunice Davis, MSW

Director, Risk Management Services

Dennis L. Northington

Senior Vice President, Frost Insurance

Raul Barberena, CIC

Market President, Frost Insurance

Debbie Davis-Morales

Senior Account Manager

Robert Baber, CSHO

Risk Manager, Frost Insurance

Marketing Results



Our review of insurance markets available to you is a continuous process. Traditional social service markets have not been acceptable due the scope and programs offered by The Harris Center.

The Texas Council Risk Management Fund is a self-insurance pool. The Fund provides Workers' Compensation, General Liability, Sexual Misconduct, Errors and Omissions, Professional Liability including Primary Care and Closed Pharmacy, Auto Liability, and Property Damage including Auto Physical Damage coverage for its members. Members pool their risks and resources to gain stability and scale to help keep prices low. In addition to pooled-insurance coverage, member centers receive claims, risk management, and loss prevention services tailored to meet their needs.

Members Equity Credit: The annual amount received is based on claims experience for each coverage line except excess liability and property and is allocated on premium contributions.

Property Value Updates: TCRMF periodically does property valuations on member's buildings. Given that the Fund provides coverage on a "replacement cost" basis, it is important to maintain accurate replacement cost values on all scheduled property locations.

Each year, the Fund conducts physical (on-site) valuations of approximately on third of the members properties. In those years when on-site appraisals are not conducted the Fund uses trend factors supplied by Marshall & Swift that are specific to construction costs in a given are to adjust the amount of the appraisal values.

Marketing Results



- Coverage for buildings is provided on a replacement cost basis unless otherwise noted on the building and contents schedule.
- Coverage for mobile equipment is provided on an actual cash value basis unless otherwise noted on the mobile equipment schedule.

The valuations help to ensure that scheduled values accurately reflect replacement cost value.

This protects the fund and its members' by ensuring that adequate coverage is in place. This also satisfies requirements by the Fund's property reinsurer.

Based upon either physical valuations or current trend factors supplied Marshall & Swift, the Fund has updated the property values of buildings, which are owned by your center or leased and required by contract to be insured by your center. All updated values are reflected in the property values used for the 2021-2022 Fund Year.

Motor Vehicle Reports (MVR):

The Fund will continue to perform MVR's as members submit them for prospective hires and when employees are in vehicle accidents when on center business.

Renewal Considerations



Windstorm Coverage- Named Storm Wind:

- Tier 1 Windstorm : Windstorm coverage is excess of the maximum amount of coverage available from the Texas Windstorm Insurance Association (TWIA) in the 14 eligible counties designated as Tier 1, subject to a \$4,424,000 minimum deductible per occurrence per Location (Total TIV at location)
- Harris County and Fort Bend County Windstorm: 5% per occurrence per location (Total TIV at location) deductible, subject to a \$100,000 minimum deductible per location. (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.
- Location shall mean all properties, regardless as to the number of scheduled with the Fund at the same physical address. Total insured values (TIV) at the location shall mean the sum of all replacement cost values for buildings, contents and property in the yard without regard to the sublimit, at the location.
- For properties not located in Tier 1 or in Harris County or in Fort Bend County, the Wind/Hail Coverage Deductible-Other than Named Storm Wind would apply.

Renewal Considerations



Named Storm Wind is defined as direct action of wind, including wind driven rain, when associated with occurring in conjunction with a storm or weather disturbance that has been declared and named by the National Weather Bureau, National Hurricane Center, National Weather Service or any other recognized meteorologist authority to be a Hurricane, Typhoon, Tropical Cyclone, Tropical Storm or Tropical Depression whether or not such storm or weather disturbance is named prior to loss or damage.

Wind/ Hail Coverage Deductible- Other than Named Storm Wind:

- The deductible for wind or hail losses from weather events other than Named Storm Wind as defined above is 1% of the building TIV, subject to a \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence.

Flood Coverage

- Flood coverage is excluded for properties located in 100 year flood zones A, zone V, including zones and zones prefixed A or V as shown in the most recent documentation published by the Federal Emergency Management Agency (FEMA), or other qualified and recognized authority in absence of FEMA.
- For property at locations other than the 100 year flood zones, the member's standard deductible will apply for flood coverage.
- The aggregate limit for loss by Flood in any single Fund Year shall not exceed \$5,000,000 at all locations not situated within the 100 year flood zone A, zone V and zones prefixed A or V as shown in the most recent documentation published by the Federal Emergency Management Agency (FEMA) or other qualified and recognized authority in the absence of FEMA.

Renewal Considerations



- The following locations have a separate Flood Policy due to the fact that they are in the 100 year flood zones.
 - 11511 Bob White Road, Houston TX 77035 \$262,511 building \$156,288 contents; \$22,696 income
 - 7200 North Loop East, Houston TX 77028 \$2,722,476 building; \$1,350,181 contents; \$203,928 income (1st floor)
 - 1200 Baker Street, Houston TX 77002 \$137,152 contents (1st floor)

- Regarding Texas Council Risk Management Fund: Available Equity Credits have been included in the premium indication presented for select lines of coverage.

2021-22 TCRMF Program Cost

Coverage	2021-2022 TCRMF Estimated Premium	2021-2022 Exposure Change	2020-2021 TCRMF Estimated Premium
Property including Boiler Machinery	<p>Annual Contribution: \$657,127.00 No Equity Credit</p> <p>Bldg./BPP TIV: \$134,059,939 \$10,000 AOP Deductible</p> <p>Wind Deductible 1% of the TIV Subject to \$25K per building maximum and \$50K Aggregate maximum per occurrence</p> <p>Named Storm Deductible 5% per occurrence, per location (Total TIV at location) deductible, subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.</p>	<p>2021-22 rate increased consistent with market trend; to maintain Replacement Cost Value</p> <p>Building demolished located at 2001 Cedar Bayou, Baytown TX 77520. Currently insure vacant land only.</p> <p>Added building at 6160 South Loop East, Houston, TX 77087</p> <p>Named Storm Deductible No change.</p>	<p>Annual Contribution: \$388,612.00 No Equity Credit</p> <p>Bldg./BPP TIV: \$138,941,709</p> <p>Wind Deductible 1% of TIV Subject to \$25K per building maximum and \$50K Aggregate maximum per occurrence</p> <p>Named Storm Deductible 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.</p>
Commercial General Liability	<p>Annual Contribution: \$6,205.00 Equity Credit Applied: (\$758.00) Contribution: \$5,447.00 Limit: \$1,000,000/ \$1,000,000 aggregate</p>	<p>Claims Experience Based Premium Basis: Square Footage</p> <p>Added vacant land at: 7583 E. Little York, Houston, TX 77019</p>	<p>Annual Contribution: \$7,958.00 Equity Credit Applied: (\$1,819.00) Contribution Adjustment: \$6,139.00 Limit: \$1,000,000/ \$1,000,000 aggregate</p>

2021-22 TCRMF Program Cost



Coverage	2021-2022 TCRMF Estimated Premium	Exposure Change	2020-2021 TCRMF Estimated Premium
Professional Liability	Annual Contribution: \$90,193.00 Equity Credit Applied: (\$11,021.00) Contribution: \$79,172.00 Limit: \$1,000,000/ \$3,000,000 aggregate	Expenditures: Crisis Resolution: \$2,910,628 Other Programs & Services: \$244,786,912 Added Primary Care Endorsement	Annual Contribution: \$91,966.00 Equity Credit Applied: (\$5,255.00) Contribution: \$86,711.00 Limit: \$1,000,000/ \$3,000,000 aggregate
Automobile Liability & Physical Damage	Annual Contribution: \$99,045 Auto Liability Equity Credit Applied: (\$12,103.00) Contribution: \$86,942.00 97 total number of vehicles \$44,553.00 Auto Physical Damage Contribution Limit: \$1,000,000	25 additional motor vehicles than expiring term	Annual Contribution: \$99,341 Auto Liability Equity Credit Applied: (\$5,637.00) Contribution: \$93,704.00 72 total number of vehicles \$22,673.00 Auto Physical Damage Contribution Limit: \$1,000,000

2021-22 TCRMF Program Cost



Coverage	2021-2022 TCRMF Estimated Premium	Exposure Change	2020-2021 TCRMF Expiring Premium
Workers Compensation	Annual Contribution: \$631,777.00 Equity Credit: (\$170,229.00) Contribution: \$461,548.00 Estimated Cost. Payrolls reported monthly. Retentions: \$100,000 each claim \$1,000,000 aggregate	Workers Compensation Aggregate Limit increased from \$300,000 to \$1,000,000 Employee count increased 2020 Payroll: \$142,867,737 2021 Payroll: \$155,698,506	Annual Contribution: \$858,716.00 Equity Credit: (\$460,000.00) Contribution: \$398,716.00 Estimated Cost. Payrolls reported monthly. Retentions: \$100,000 each claim \$300,000 aggregate

2021-22 TCRMF Program Cost Options



Workers Compensation Aggregate Deductible Options	Deductible and Aggregate Options Rate Credit Applied	Cost With Equity Credit Applied	Difference on Cost Excluding Claims Cost in Deductible
1	\$100,000/\$1,000,000 deductible	\$461,548.00	\$0
2	\$100,000/\$750,000 deductible	\$502,077.00	\$40,529.00
3	\$100,000/\$500,000 deductible	\$568,831.00	\$107,283.00
4	\$50,000 deductible each claim no aggregate	\$531,878.00	\$240,559.00
5	\$25,000 deductible each claim no aggregate	\$617,704.00	\$326,425.00
6	Guaranteed Cost no deductible	\$1,021,803.00	\$730,524.00

2021-22 TCRMF Program Cost Options



Transforming Lives

Workers Compensation Aggregate Deductible Options	Deductible and Aggregate Options Rate Credit Applied	Cost With Equity Credit Applied	In Deductible Loss Forecast	Forecast Total Cost of Risk Including Loss Forecast
1	\$100,000/\$1,000,000 deductible	\$461,548.00	\$390,000.00	\$851,548.00
2	\$100,000/\$750,000 deductible	\$502,077.00	\$390,000.00	\$892,077.00
3	\$100,000/\$500,000 deductible	\$568,831.00	\$390,000.00	\$958,831.00
4	\$50,000 deductible each claim no aggregate	\$531,878.00	\$350,000.00	\$881,878.00
5	\$25,000 deductible each claim no aggregate	\$617,704.00	\$300,000.00	\$917,704.00
6	Guaranteed Cost no deductible	\$1,021,803.00	\$1,021,803.00	\$1,021,803.00

2021-22 TCRMF Program Cost



Coverage	2021-2022 TCRMF Estimated Premium	Exposure Change	2020-2021 TCRMF Expiring Premium
Excess Liability	Annual Contribution: \$81,690.00 No Equity Credit Limit: \$4,000,000 for auto, general liability and public official E&O \$2,000,000 for professional liability Subject to limit retro dates	Annual Contributions for 2021	Annual Contribution: \$95,886.00 No equity credit Limit: \$4,000,000 for auto, general liability and public official E&O \$2,000,000 for professional liability Subject to limit retro dates
Public Officials E&O with Employment Practices Liability	Annual Contribution:\$296,663.00 Equity Credit Applied: (\$36,250.00) Contribution: \$260,413.00 Limit: \$1,000,000/ \$3,000,000 aggregate	\$247,697,540 Expenditures remain same as expiring Renewal Rate: 1.10 Expiring Rate: 1.13	Annual Contribution: \$306,532.00 Equity Credit Applied: (\$17,097.00) Contribution: \$289,435.00 Limit: \$1,000,000/ \$3,000,000 aggregate
Terrorism Coverage	Not available from TCRMF		Not available from TCRMF

2021-22 TCRMF Program Cost



Coverage	2021-2022 TCRMF Estimated Premium	Before Equity Credit Difference	2020-2021 TCRMF Expiring Premium
Workers Compensation	\$631,777	(\$226,939)	\$858,716
Auto Liability	\$99,045	(\$296)	\$99,341
General Liability	\$6,205	(\$1,753)	\$7,958
Professional Liability	\$90,193	(\$1,773)	\$91,966
D&O Liability	\$296,663	(\$9,869)	\$306,532
Excess Liability:	\$81,690	(\$14,196)	\$95,886
Liability Total:	\$573,796	(\$27,887)	\$601,683
Property:	\$657,127	\$205,521	\$451,606
Auto Physical Damage:	\$44,553	\$21,880	\$22,673
Credit/ Adjustment:	\$230,361	(\$259,447)	\$489,808
Grand Total:	\$1,676,892	\$232,022	\$1,444,870
Percent Increase:		16.06%	

Other Coverages (Non-TCRM Fund)

2021-22 TCRMF Program Cost



- **Flood**
- **Crime**
- **Fiduciary Liability**
- **Notary Errors & Omissions**
- **Notary Bonds**
- **Cyber Security Liability**

Other Coverages (Non-TCRM Fund)

2021-22 TCRMF Program Cost



Transforming Lives

Coverage	2021 - 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Crime	Estimated Premium: \$4,426.00 Scheduled Locations Employee Dishonesty: \$600,000 Forgery or Alteration: \$200,000 Inside the Premises: \$ 25,000 Outside the Premises: \$ 25,000 Computer Fraud: \$100,000 Money Orders & Counterfeit Paper Currency: \$ 25,000 Funds Transfer Fraud: \$100,000 Policy Term: 09-01-21/22	Great American Ins. Co.	Estimated Premium: \$4,098.00 Scheduled Locations Employee Dishonesty : \$600,000 Forgery or Alteration: \$200,000 Inside the Premises: \$ 25,000 Outside the Premises: \$ 25,000 Computer Fraud: \$100,000 Money Orders & Counterfeit Paper Currency: \$ 25,000 Funds Transfer Fraud: \$100,000 Policy Term: 09-01-20/21	+8.0%
Fiduciary Liability	Annual Premium: \$7,624.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-21/22	Twin City Fire Insurance Co.	Annual Premium: \$7,592.40 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-20/21	0.4%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Transforming Lives

Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Notary Bonds 3-Yr. Policy Term: Varies	Est. Notary Bond Premium: \$6,461.00 91 Notaries \$71.00 per Notary Bond	Old Republic Added 23 additional notaries Forecasting to add 15% of Electronic Notaries	Est. Notary Bond Premium: \$4,899.00 69 Notaries \$71.00 per Notary Bond	+ 31.9%
Notary Errors & Omissions	Premium: \$1,012.20 Policy Term: 11-18-21/22	Western Surety Company Renewal Premium per Projected Total # of Notaries	Premium: \$1,012.20 Policy Term: 11-18-20/21	0.0%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Transforming Lives

Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Cybersecurity Liability	<p>Annual Premium: \$83,129.75</p> <p>Carrier: Benchmark Insurance Co.</p> <p>Policy Term: 05-08-21/22</p> <p>Deductible: \$50,000</p> <p>Great of \$50,000 or 12 hours for business interruption</p> <p>Limit: \$5,000,000</p>	<p>Renewal carrier able to provide higher limits than prior carrier as follows:</p> <p>Breach Response, Incident Response, Forensic Cost, Legal Cost for each coverage. Expiring \$2.5MM Renewal:\$5MM</p> <p>Expiring Limit: \$7.5MM Renewal Limit:\$5MM</p> <p>Beazley increased deductible to \$100,000 at renewal.</p>	<p>Annual Premium: \$81,770.55</p> <p>Carrier: Beazley Ins. Co.</p> <p>Policy Term: 04-24-20 to 05-08-21 (Renewal quote: \$99,678.75 +21.9%)</p> <p>Deductible: \$75,000</p> <p>10 hours for business interruption \$10,000 for Computer Expert Services, Public Relations and Crisis Management Expenses, \$5,000 Legal Services</p> <p>Limit: \$7,500,000</p>	+1.7%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Flood	<p>Premium: \$49,757.54</p> <p>Locations: 1. 11511 Bob White Road 2. 7200 North Loop East 3. 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-21/22</p> <p>1. \$262,511 building \$156,288 contents; \$22,696 income</p> <p>2. \$2,722,476 building; \$1,350,181 contents \$203,928; income</p> <p>3. \$137,152 contents</p>	<p>Private Flood Coverage for Properties in "AE" Zone</p> <p>The 20/21 flood policy had a capped limit of \$500,000, per location. The carrier was able to insure buildings based on valuation report provided by Texas Council.</p> <p>Increasing Flood Contents limits on 21/22 term to include EDP</p> <p>1. Increased Contents from \$154,648 to 156,288</p> <p>2. Increased Contents from \$1,049,420 to \$1,350,181</p> <p>3. Increased Contents from \$76,634 to \$137,152</p>	<p>Premium: \$24,369.30</p> <p>Locations: 1. 11511 Bob White Road 2. 7200 North Loop East; 3. 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-20/21</p>	+104.2%

Residential Program (2021-2022)



The insurance program for the residential programs was originally designed to parallel The Harris Center for Mental Health & IDDA's insurance program as close as possible. Coverage for the HUD Mental Health portion is provided by The Housing Corporation of Houston. The HUD residential coverage for the IDD program is provided by the Village Learning Center, Inc. for the Village of Hickory Glen, and Frost will be handling the Pasadena Cottages, Inc. location. Coverage for all six locations include Directors' & Officers Liability to protect the Board of Directors for the respective Boards.

List of HUD Residential Locations for Mental Health:

- Villas at Bayou Park, Inc.
- Acres Homes Garden, Inc.
- Pear Grove, Inc.
- Pecan Village, Inc.
- Tomball Pines (no current board members at this time)

List of HUD Residential Locations for IDD:

- Pasadena Cottages, Inc.
- The Village at Hickory Glen

Mental Health – Residential HUD Program (2021-2022)



Transforming Lives

	Current Insurance
<p>Villas at Bayou Park, Inc.</p>	<p>Acceptance Indemnity(General Liability) Effective 07-01-21/22</p> <p>James River (Umbrella) Effective 07-01-21/22</p> <p>Lloyds of London (Property) Effective 05-15-21/22</p> <p>Travelers Casualty & Surety Company (Directors & Officers Liability & Employment Practices Liability) Effective 07-06-21/22</p>
<p>Acres Homes Garden, Inc.</p>	<p>Acceptance Indemnity(General Liability) Effective 07-01-21/22</p> <p>James River (Umbrella) Effective 07-01-21/22</p> <p>Lloyds of London (Property) Effective 05-15-21/22</p> <p>USLI – United States Liability Insurance (Directors & Officers Liability & Employment Practices Liability) Effective 07-01-21/22</p>

Mental Health - Residential Program (con't)

(2021-2022)



Transforming Lives

Residential Program	Current Insurance
<p>Pear Grove, Inc.</p>	<p>Acceptance Indemnity(General Liability) Effective 07-01-21/22</p> <p>James River (Umbrella) Effective 07-01-21/22</p> <p>Lloyds of London (Property) Effective 05-15-21/22</p> <p>USLI – United States Liability Insurance (Directors & Officers Liability & Employment Practices Liability) Effective 07-01-21/22</p>
<p>Pecan Village, Inc.</p>	<p>Acceptance Indemnity(General Liability) Effective 07-01-21/22</p> <p>James River (Umbrella) Effective 07-01-21/22</p> <p>Lloyds of London (Property) Effective 05-15-21/22</p>

Mental Health - Residential Program (con't)

(2021-2022)



Residential Program	Current Insurance
<p>Pecan Village, Inc.</p>	<p>Selective Insurance of Company the Southeast Flood Insurance (Buildings 1 to 4) 2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldgs#1,2 & 3) Bldg#1 Premium:\$74100 Bldg#2 Premium:\$74100 Bldg#3 Premium:\$74100 Effective: 12-1-20/21</p> <p>2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldg#4) Bldg#4 Premium:\$2,254.00 Effective: 02-12-21/22</p> <p>USLI – United States Liability Insurance (Directors & Officers Liability & Employment Practices Liability) Effective 07-01-21/22</p>

IDD - Residential Program (2021-2022)



Transforming Lives

IDD - Residential Program	Current Insurance
<p>The Village at Hickory Glen</p>	<p>Flood Pol#42 1151588986 03 Carrier: Wright National Flood Insurance Co. Effective:3-14-21/22 Premium: \$811.00 Location: 3911 Hickory Glen Court, Building 1, Kingwood, TX 77339</p> <p>Flood Pol# 42 1151588989 03 Carrier: Wright National Flood Insurance Co. Effective:3-14-21/22 Premium: \$811.00 Location: 3911 Hickory Glen Court, Building 2 Kingwood, TX 77339</p>

IDD - Residential Program (2021-2022)



IDD - Residential Program	Current Insurance
<p>The Village at Hickory Glen (cont'd)</p>	<p>Flood Pol#42 1151588992 03 Carrier: Wright National Flood Insurance Co. Effective:3-14-21/22 Premium: \$811.00 Location: 3911 Hickory Glen Court, Building 3 Kingwood, TX 77339</p> <p>Flood Pol#42 1151588995 03 Carrier: Wright National Flood Insurance Co. Effective:3-14-21/22 Premium: \$2,925.00 Location: 3911 Hickory Glen Court, Building 4 (Clubhouse) Kingwood, TX 77339</p> <p>Directors & Officers/ EPL Policy#G27897897 006 Carrier: Westchester Fire Insurance Co. Effective: 09-08-20/21 (* Renewal pending) Premium: \$1,981.00</p>

IDD - Residential Program (2021-2022)



Transforming Lives

IDD- Residential Program	Current Insurance
<p>The Village at Hickory Glen (cont'd)</p>	<p>Property Pol# Various (Contributing Insurance) Carrier: Various carriers (Contributing Insurance) Effective: 5-15-21/22 Premium: Not provided</p> <p>General Liability Pol#013-135-928 Carrier: Lexington Insurance Effective: 05-15-21/22 Premium :Not Provided</p> <p>Umbrella Policy#00083296-2 Carrier: James River Insurance Effective: 05-15-21/22 Premium: Not Provided</p> <p>Hired & Non-Owned Auto Pol# 013-135-928 Carrier: Lexington Insurance Effective: 05-15-21/22 Premium: Not Provided</p>

IDD - Residential Program (2021-2022)



Transforming Lives

IDD- Residential Program	Current Insurance
Pasadena Cottages, Inc.	<p>Property Pol#: TX141868 Carrier: Certain Underwriters at Lloyd's London Effective: 04-08-21/22 Premium:\$8,070.83</p> <p>General Liability Pol#PHPK2237013: Carrier: Philadelphia Indemnity Insurance Co. Effective: 04-08-21/22 Premium: \$2,792.00</p> <p>Directors & Officers Liability Pol#: NDO10516533P Carrier: United States Liability Insurance Co. Effective: 02-08-21/22 Premium: \$1,229.00</p>

IDD - Residential Program (2021-2022)



Transforming Lives

IDD-Residential Program	Current Insurance
Pasadena Cottages, Inc. (cont'd)	<p>Flood Pol# 42 1151414451 04 Carrier: Wright National Flood Insurance Co. Effective:11-04-20/21 Premium: \$819.00 Location: 2122 Wichita St, Pasadena, TX 77502</p> <p>Flood Pol# 42 1151434101 04 Carrier: Wright National Flood Insurance Co. Effective:01-15-21/22 Premium: \$883.00 Location: 2122B Wichita St, Pasadena, TX 77502</p>
Tomball Pines	No current board members serving at this time

The Harris Center Foundation for Mental Health (2021-2022)

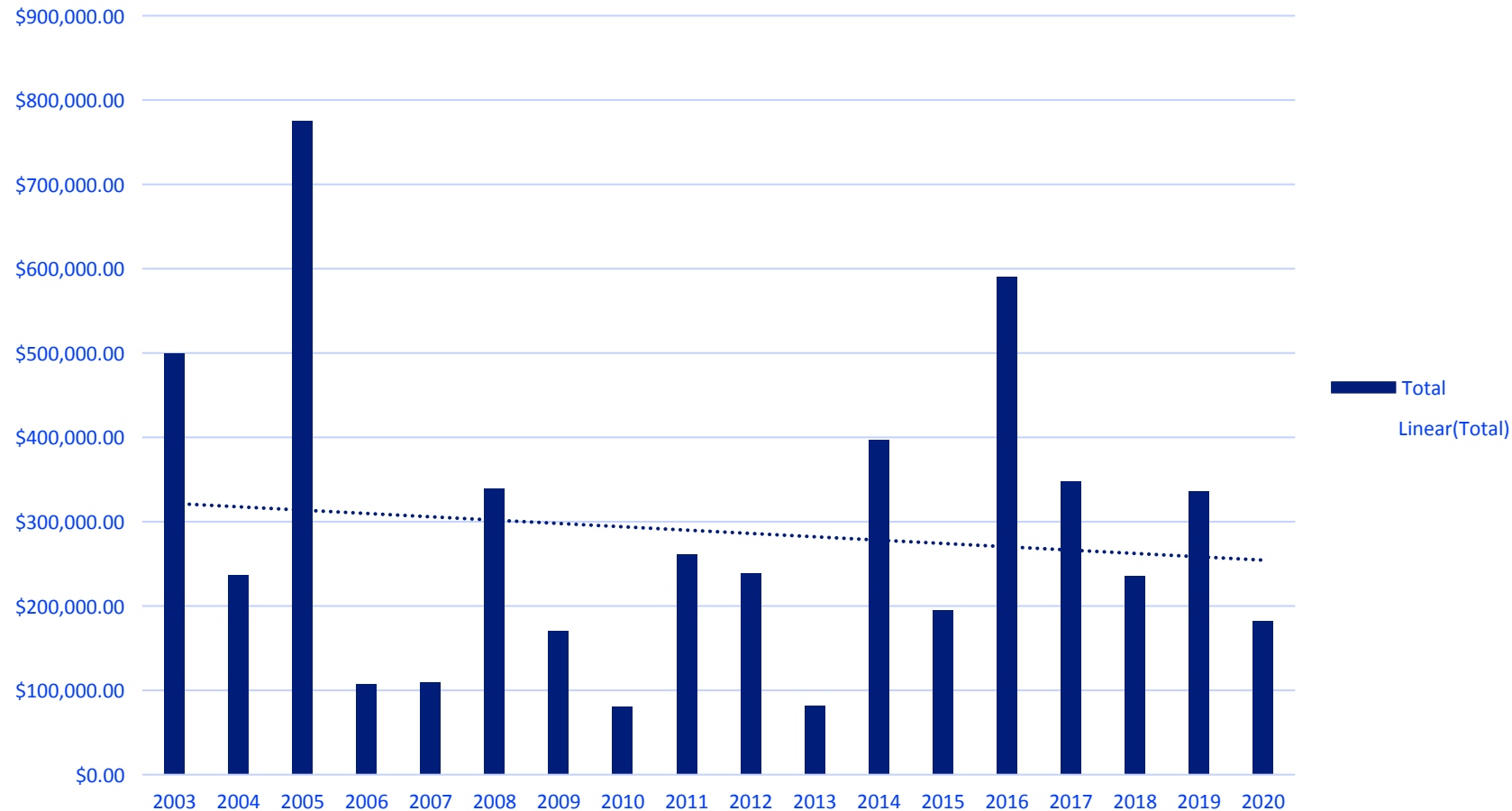


501(C) (3) Foundation	Current Insurance
The Harris Center Foundation for Mental Health	D&O Pol# PHSD1587937 Carrier: Philadelphia Indemnity Insurance Co. Effective:11-09-20/21 Premium: \$880.00

All Year Claims Review on Aggregate Deductible– Workers Compensation



Total By Policy Year



Notes on Aggregate

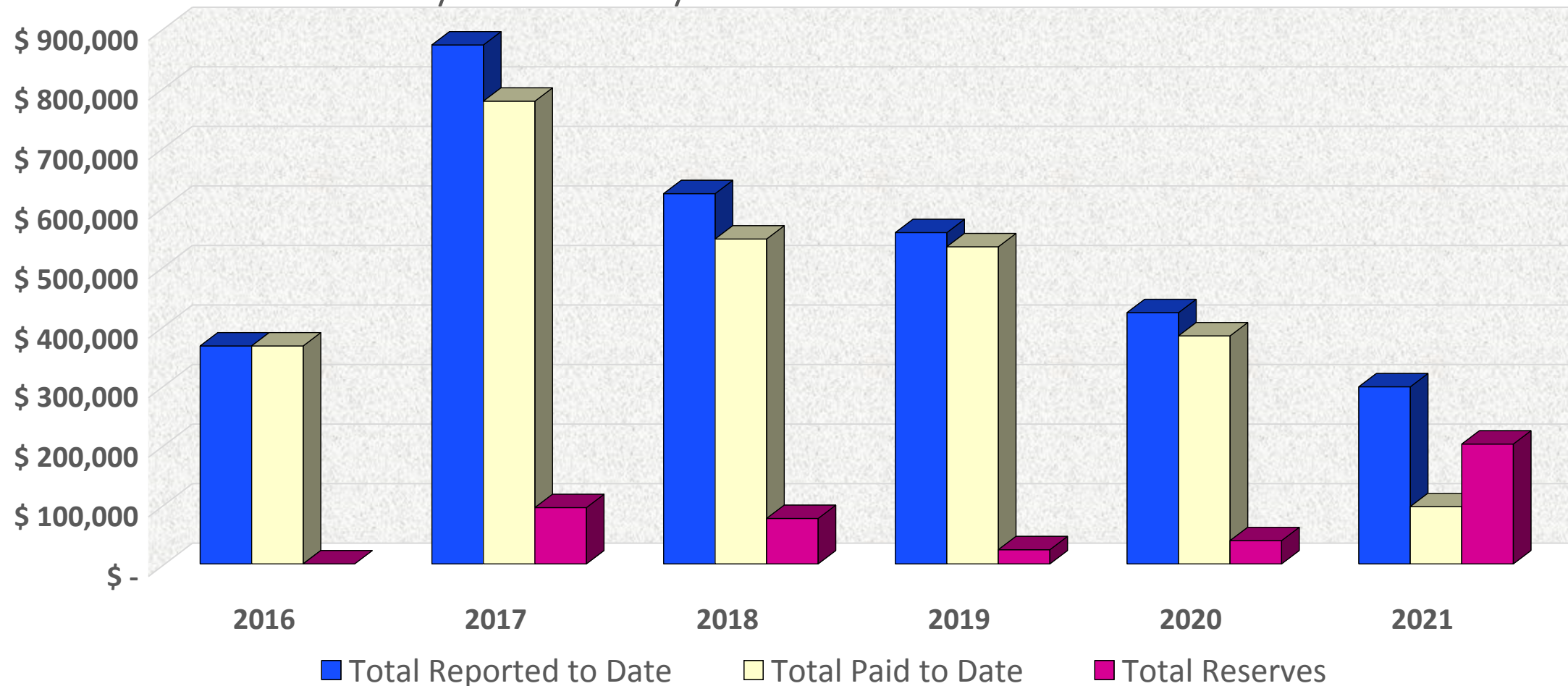


- Seven years have exceeded \$300,000 annual claims aggregate
- \$1,285,267 in losses funded by Texas Council Member's contributions

Claims Summary – All Lines



The Harris Center for Mental Health &IDD
Policy Year Summary

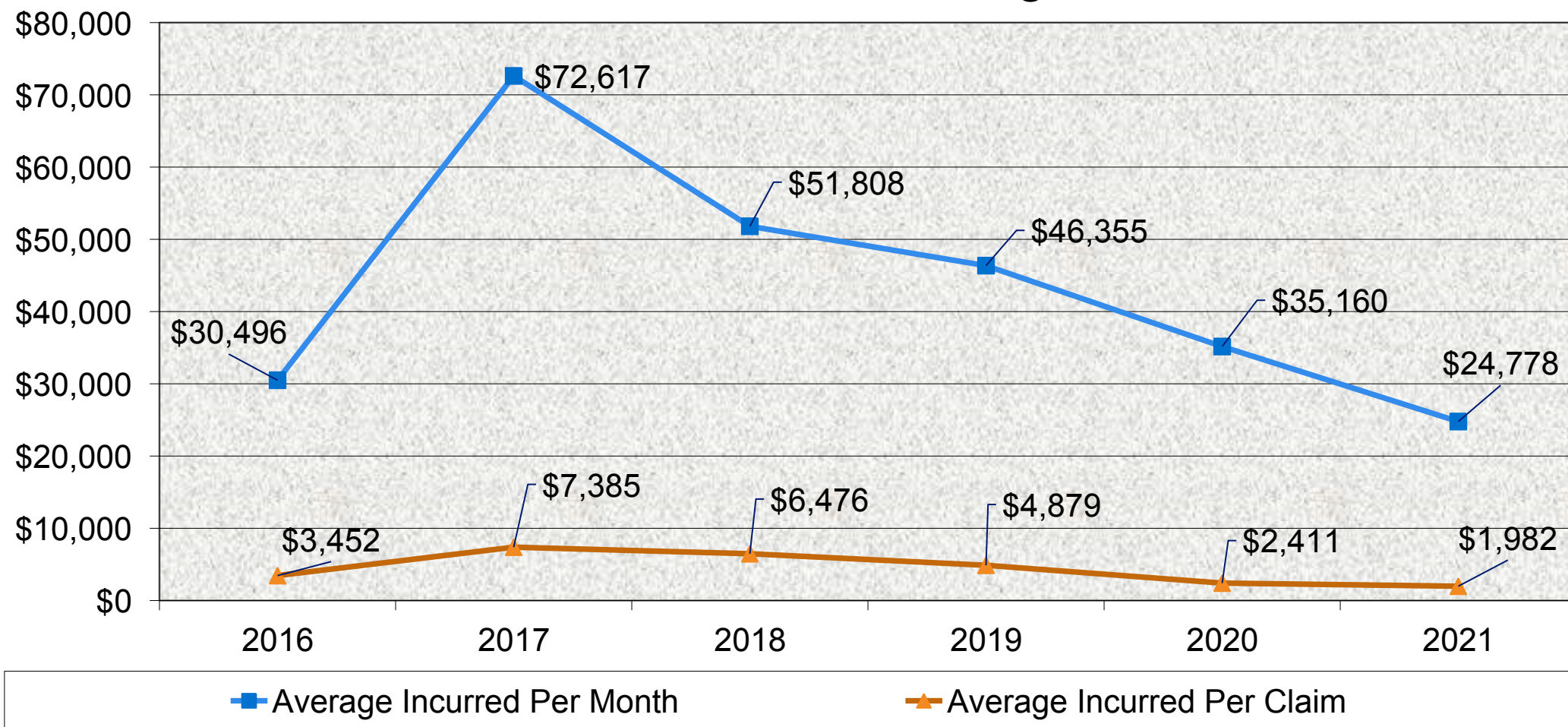


Data as of June 30, 2021

Claims Summary Average Cost- All Lines



The HARRIS CENTER - Average Costs



Data as of June 30, 2021

Claims Summary



Transforming Lives

Workers' Compensation – 5 Year (plus Current) Loss History Detail

Year	Medical Paid	Lost Wages Paid	Reserve Pending	Total Incurred
2016	\$136,604	\$20,473	\$ -	\$ 194,613
2017	\$260,388	\$185,902	\$ 78,082	\$ 590,493
2018	\$221,775	\$76,749	\$ -	\$ 347,842
2019	\$167,875	\$40,600	\$ 3,555	\$ 235,648
2020	\$162,054	\$126,893	\$ 20,452	\$ 335,788
2021	\$49,458	\$7,167	\$ 120,423	\$ 182,417

Data as of June 30, 2021

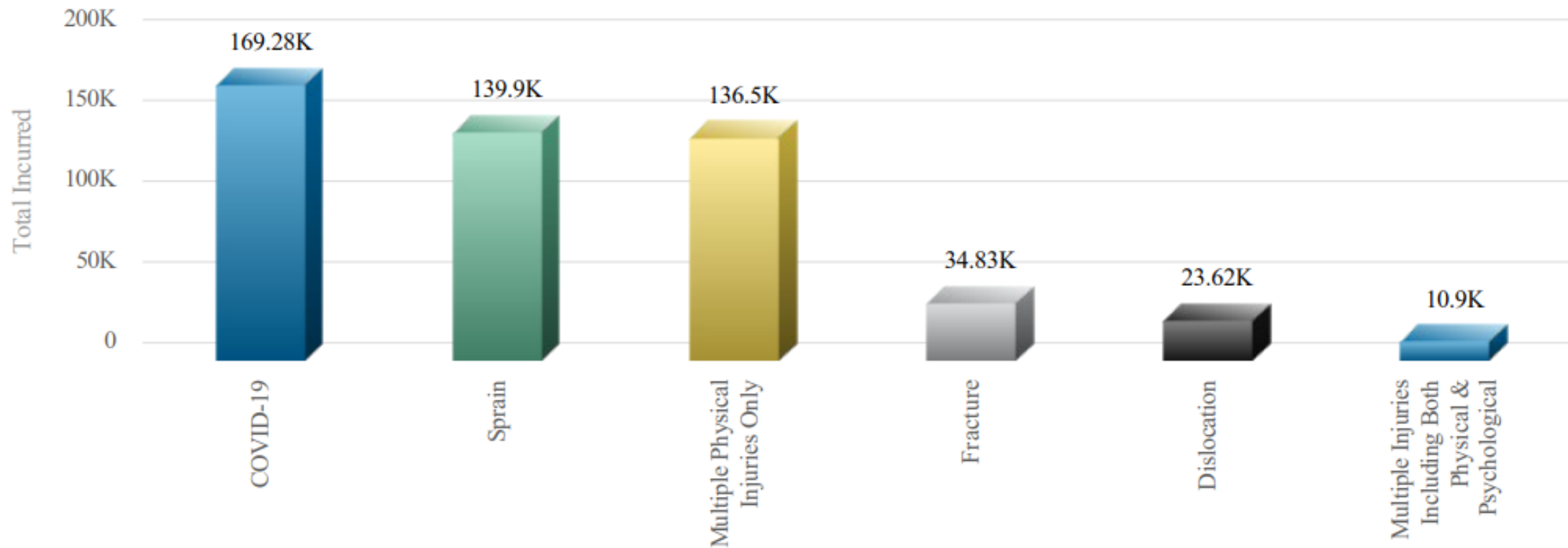
Workers Compensation Top Nature of Injury



Transforming Lives

Current Policy Period

Top Nature of Injury - WC

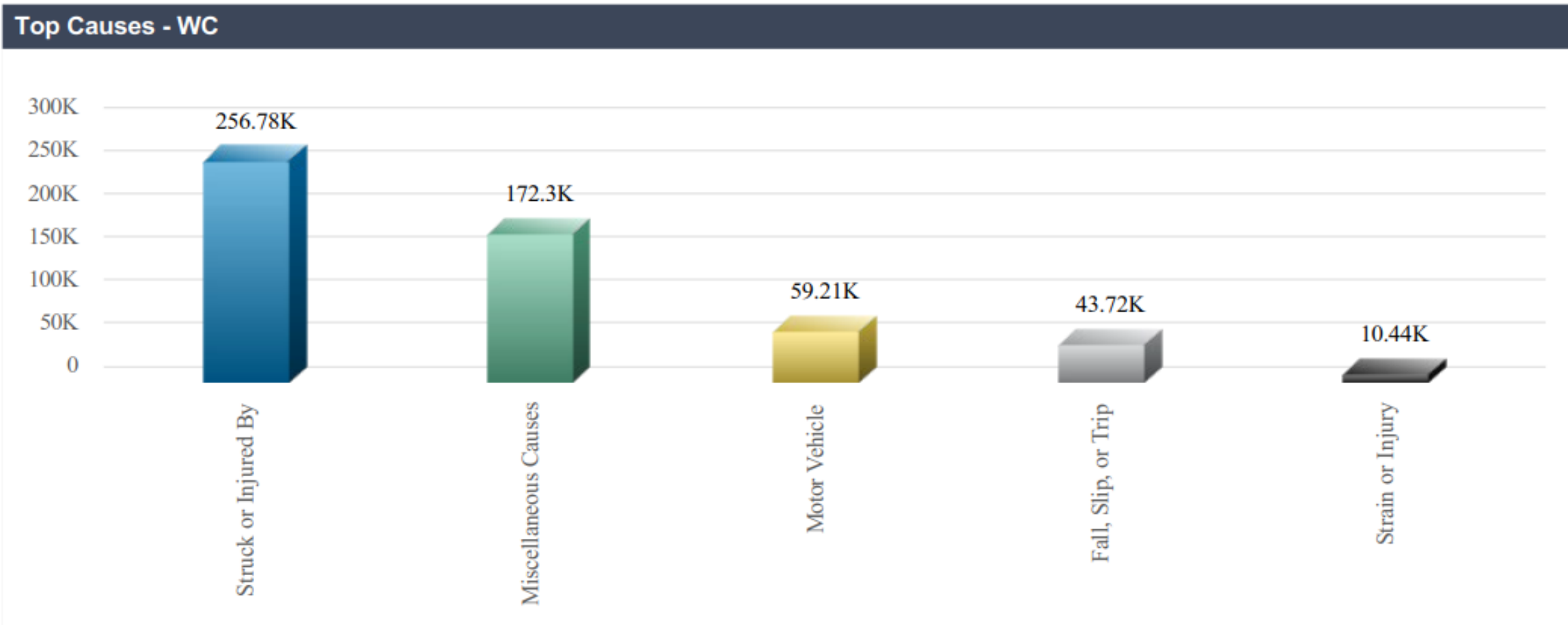


Workers Compensation- Top Causes



Transforming Lives

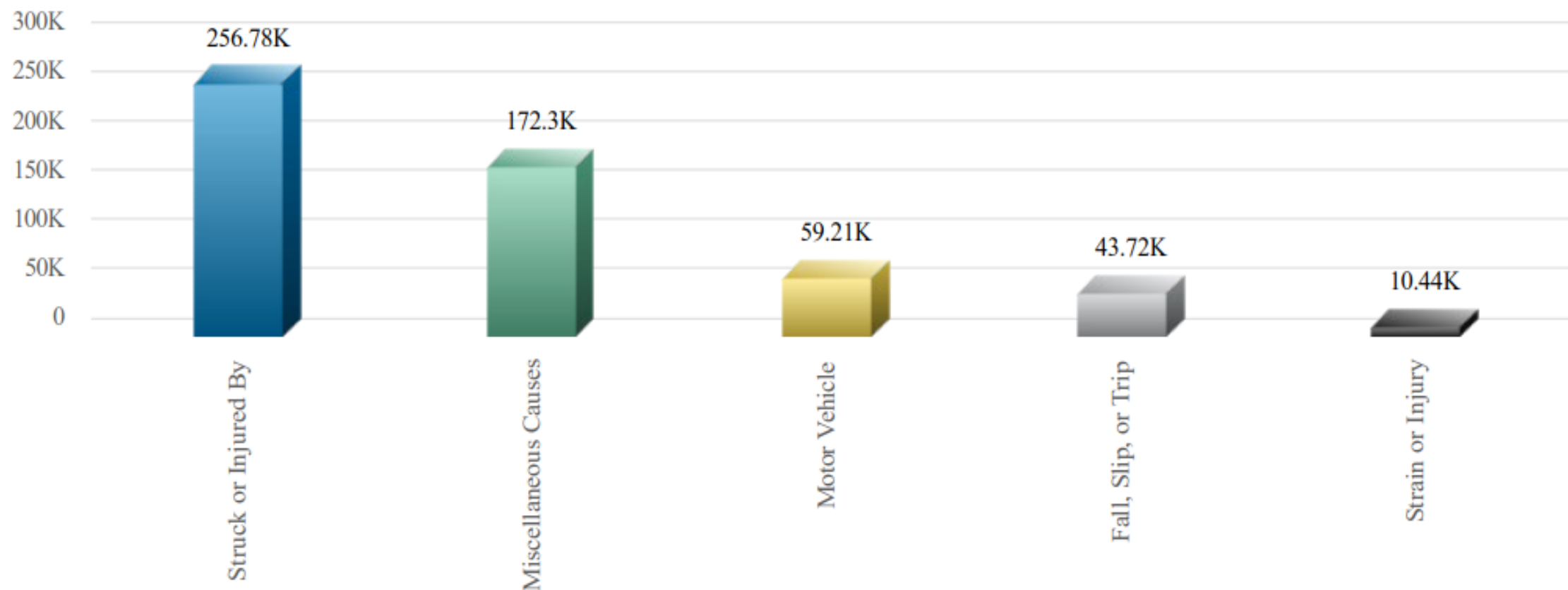
Current Policy Period



Workers Compensation – Top Causes

Current Policy Period

Top Causes - WC



Next Steps



- Obtain Approval of the 2021-22 Commercial Insurance Program Renewals
- Provide Claims Information at the August 2021-2022 Resource Committee Meeting

List of locations



	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
1	MH-F	2525 Murworth	Houston	Harris	77054-1603	Juvenile Justice - TCOOMMI JR/Alternative Education Program (AEP)	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	500	0	0	X	
2	MH	7200 N. Loop E	Houston	Harris	77028	Chain link fence, auto gates, pedestrian gate		No	0	33,140	0	AE Flood Pol.#: GIQF1218	
3	MH	3737 Dacoma	Houston	Harris	77092	Wrought Iron fence		No	0	13,426	0	X	
4	IDD	526 Applewhite	Katy	Harris	77450-2404	Wood fence with pedestrian gate		No	0	2,515	0	X	
5	CPEP	2627 Caroline	Houston	Harris	77004	Ornamental metal fence, one auto veh		No	0	37,389	0	X	
6	MH-F	1215 Dennis	Houston	Harris	77004	Wrought Iron fence, electronic lock pedestrian gate		No	0	12,978	0	X	
7	CPEP	1502 Taub Loop	Houston	Harris	77030	Sign		No	0	5,665	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
8	CPEP	612 A-E Branard	Houston	Harris	77006	Wrought Iron fence, wooden fence, electronic lock, auto veh gate		No	0	5,325	0	X	
9	MH	6032 Airline Dr.	Houston	Harris	77076	Wrought Iron fence, wood fence, 2 pedestrian gates, 2 auto gates		No	0	50,985	0	X	
10	CPEP	5518 Jackson St.	Houston	Harris	77004	Wood fence, chain link fence		No	0	2,431	0	X	
11	MH	5901 Long Drive	Houston	Harris	77087	Chain link fence with 2 manual veh gates, monument		No	0	26,172	0	X	
12	IDD	5707 Warm Springs	Houston	Harris	77035	Wood fence with pedestrian gate		No	0	2,697	0	X	
13	IDD	6805 Oak Village Drive	Humble	Harris	77396	Chain link fence, manual gate, wood site sign		No	0	2,436	0	X	
14	IDD	6125 Hillcroft St	Houston	Harris	77081-1003	ECI Hillcroft / Day Treatment	44440 - Hlth Care Fac-Clnc, infirm-op	No	8,803	1,424,259	79,827	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
15	IDD	11511 Bob White	Houston	Harris	77035	Residential	67017 - Mission Settlement or Halfway Houses	No	2,590	262,511	156,288	AE Flood Policy #GIQF1218	
16	IDD	526 Applewhite	Katy	Harris	77450-2404	Group Living Center / Applewhite / ICF	67017 - Mission Settlement or Halfway Houses	No	2,160	218,447	23,299	X	
17	CPEP	1502 Taub Loop	Houston	Harris	77019	Neuropsychiatric Center / Day Treatment / Office	44440 - Hlth Care Fac-Cln, infirm-op	Yes	60,000	0	1,753,760	X	
18	CPEP	612 A Branard St.	Houston	Southmore	77006	Branard Street Crisis Respite Living / Carport	67017 - Mission Settlement or Halfway Houses	No	3,420	237,578	4,558	X	
19	MH-F	6032 Airline Dr	Houston	Harris	77076	New Start / Adult Forensic	44440 - Hlth Care Fac-Cln, infirm-op	No	8,803	1,426,259	153,054	X	
20	CPEP	2800 S. McGregor	Houston	Harris	77021	HCPC / Continuity of Care / Day Treatment	44440 - Hlth Care Fac-Cln, infirm-op	Yes	11,608	0	53,662	X	
21	IDD	5707 Warm Springs	Houston	Harris	77035	Group Living Center / Westbury House / ICF	67017 - Mission Settlement or Halfway Houses	No	3,168	299,798	17,326	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
22	MH-F	1200 Baker St.	Houston	Harris	77002	Adult Forensic	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	200	0	137,152	AE Flood Policy #GIQF1218	
23	CPEP	2627 Caroline	Houston	Harris	77004	Bristow Bldg / PATH / CCU / CRU / COD / MCOT Crisis Care Center	44428 - Hlth Care Fac-alcohol & drug	No	31,072	4,587,277	427,004	X	
24	IDD	4014 Market	Houston	Harris	77020	ECI - Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	370	0	0	X	
25	MH	5901 Long Drive	Houston	Harris	77087	Southeast Community Service Center / ACT / FACT / Day Treatment	44440 - Hlth Care Fac-Clnc, infirm-op	No	45,640	6,254,761	5,914,662	X	
26	IDD	6125 Hillcroft St	Houston	Harris	77081-1003	Wrought Iron fence, 2 automatic gates, wooden fence, chain link fence		No	0	47,586	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
27	IDD	3600 S. Gessner, Suite 110	Houston	Harris	77063-5149	IDD - Day Treatment and Residents of ICF Programs	61225 - Bldg or Prem - bank or office	Yes	14,047	0	40,668	X	
28	MH-F	1200 Congress	Houston	Harris	77094	Children's Forensic / Juvenile Justice / Detention Center	44440 - Hlth Care Fac-Cln, infirm-op	No	1500	0	0	X	
29	IDD	9610 Long Point, Suite 351	Houston	Harris	77055-4265	ECI - Satellite Office	61225 - Bldg or Prem - bank or office	Yes	190	0	3,072	X	
30	IDD	2122-A Wichita	Houston	Harris	77502	Group Living Center / Pasadena Cottage "A" / Liability Only	67017 - Mission Settlement or Halfway Houses	No	3,546	0	0	X	
31	IDD	2122-B Wichita	Houston	Harris	77502	Group Living Center / Pasadena Cottage "B" / Liability Only	67017 - Mission Settlement or Halfway Houses	No	3,546	0	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
32	HUD	2208-A Cedar Bayou Road	Baytown	Harris	77520	(HUD) Owns the land, Supportive Apartment-4 plex-Pecan Villages	67017 - Mission Settlement or Halfway Houses	No	3,733	0	0	X	Houston Housing Management Corporation
33	HUD	2208-B Cedar Bayou Road	Baytown	Harris	77520	(HUD) Owns the land, Supportive Apartment-4 plex-Pecan Villages	67017 - Mission Settlement or Halfway Houses	No	3,362	0	0	X	Houston Housing Management Corporation
34	HUD	2208-C Cedar Bayou Road	Baytown	Harris	77520	(HUD) Owns the land, Supportive Apartment-4 plex-Pecan Villages	67017 - Mission Settlement or Halfway Houses	No	3,362	0	0	X	Houston Housing Management Corporation
35	HUD	2208-D Cedar Bayou Road	Baytown	Harris	77520	(HUD) Owns the land, Supportive Apartment-4 plex-Pecan Villages	67017 - Mission Settlement or Halfway Houses	No	3,362	0	0	X	Houston Housing Management Corporation
36	HUD	6400 Bowling Green	Houston	Harris	77021-2202	(HUD) Pear Grove LRM GL Only		Yes	12,273	0	0	X	Houston Housing Management Corporation
37	MH-Co	170 Heights Blvd	Houston	Harris	77007-3729	CAS Co-Location / Heights /Satellite Office	44440 - Hlth Care Fac-Cln, infirm-op	Yes	1,200	0	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
38	MH-Co	7600 Synott Road	Houston	Harris	77083-5106	CAS Co-Location / Alief / Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	1,500	0	0	X	
39	MH-Co	7037 Capitol	Houston	Harris	77011	CAS Co-Location / Magnolia Multi Service Center / Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	800	0	0	X	
40	CPEP	612 B Branard	Houston	Harris	77006	Storage	68707 - Warehouses-private	No	228	11,397	0	X	
41	CPEP	612 C Branard .St	Houston	Harris	77006	Branard Street Crisis Respite Living	67017 - Mission Settlement or Halfway Houses	No	3,850	424,124	1,147	X	
42	CPEP	612 D Branard	Houston	Harris	77006	Laundry	68707 - Warehouses-private	No	170	14,132	0	X	
43	CPEP	612 E Branard .St	Houston	Harris	77006	Branard Street Crisis Respite Living	67017 - Mission Settlement or Halfway Houses	No	2,484	308,341	1,147	X	
44	CPEP	5518 Jackson St.	Houston	Harris	77004	P.E.E.R.S. for Hope House / Respite Care and Peer Support	67017 - Mission Settlement or Halfway Houses	Yes	4,512	441,452	32,136	X	
45	MH-F	6300 Chimney Rock	Houston	Harris	77081-4502	Juvenile Justice / TRIAD	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	830	0	0	No Contents	AE

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Building	Contents	Flood Zone
46	IDD	1500 S. Dairy Ashford, Suite 448	Houston	Harris	77077-3854	ECI - Satellite Office	61225 - Bldg or Prem - bank or office	Yes	616	0	5,737	X
47	MH	3737 Dacoma	Houston	Harris	77092	Northwest Community Service Center / ACT / FACT / Day Treatment	44440 - Hlth Care Fac-Cln, infirm-op	No	41,410	5,509,765	5,458,982	X
48	CPEP	805 North Dickinson Drive	Rusk		75785	Rusk State Hospital - EDP Location Only		No	0	0	0	X
49	IDD	7171 N. Hwy 6 #206	Houston	Harris	77095	ECI - Satellite Office	61225 - Bldg or Prem - bank or office	Yes	0	0	0	X
50	IDD	817 Southmore Ave, Suite 150	Pasadena	Harris	77502-1123	IDD - Day Treatment and Residents of ICF Programs	44428 - Hlth Care Fac-alcohol & drug	Yes	1,000	0	10,926	X
51	HQ	9401 Southwest Freeway	Houston	Harris	77074	Headquarters / Southwest Community Services Center	44440 - Hlth Care Fac-Cln, infirm-op	No	230,184	42,658,234	11,069,063	X
52	HQ	9401 Southwest Freeway	Houston	Harris	77074	Parking Garage	46622 - Parking Garage - Private	No	211,680	9,213,304	0	X
53	HQ	9401 Southwest Freeway	Houston	Harris	77074	Pump and Mechanical Room	68707 - Warehouses-private	No	1,575	1,016,442	0	X

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Building	Contents	Flood Zone	Property Manager
54	MH-F	2310 1/2 / 2312 Atascocita Rd	Humble		77396	Dual Diagnosis Residential Program (DDRP) / Detention Facility-GL Only	44428 - Hlth Care Fac-alcohol & drug	No	8,900	0	0	X	
55	CPEP	150 N. Chenevert St.	Houston	Harris	77002	Police Substation/Crisis Incident Response Team	44428 - Hlth Care Fac-alcohol & drug	No	9,410	0	0	X	
56	CPEP	2505 Southmore Blvd	Houston	Harris	77004-7420	Post Hospitalization Crisis Residential Unit / Offices	44428 - Hlth Care Fac-alcohol & drug	No	3,740	535,763	42,848	X	
57	CPEP	2505-A Southmore Blvd	Harris	Harris	77004-7420	Post Hospitalization Crisis Residential Unit - Apartment Units	67017 - Mission Settlement or Halfway Houses	No	2,784	382,562	42,848	X	
58	CPEP	2507 Southmore Blvd	Houston	Harris	77004-7420	Post Hospitalization Crisis Residential Unit - Apartment Units	67017 - Mission Settlement or Halfway Houses	No	9,346	1,158,047	42,848	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Building	Contents	Flood Zone	Property Manager
59	HUD	6719 W. Montgomery Rooms 208, 209, 211A	Houston	Harris	77091	MH / LCDC/ Supported Housing/Supported Employment/Acres Homes MSC	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	535	0	1,071	X	Houston Housing Management Corporation
60	CAS-Co	2100 Shadowdale Dr	Houston	Harris	77043	CAS Co-Location / Spring Branch / Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	1,344	0	16,068	X	
61	MH-Co	4949 Burke Rd	Pasadena	Harris	77504	CAS Co-Location / Pasadena / Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	400	0	16,068	X	
62	IDD	6603 Barbarella Ct	Houston	Harris	77088-2108	Residential / Owned / Leased to Program	61216 - Bldg or Prem - Lessor's Risk Only	No	2,720	279,135	23,209	X	
63	IDD	6607 Stonechase	Houston	Harris	77084-1254	Residential / Owned / Leased to ARC Respite	61216 - Bldg or Prem - Lessor's Risk Only	No	2,002	210,256	1,071	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Building	Contents	Flood Zone	Property Manager
64	IDD	1580 Greensmark Drive	Houston	Harris	77067	ECI - Satellite Office - LB only	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	300	0	0	X	
65	IDD	6805 Oak Village Drive	Humble	Harris	77396-2634	Owned, but leased to We Thrive	61216 - Bldg or Prem - Lessor's Risk Only	No	5,664	764,193	66,414	X	
66	MH	7200 N. Loop E	Houston	Harris	77028-5951	Northeast Community Service Center / Day Treatment	44440 - Hlth Care Fac-Clnc, infirm-op	No	17,488	2,722,476	1,350,181	AE Flood Policy # GIQF1218	
67	HUD	10955 Kipp Way	Houston	Harris	77099	(HUD) Villas at Bayou Park - GL Only		No	0	0	0	X	Houston Housing Management Corporation
68	MH-Co	4901 Lockwood Dr	Houston	Harris	77026	CAS Co-Location / Kashmere / Satellite Office	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	1,000	0	0	AE No Contents	
69	HUD	1909 W. Little York	Houston	Harris	77091	(HUD) Acres Home Garden-GL Only		No	0	0	0	X	Houston Management Corporation
70	HUD	10913 Cullen Blvd	Houston	Harris	77047	(HUD) Sunny Terrance - GL Only	Vacant Land	No	36,000	0	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Building	Contents	Flood Zone	Property Manager
71	CPEP	1313 Dennis	Houston	Harris	77004	PATH Laundry / Folding / Clothing Sto	68707 - Warehouses-private	No	980	104,888	7280	X	
72	CPEP	"0" Dennis Street	Houston	Harris	77004	Parking Lot - Liability Only	46622 - Parking Garage - Private	No	5,000	0	0	X	
73	CPEP	1215 Dennis	Houston	Harris	77044	Jail Diversion Residential Program	67017 - Mission Settlement or Halfway Houses	No	5,000	1,318,072	46,800	X	
74	CPEP	700 N. San Jacinto	Houston	Harris	77002	Jail Diversion Joint Processing Center	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	200	0	3,640	X	
75	MH-F	1115 Congress St	Houston	Harris	77002	Forensic Reintegration Court (RIC)	44428 - Hlth Care Fac-alcohol & drug	Yes	200	0	0	X	
76	CPEP	5320 N. Shepherd Dr	Houston	Harris	77091	Houston Emergency Communications Center/Crisis Lin	44428 - Hlth Care Fac-alcohol & drug	Yes	200	0	624	X	
77	CPEP	810 Marston St.	Houston	Harris	77019	IDD - Coffee House Day Habilitation	44440 - Hlth Care Fac-Clnc, infirm-op	Yes	340	0	48,204	X	
78		10950 Beaumont Highway	Houston	Harris	77078	Office		Yes	268	0	0	X	

List of locations



Transforming Lives

	Mod	Address	City	County	Zip	Occupancy	GL Code	Lease	Sq Ft	Value	Contents	Flood Zone	Property Manager
79		5803 Harrisburg Blvd.	Houston	Harris		"Open Door Mission:Treatment Facility-General Liability		Yes	3,770	0	0	X	
80		6160 S.Loop E.	Houston	Harris	77087	Residential Treatment Programs		No	4,800	7,500,000	318,000	X	
81		6160 South Loop East	Houston	Harris	77087	Chain link fencing/Wrought iron fencing		No	0	100,238	0	X	
82		7583 E. Little York	Houston	Harris	77019	Vacant land	49452- vacant land 11.364 Acres	No	0	0	0	X	

EXHIBIT F-4



Open Enrollment 2022

Board Discussion

August 2, 2021

Agenda



- **Overview of Plans**
- **Medical**
 - Current State
 - Drivers for RFP
 - Top RFP Responses
 - Proposed OE2022 Rates
- **Dental**
 - Top RFP Responses
 - Proposed OE2022 Rates
- **Vision**
 - Top RFP Responses
 - Proposed OE2022 Rates
- **All Other Plans**

Overview of Plans



- **Medical – RFP**
- **Dental – RFP**
- **Vision – RFP (under rate guarantee through CY2024)**
- **Life/AD&D/STD/LTD – Under rate guarantee through CY2022**
 - Supplemental Employee Life change: Guarantee Issue and Special Enrollment Opportunity
- **EAP – Minor rate increase**
- **COBRA Administration – Under rate guarantee through CY2023**
- **FSA Administration – Under rate guarantee through CY2023**

Medical

Medical: Current State



Transforming Lives

- **Competiveness:** The Harris Center is on par or better than our peer group for most plans in the categories of Plan Design, Plan Cost, and Overall Plan Value
 - Peer group is *Healthcare excluding Hospitals*
 - See Appendices A, B, and C for details
- **Our top two most popular plans are:**
 - OAP With Deductible
 - Local Plus
- **Our top two most popular elections within plans are:**
 - Employee Only
 - Employee + Children
- **These plans/election options cover 80% of enrollees**

Plan*	Election	# Empls	% Empls	Empl \$ Per Pay Period
Local Plus	EE Only	317	16%	\$ 28.96
	EE+Sp	36	2%	\$ 188.15
	EE+Ch	110	6%	\$ 75.27
	EE+Fam	42	2%	\$ 249.30
OAP With Deductible	EE Only	827	43%	\$ 49.83
	EE+Sp	60	3%	\$ 249.10
	EE+Ch	265	14%	\$ 107.95
	EE+Fam	101	5%	\$ 330.05
OAP Without Deductible	EE Only	90	5%	\$ 143.51
	EE+Sp	17	1%	\$ 382.67
	EE+Ch	27	1%	\$ 223.87
	EE+Fam	17	1%	\$ 507.04
HDHP	EE Only	8	0%	\$ 47.93
	EE+Sp	0	0%	\$ 244.17
	EE+Ch	1	0%	\$ 158.71
	EE+Fam	0	0%	\$ 323.52
Total		1918	99%	
Total in All Plans		1934		

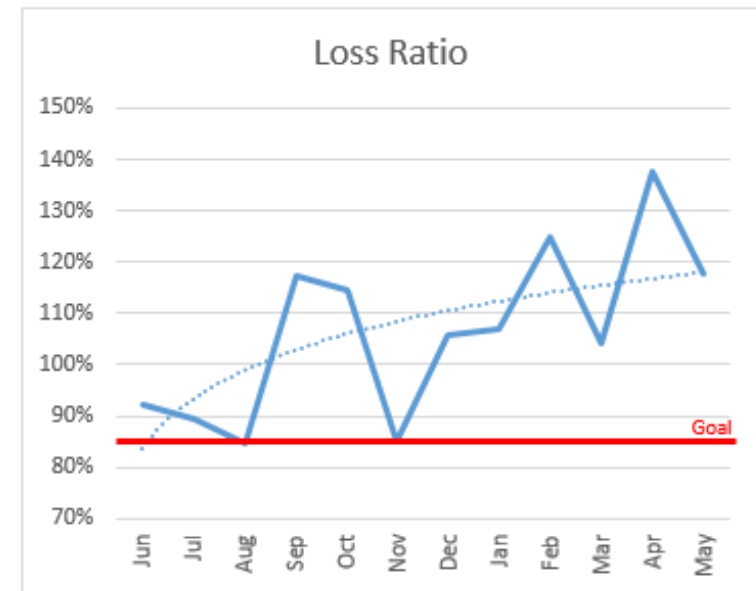
* FT and With HRA

Medical: Drivers for RFP



Transforming Lives

- **Loss ratios exceeded 100% for the majority of our rolling 12-month review period**
 - See Appendix D for more details
- **Number of Large Claims accrued to the plan over the 12-month rolling period**



Medical: Top RFP Responses



Transforming Lives

Carrier	Medical					
	% Increase	Plan Design	Rx	Employee Impact	Wellness and Other Credits	Rate Cap
Cigna	17.9% \$4.4MM	No Change	No Change	No Change	\$225K Wellness	19.0% rate cap for OE2023
BCBS	6.05% \$1.4MM if bundled with Dental and Vision	Same plan design	Similar formulary	<u>Provider Disruption</u> 91% match on providers used <u>Rx Impact</u> Neutral = 95.1% Positive = 0.3% Negative = 1.4% Excluded = 3.2%	\$225K Wellness credit \$25K implmentat ion credit each year for 3 years	9.9% rate cap for OE2023

- **Blue Cross Blue Shield (BCBS) is the carrier of choice** based on plan design, provider network, formulary, proposed rates, and bundling of plans
 - Bundling plans increases savings
- Kelsey is in all BCBS plan options
- All major Houston systems in all BCBS plan options

See Appendix E for RFP responses
 See Appendix F for medical plan design comparison
 See Appendix G for provider and Rx disruption details

Medical: Proposed OE2022 Rates



Transforming Lives

For people with salaries under \$50,000, employee costs are kept stable year-over-year for people in **Employee Only** and **Employee + Children** in the **Local Plus** and **OAP with Deductible** plans, our most popular plans covering almost 50% of enrollees

Plan*	Election	% Empls	Current Rates	Salary <\$50,00			Salary >\$50,000		
				% of Empls	Proposed Per Pay Period Empl Cost	Per Pay Period Change for OE2022	% of Empls	Proposed Per Pay Period Empl Cost	Per Pay Period Change for OE2022
Local Plus	EE Only	16%	\$ 28.96	11%	\$ 28.96	\$ -	6%	\$ 30.71	\$ 1.75
	EE+Sp	2%	\$ 188.15	1%	\$ 199.53	\$ 11.38	1%	\$ 199.53	\$ 11.38
	EE+Ch	6%	\$ 75.27	3%	\$ 75.27	\$ -	3%	\$ 79.82	\$ 4.55
	EE+Fam	2%	\$ 249.30	1%	\$ 264.38	\$ 15.08	1%	\$ 264.38	\$ 15.08
OAP With Deductible	EE Only	43%	\$ 49.83	26%	\$ 49.83	\$ -	17%	\$ 56.34	\$ 6.51
	EE+Sp	3%	\$ 249.10	1%	\$ 264.17	\$ 15.07	2%	\$ 270.67	\$ 21.57
	EE+Ch	14%	\$ 107.95	7%	\$ 107.95	\$ -	6%	\$ 117.98	\$ 10.03
	EE+Fam	5%	\$ 330.05	2%	\$ 350.02	\$ 19.97	4%	\$ 356.52	\$ 26.47
OAP Without Deductible	EE Only	5%	\$ 143.51	2%	\$ 152.19	\$ 8.68	3%	\$ 159.19	\$ 15.68
	EE+Sp	1%	\$ 382.67	0%	\$ 405.82	\$ 23.15	1%	\$ 415.32	\$ 32.65
	EE+Ch	1%	\$ 223.87	1%	\$ 237.41	\$ 13.54	1%	\$ 244.41	\$ 20.54
	EE+Fam	1%	\$ 507.04	0%	\$ 537.72	\$ 30.68	1%	\$ 547.22	\$ 40.18
HDHP	EE Only	0%	\$ 47.93	0%	\$ 50.83	\$ 2.90	0%	\$ 50.83	\$ 2.90
	EE+Sp	0%	\$ 244.17	0%	\$ 258.94	\$ 14.77	0%	\$ 258.94	\$ 14.77
	EE+Ch	0%	\$ 158.71	0%	\$ 168.31	\$ 9.60	0%	\$ 168.31	\$ 9.60
	EE+Fam	0%	\$ 323.52	0%	\$ 343.09	\$ 19.57	0%	\$ 343.09	\$ 19.57

* FT and With Health Risk Assessment

Dental

Dental: Top RFP Responses



Transforming Lives

Carrier	Dental				
	% Increase	Plan Design	Credits	Rate Guarantee	Impact on Medical Renewal
Cigna	-2.47% \$23.7K	Increase annual max from \$1,000 to \$1,250	None	1-year rate guarantee	None
BCBS	-2.84% \$27.3K	Increase annual max from \$1,000 to \$1,250 Replace DHMO with value-DPPO	\$50K communication credit	2-year rate guarantee	-1.0% on medical renewal if bundled (\$260K on Medical)

- **Blue Cross Blue Shield (BCBS) is the carrier of choice** based on plan design, proposed rates, rate guarantee, and bundling of plans
 - Bundling plans increases savings

See Appendix E for RFP responses
See Appendix H for dental plan design comparison

Dental: Proposed OE2022 Rates



Overall reduction in premiums

Dental					
Cigna			BCBS		
(Current)					
	DHMO	PPO	Value-PPO	Current PPO	
EE Only	\$ 6.82	\$ 17.65	\$ 7.89	\$ 16.96	
EE+1	\$ 11.43	\$ 35.42	\$ 13.21	\$ 34.03	
EE+Fam	\$ 17.74	\$ 50.46	\$ 20.50	\$ 48.49	

Vision

Vision: Top RFP Responses

Carrier	Vision				
	% Increase	Plan Design	Credits	Rate Guarantee	Impact on Medical Renewal
EyeMed (Unum)	No Change	No Change	No Change	Under rate guarantee through 2024	None
Cigna Vision	-12.95% \$38.7K	Same plan design Network Change	None	4-year rate guarantee	None
EyeMed (BCBS)	-5.5% \$16.4K	Same plan design Remains at EyeMed	None	4-year rate guarantee	-0.5% on medical renewal if bundled (\$130K on medical)

- **Blue Cross Blue Shield (BCBS) is the carrier of choice** based on plan design, network, proposed rates, rate guarantee, and bundling of plans
 - Bundling plans increases savings

See Appendix E for RFP responses
See Appendix I for vision plan design comparison

Vision: Proposed OE2022 Rates



Overall reduction in premiums

	Vision	
	EyeMed (via Unum) (Current)	EyeMed (via BCBS)
EE Only	\$ 5.21	\$ 4.92
EE+1	\$ 9.88	\$ 9.34
EE+Fam	\$ 14.30	\$ 13.51

Other Offerings

All Other Plans



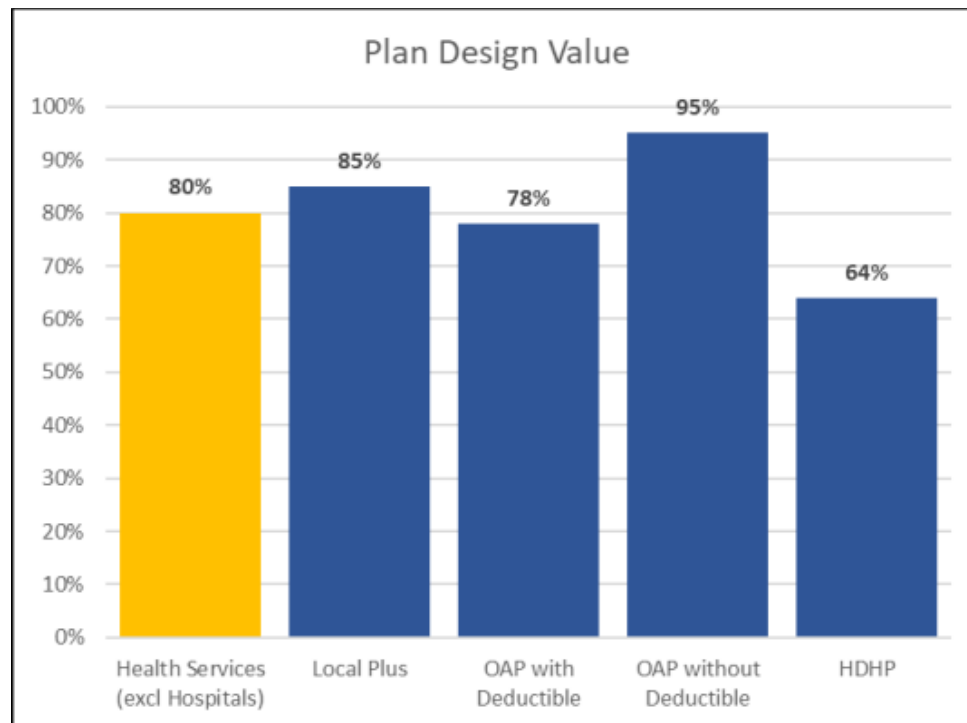
- **Employee Supplemental Life**
 - Guarantee Issue
 - Currently: the lesser of 2x or \$200K
 - Negotiated change: \$200K
 - Primarily benefits employees earning \$50,000 annual pay (or less)
 - Negotiated a “New Open Enrollment” for OE2022
 - Employees may freely elect the maximum allowable (1x, 2x, 3x, or 4x) without completing an EOI
- **Employee Assistance Program (EAP) (remain with Cigna)**
 - Increase from \$2.50 pepm to \$2.57 pepm; \$1.7K increase
- **All other plans have no changes or under rate guarantee period**

Questions



Appendices

A: Medical: Comparisons – Plan Design Value

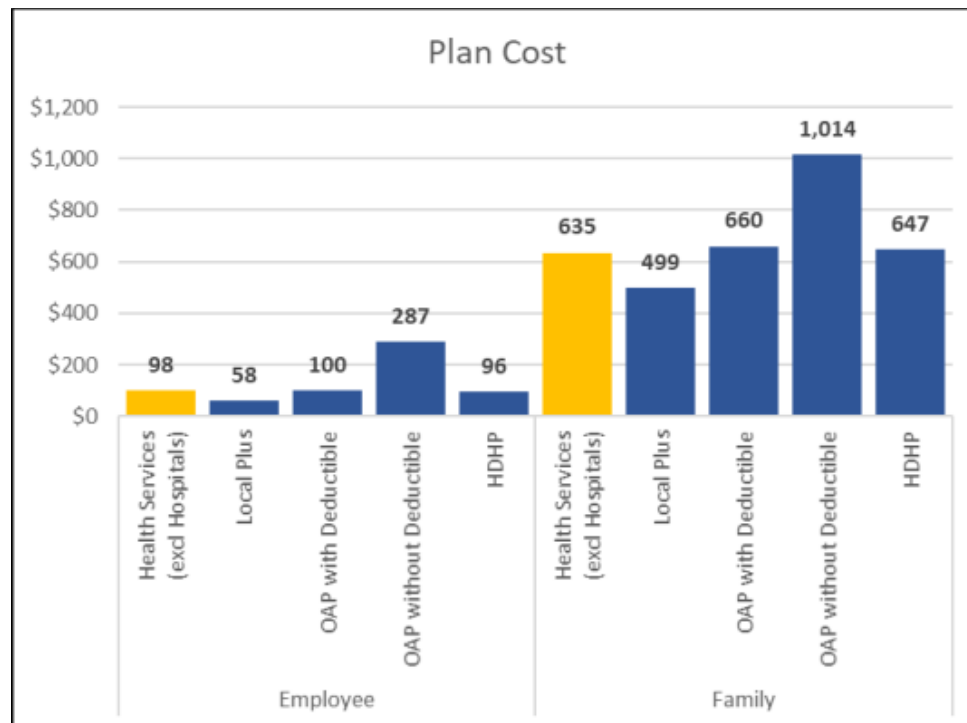


Larger values are better

Employees want to have access to at least one medical plan that covers as much or more than an average employer benchmarked in their industry or geographic location.

Three of four of our medical plan offerings are, on average, on par with our peer group.

B: Medical: Comparisons – Plan Cost



Smaller values are better

Payroll contributions are the most visible component of a major medical plan. They also heavily influence the employees' perception of the benefit and drive migration from one plan to another.

In both employee-only and family tiers, three out of four of our medical plans employee costs are on par with our peer group.

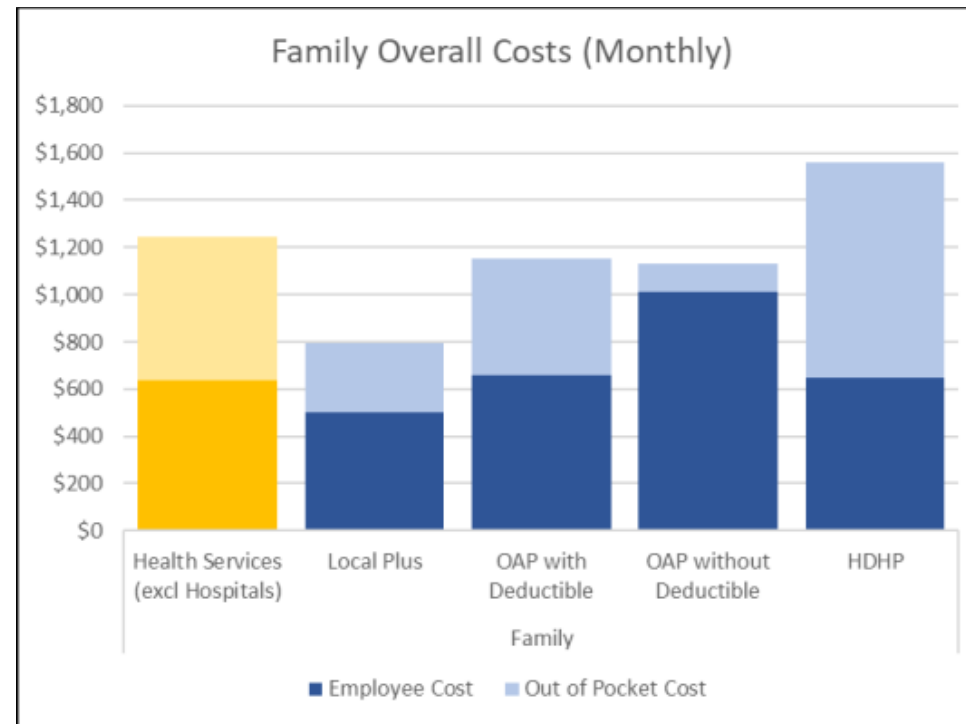
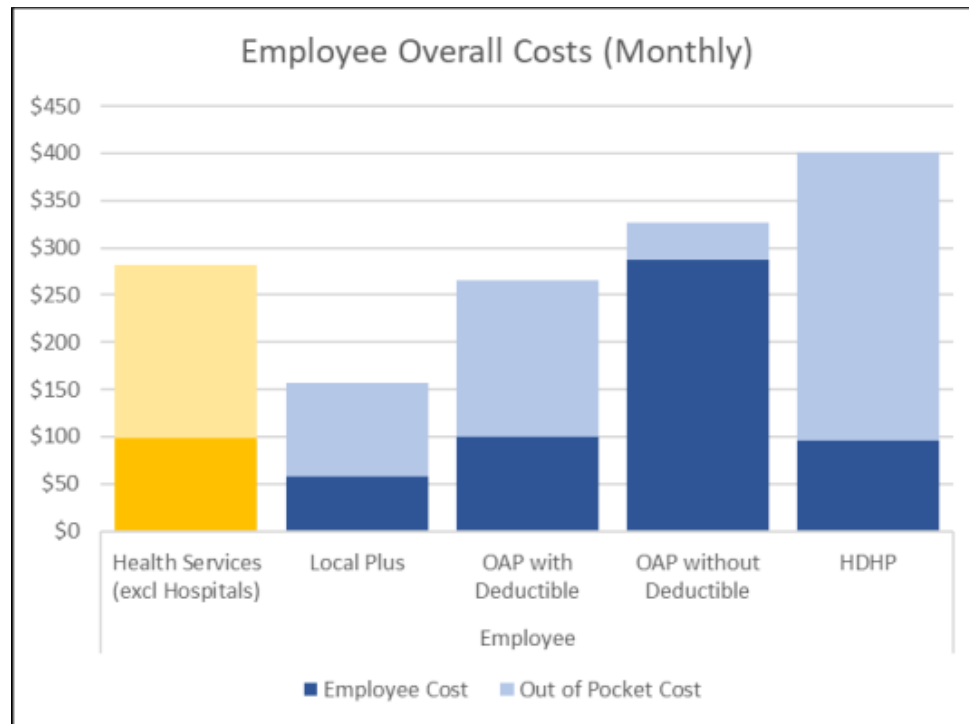
C: Medical: Comparisons – Overall Plan Value



Transforming Lives

Our plan designs and employee costs meet the needs of various employee population, providing The Harris Center with a competitive advantage in our labor market in our most popular plans: Local Plus and OAP with Deductible. These plans cover 91% of our enrollees.

Smaller values are better



D: Loss Ratio Details



Transforming Lives

	Enrollment		Premium	Paid Claims				Loss Ratio	Claims PEPM
	Total Employees	Total Members	Total	Medical Claims	Rx Claims	Runout	Total Claims	Claims/ Premium	Net Claims / Ee
Jun-20	1,949	3,259	\$1,980,987	\$1,285,338	\$493,523	\$48,801	\$1,827,663	92.3%	\$937.74
Jul-20	1,950	3,266	\$1,987,215	\$1,271,271	\$499,949	\$8,406	\$1,779,626	89.6%	\$912.63
Aug-20	1,960	3,288	\$2,002,997	\$1,183,990	\$508,449	\$0	\$1,692,439	84.5%	\$863.49
Sep-20	1,952	3,270	\$1,994,866	\$1,756,116	\$584,028	\$0	\$2,340,144	117.3%	\$1,198.84
Oct-20	1,948	3,250	\$1,982,159	\$1,756,498	\$514,124	\$0	\$2,270,623	114.6%	\$1,165.62
Nov-20	1,941	3,234	\$1,967,501	\$1,126,577	\$544,224	\$0	\$1,670,801	84.9%	\$860.79
Dec-20	1,947	3,238	\$1,973,819	\$1,621,810	\$466,528	\$0	\$2,088,338	105.8%	\$1,072.59
Jan-21	1,963	3,303	\$1,958,206	\$1,530,829	\$567,009	\$0	\$2,097,839	107.1%	\$1,068.69
Feb-21	1,959	3,299	\$1,956,307	\$1,943,017	\$500,219	\$0	\$2,443,236	124.9%	\$1,247.19
Mar-21	1,964	3,299	\$1,959,054	\$1,507,878	\$530,625	\$0	\$2,038,502	104.1%	\$1,037.93
Apr-21	1,964	3,296	\$1,956,282	\$2,152,879	\$542,697	\$0	\$2,695,577	137.8%	\$1,372.49
May-21	1,954	3,271	\$1,945,058	\$1,792,977	\$496,085	\$0	\$2,289,062	117.7%	\$1,171.47
Totals	23,451	39,273	\$23,664,451	\$18,929,180	\$6,247,462	\$57,208	\$25,233,849	106.6%	\$1,076.02
Claims over Pooling							(\$1,481,380)		
Net Totals							\$23,752,469	100.4%	\$1,012.86

E: RFP Responses



Transforming Lives

Carrier	Coverage Requested	Status	Notes
Aetna	Medical	Declined	Uncompetitive
BlueCross BlueShield of Texas	Medical, Dental	Received	
Cigna	Medical	Incumbent	
EyeMed	Vision	Received	
Guardian	Vision	Received	
Humana	Medical	Received	
Mutual of Omaha	Dental, Vision	Received	
NVA	Vision	Received	
Sun Life Financial	Vision	Declined	Uncompetitive
The Standard	Vision	Received	
UnitedHealthcare	Medical	Declined	Uncompetitive
VSP	Vision	Received	

F: Medical Plan Design Comparison



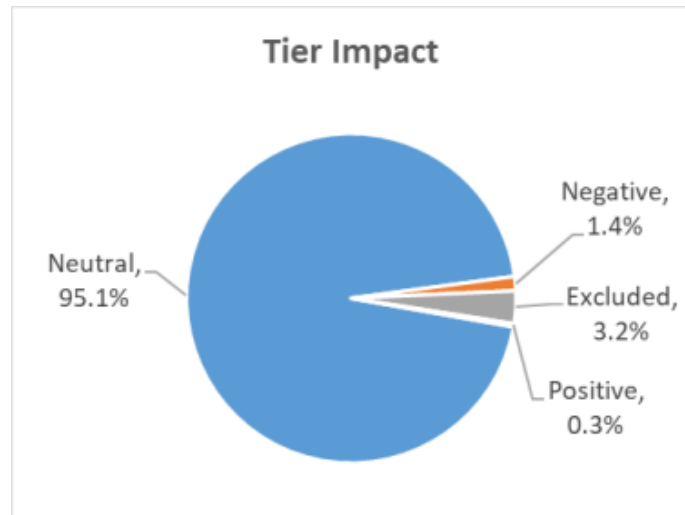
General Plan Information	Cigna					BlueCross BlueShield of Texas				
	HDHP		Local Plus	OAP with Deductible	OAP without Deductible	H.S.A. (\$6,350 ded.)		Blue Essentials (No Deductible)	EPO (\$1500 ded.)	EPO (No Deductible)
	In-Network	Out-of-Network	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network Only	In-Network Only	In-Network Only
Annual Deductible										
Individual	\$6,350	\$10,000	\$0	\$1,500	\$0	\$6,350	\$10,000	\$0	\$1,500	\$0
Family	\$12,700	\$20,000	\$0	\$3,000	\$0	\$12,700	\$20,000	\$0	\$3,000	\$0
Coinsurance	100%	70%	80%	80%	100%	100%	70%	80%	80%	100%
Annual Out-of-Pocket Limit										
Individual	\$6,350	\$20,000	\$6,600	\$5,000	\$2,500	\$6,350	\$20,000	\$6,600	\$5,000	\$2,500
Family	\$12,700	\$40,000	\$13,200	\$10,000	\$5,000	\$12,700	\$40,000	\$13,200	\$10,000	\$5,000
PCP Office Visit	100% after ded.	70% after ded.	\$25 copay	\$25 copay	\$25 copay	100% after ded.	70% after ded.	\$25 copay	\$25 copay	\$25 copay
Specialist Office Visit	100% after ded.	70% after ded.	\$75 copay	\$50 copay	\$50 copay	100% after ded.	70% after ded.	\$75 copay	\$50 copay	\$50 copay
Preventive Care	Covered 100%	70% after ded.	Covered 100%	Covered 100%	Covered 100%	Covered 100%	70% after ded.	Covered 100%	Covered 100%	Covered 100%
Inpatient Hospital Services										
Inpatient hospitalization	100% after ded.	70% after ded.	80%	80% after ded.	\$1,000 copay	100% after ded.	70% after ded.	80%	80% after ded.	\$1,000 copay
Outpatient Services										
Diagnostic X-ray and Lab Tests	100% after ded.	70% after ded.	Covered 80%; PCP, Specialist applicable copay applies	Covered 100%	Lab Tests: Covered 100%; Radiology: Covered same as plan's PCP, Specialist, ER, Urgent Care or Outpatient Facility Services	100% after ded.	70% after ded.	Covered 80%; PCP, Specialist applicable copay applies	Covered 100%	Lab Tests: Covered 100%; Radiology: Covered same as plan's PCP, Specialist, ER, Urgent Care or Outpatient Facility Services
Major Diagnostic & Imaging	100% after ded.	70% after ded.	\$500 copay	80% after ded.	Covered same as plan's PCP, Specialist, ER, Urgent Care or Outpatient Facility Services	100% after ded.	70% after ded.	\$500 copay	80% after ded.	Covered same as plan's PCP, Specialist, ER, Urgent Care or Outpatient Facility Services
Outpatient Facility Charge	100% after ded.	70% after ded.	80%	80% after ded.	\$500 copay	100% after ded.	70% after ded.	80%	80% after ded.	\$500 copay
Emergency Room	100% after ded.	100% after ded.	\$500 copay	\$250 copay + 80% coinsurance	\$250 copay	100% after ded.	100% after ded.	\$500 copay	\$250 copay + 80% coinsurance	\$250 copay
Urgent Care Facility	100% after ded.	100% after ded.	\$100 copay	\$75 copay	\$125 copay	100% after ded.	100% after ded.	\$100 copay	\$75 copay	\$125 copay
Pharmacy										
Retail - 30 Day Supply										
Generic / Tier 1	100% after ded.	70% after ded.	\$10 copay	\$10 copay	\$10 copay	100% after ded.	70% after ded.	\$10 copay	\$10 copay	\$10 copay
Brand / Tier 2	100% after ded.	70% after ded.	\$30 copay	\$30 copay	\$30 copay	100% after ded.	70% after ded.	\$30 copay	\$30 copay	\$30 copay
Non-formulary / Tier 3	100% after ded.	70% after ded.	\$65 copay	\$65 copay	\$65 copay	100% after ded.	70% after ded.	\$65 copay	\$65 copay	\$65 copay
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail Order - 90 Day Supply										
Generic / Tier 1	100% after ded.		\$25 copay	\$25 copay	\$25 copay	100% after ded.		\$25 copay	\$25 copay	\$25 copay
Brand / Tier 2	100% after ded.	Not covered	\$75 copay	\$75 copay	\$75 copay	100% after ded.	Not Covered	\$75 copay	\$75 copay	\$75 copay
Non-formulary / Tier 3	100% after ded.		\$163 copay	\$163 copay	\$163 copay	100% after ded.		\$163 copay	\$163 copay	\$163 copay
Tier 4	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A

G: Blue Cross Blue Shield Disruption

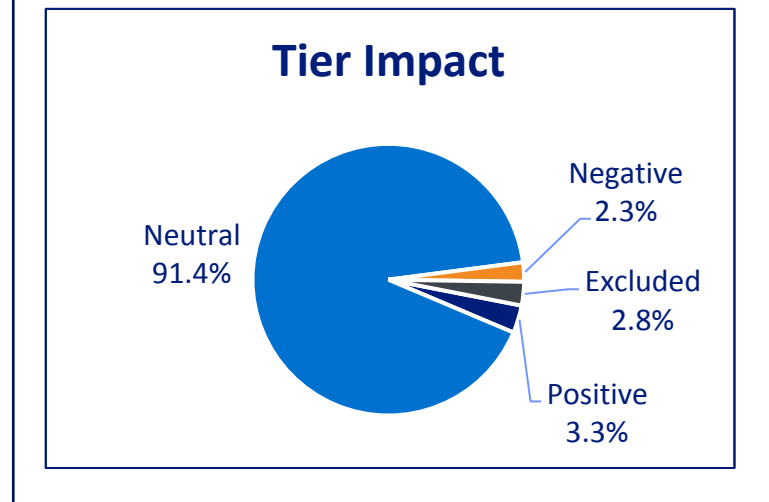


- **91% match on providers utilized**
- **Rx disruption review**

OE2022 Formulary Impact
Cigna to BCBS



OE2020 Formulary Impact
United Healthcare to Cigna



H: Dental Plan Design Comparison



	Current / Renewal		BlueCross BlueShield of Texas	
	DHMO	Cigna PPO	Low PPO	High PPO
General Plan Information	In-Network Only	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Deductible				
Individual	\$0	\$50	\$50	\$50
Family	\$0	\$150	\$150	\$150
Waived For Preventive	N/A	Yes	Yes	Yes
Annual Maximum	N/A	\$1,000 changing to \$1,250	\$750	\$1,250
Preventive Services	Various copays apply	100%	100%	100%
Basic Services	Various copays apply	80%	50%	80%
Major Services	Various copays apply	50%	30%	50%
Endodontics / Periodontics	Various copays apply	Basic	Major	Basic
Implants	Various copays apply	Not covered	Not covered	Not covered
Orthodontia	Various copays apply	50%	Not covered	50%
Eligibility	Adult & Children	Adult & Children	Not covered	Adult & Children
Lifetime Maximum	N/A	\$1,000	Not covered	\$1,000
Waiting Periods	None	None	None	None
Out-of-Network Reimbursement	Not covered	MAC	MAC	MAC

I: Vision Plan Design Comparison



		Current Unum		BlueCross BlueShield of Texas		Mutual of Omaha		Cigna		EyeMed	
General Plan Information		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network		EyeMed Insight		EyeMed Select		EyeMed Insight		Cigna Vision Network		EyeMed Insight	
Benefit Frequency											
Exam		12 months		12 months		12 months		12 months		12 months	
Lenses		12 months		12 months		12 months		12 months		12 months	
Frames		12 months		12 months		12 months		12 months		12 months	
Contact Lenses		12 months		12 months		12 months		12 months		12 months	
Exam		\$0 copay	Up to \$40	\$0 copay	Up to \$40	\$0 copay	Up to \$45	\$0 copay	Up to \$45	\$0 copay	Up to \$40
Lenses											
Single		\$0 copay	Up to \$30	\$0 copay	Up to \$30	\$0 copay	Up to \$40	\$0 copay	Up to \$40	\$0 copay	Up to \$30
Bifocal		\$0 copay	Up to \$50	\$0 copay	Up to \$50	\$0 copay	Up to \$56	\$0 copay	Up to \$65	\$0 copay	Up to \$50
Trifocal		\$0 copay	Up to \$70	\$0 copay	Up to \$70	\$0 copay	Up to \$84	\$0 copay	Up to \$75	\$0 copay	Up to \$70
Lenticular		\$0 copay	Up to \$70	\$0 copay	Up to \$70	\$0 copay	Up to \$84	\$0 copay	Up to \$100	\$0 copay	Up to \$70
Frames		\$150 allowance	Up to \$98	\$150 allowance	Up to \$98	\$150 allowance	Up to \$66	\$150 allowance	Up to \$98	\$150 allowance	Up to \$105
Contact Lenses											
Elective		\$150 allowance	Up to \$115	\$150 allowance	Up to \$112	\$150 allowance	Up to \$102	\$150 allowance	Up to \$135	\$150 allowance	Up to \$105
Medically Necessary		\$0 copay	Up to \$210	\$0 copay	Up to \$210	\$0 copay	Up to \$210	\$0 copay	Up to \$250	\$0 copay	Up to \$210

De minimis network provider impact in the Houston metro area for EyeMed based networks listed

EXHIBIT F-5

Transforming Lives



FY2022 Proposed Budget

Operating and Capital



Date: August 17, 2021

Presented By: Sean Kim, Chief Financial and Administrative Officer

Agenda

- **FY2021: Year in Review**
- **Outcomes and Targets**
- **Operating**
 - **Budget Highlights**
 - **Expenses by Category**
 - **Expenses by Program**
 - **Revenue Sources by Category**
- **Capital**



Year in Review

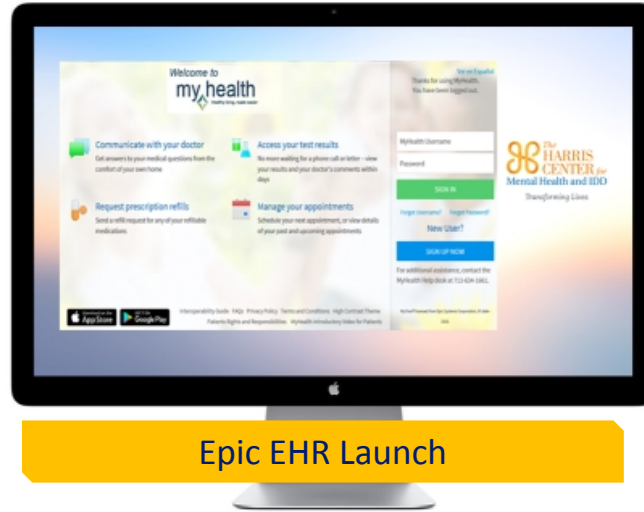
FY2021

Year in Review – FY2021



Agency-Wide

- Launched a new electronic health record system - Epic
- Continued and increased services throughout COVID-19 using telehealth technology
- Opened the Respite, Rehabilitation and Re-Entry Center
- Encouraged COVID-19 vaccinations to all staff and hosted several vaccine clinics
- Initiated two Harris Center Foundation staff idea funding opportunities
- Recruited new CMO, Dr. Luming Li



Year in Review – FY2021

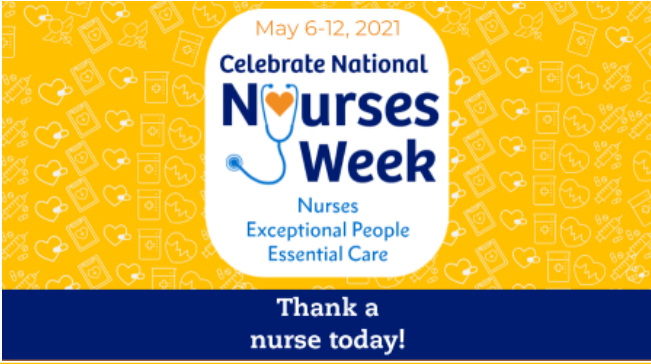


Employee Engagement

- Deployed food trucks at various locations
- Recognized promotions and Team High Fives through the employee newsletter
- Monthly wellness initiatives
- Themed employee events posted on Intranet and newsletters
- Highlighted national employee recognition days (ex. Nurses week)
- New Inclusion Hub activities to connect employees
- Cut The Tape Program



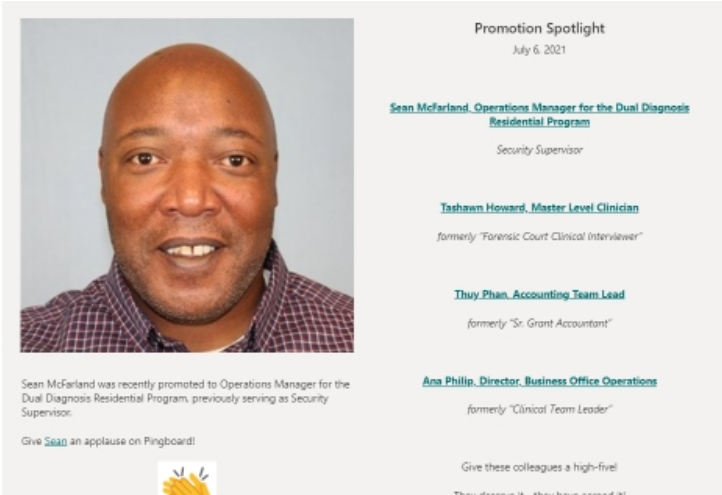
Food Truck Visits for Employees



Nurses Week 2021



The Inclusion Hub



Employee Promotion Announcements

Year in Review – FY2021



Emotional Support Text Line

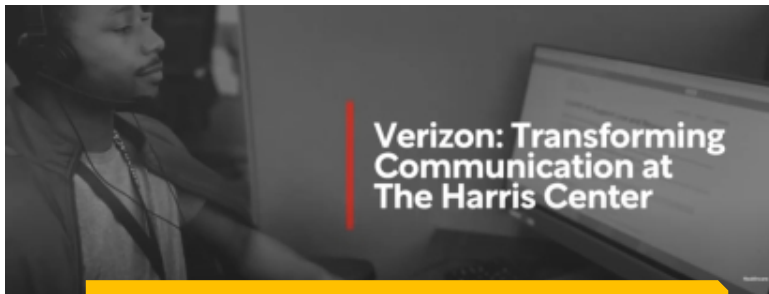


Health Home Program

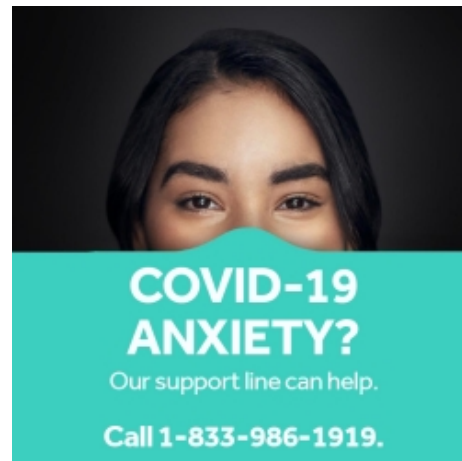


Programs/Services

- Launched the Emotional Support Text line
- Expanded Primary Care Services
- Launched Health Home program with United Healthcare
- Launched COVID-19 mental health support line
- Weekly client success story distribution
- New chat feature for public website visitors
- CORE program expansion
 - Collaboration with Verizon to improve access to care



Verizon: Transforming Communication



COVID-19 Mental Health Support Line

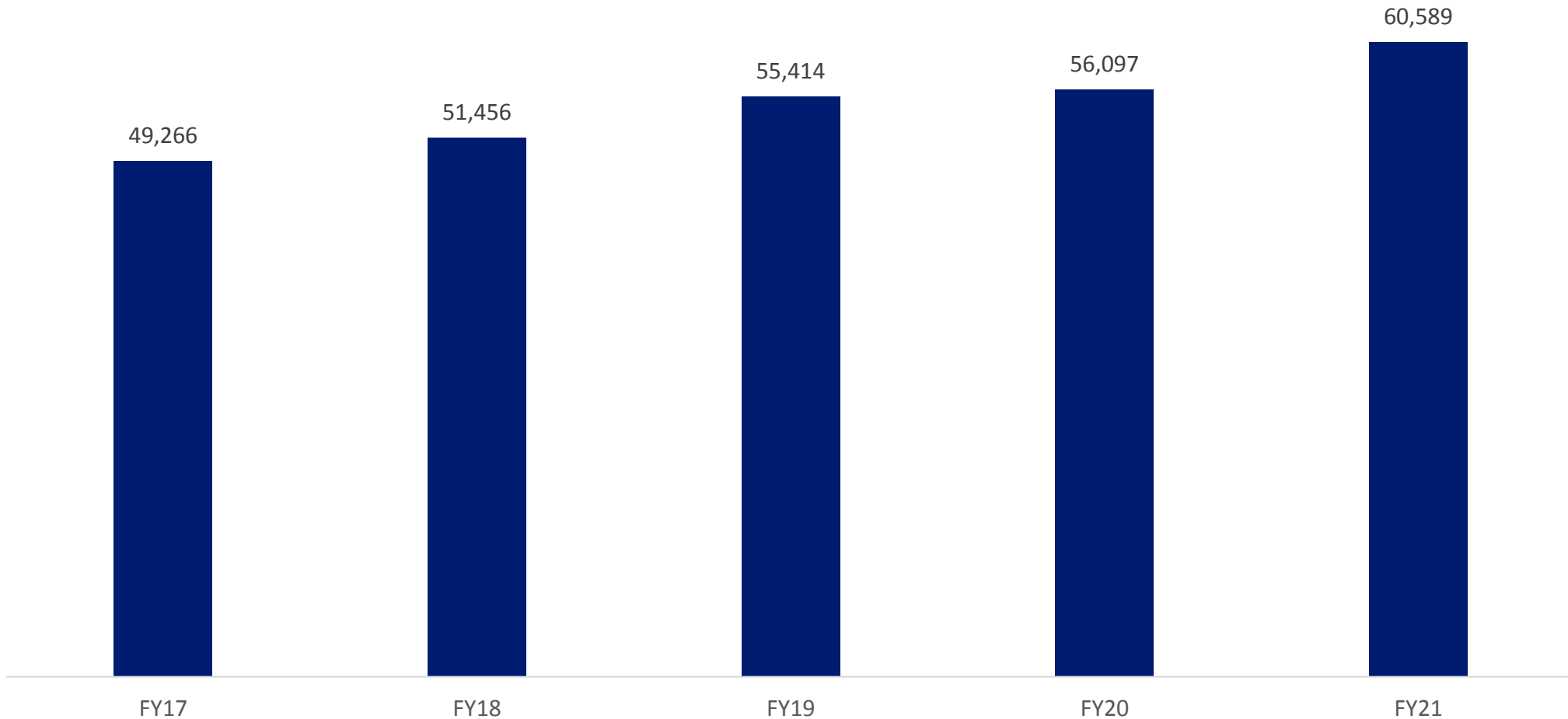
Outcomes & Targets

FY2021

Growth in Agency-Wide People Served



Count of unduplicated clients served for 10 months FYTD (Sep – Jun)

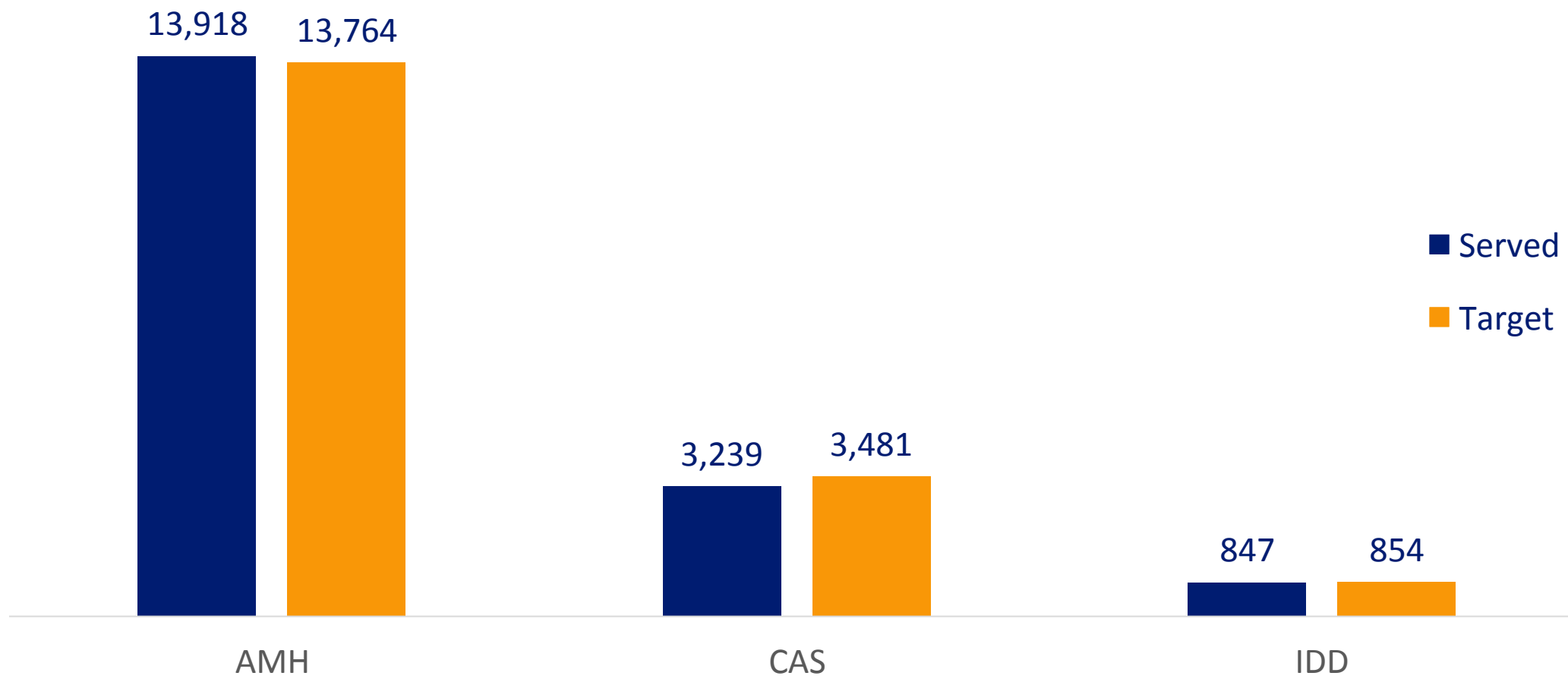


Note: Count of unduplicated clients above exclude contracted services such as Harris County Jail



Actual Performance vs. Contractual Targets

FY2021 average unduplicated clients served per month Q1 – Q3



Operating Budget

FY2022

FY2022: Budget Highlights

FY2022 Budget Drivers	Financial Impact (\$,MM)	
Increase in Harris County & Local (County/CORE/1622/Helpline)	4.20	Includes Helpline Contracts (Δ\$2.2 MM), Episcopal Health Foundation (Δ\$228K), Jail Re-Entry (Δ\$750K), County Court Administration (Δ\$538K), Juvenile Probation (Δ\$544K)
State GR	4.73	Includes H.R. 133 (Δ\$4 MM), Adult MH Contract (Δ\$666K)
Federal Grants	4.51	Includes Federal SAPT Block Grant-SAOSR (Δ\$311K), Federal SAMHSA-Expansion Program (Δ\$2.51 MM), Federal SAPT Substance Abuse 93.959 (Δ\$835K), Federal CDBG CCHP COVID-19 (Δ\$427K), Federal Coalition for the Homeless/City of Houston (Δ\$1.1 MM), Federal Enhanced Community Coordination (Δ\$136K)
Directed Payment Program for Behavioral Health Services (DPP-BHS)	9.49	HHSC created the DPP-BHS to incentivize the CCBHC model of care
DSRIP Revenue	7.42	Conservatively forecasted DSRIP revenue \$33.43 MM
Phase 2 Comp Increase	(2.00)	Carryover of FY2021 Phase 2 Market-Based Compensation Adjustments
Merit Increase	(2.72)	Merit increase from compensation roadmap planned for beginning of FY2022
Phase 3 Comp Increase	(3.17)	Phase 3 Market-Based Compensation Adjustments planned for Jan 2022
PAP continues to be a challenge as drugs move to generics	(6.70)	Depleting stock of PAP brand name drugs
Increase in IT-related Expenses	(2.30)	IT Expenses including IT Operations, operating equipment, operating software, and dues and subscriptions including Epic EHR
Decrease in Interest Income	(0.45)	Near zero Fed Funds rate projected until 2023

YOY Expense Budget by Category (\$,MM)

	FY2021 Budget	FY2022 Budget	Increase (Decrease) ⁵
Salaries & Fringe ^{1, 2}	191.14	212.57	21.44
Contracts & Consultants	50.12	50.38	0.26
Travel	2.07	2.18	0.10
Supplies & Drugs ³	22.84	16.46	(6.37)
Other ⁴	19.90	24.10	4.20
Total	286.07	305.70	19.63

¹ Relative to FY2021 Working Budget of \$200 MM (Δ\$13 MM)

² Includes compensation-related assumptions: merit (Δ\$2.72 MM), Phase 3 (Δ\$3.17 MM)

³ PAP reduction (Δ\$6.7 MM)

⁴ Equipment- Desktop/Laptop replacements (Δ\$1 MM), Dues & Subscription – Epic Operating (Δ\$1.5 MM), Other (Δ\$1.0 MM) – Security, Recruitment, Lab Expenses, etc.

⁵ **Bold** numbers represent variance >10%

YOY Expense Budget by Program (\$,MM)

	FY2021 Budget	FY2022 Budget	Increase (Decrease) ⁶
Adult Mental Health ¹	86.63	87.61	0.98
Child & Adolescent Services	21.09	21.43	0.33
Forensic	24.55	25.88	1.33
IDD ²	41.45	39.63	(1.82)
CPEP ³	40.63	46.96	6.33
Jail Diversion	6.76	6.95	0.20
Access (Helpline) ⁴	6.56	9.05	2.50
HCPC	28.55	28.93	0.38
Administration (IT, Facilities, Pharmacy)	29.84	33.36	3.51
<i>+ Merit and Phase 3 Market-Based Comp⁵</i>		5.89	5.89
Total	286.07	305.70	19.63

¹ Mental Health H.R.133 (Δ \$4.0 MM), State GR (Δ \$666K), PAP Reduction ($-\Delta$ \$6.4 MM)

² ECI funding decrease including state-projected 3rd party billing ($-\Delta$ \$2.37 MM)

³ Residential Respite Rehab, Substance Abuse

⁴ Helpline Contracts increase

⁵ Agency-wide Merit Increase (Δ \$2.72 MM) and Phase 3 Comp Increase (Δ \$3.17 MM)

⁶ **Bold** numbers represent variance >10%

YOY Revenue Sources by Category (\$,MM)

	FY2021 Budget	FY2022 Budget	Increase (Decrease) ⁵
Harris County & Local ¹	52.57	55.96	3.74
PAP	19.00	12.31	(6.69)
State GR	114.24	118.97	4.73
State Grants	11.95	11.76	(0.53)
Federal Grants	12.76	17.27	4.51
DSRIP ²	26.01	33.43	7.42
Third Party Billings ³	41.99	41.22	(0.77)
Other Revenue Sources ⁴	7.56	14.78	7.22
Total	286.07	305.70	19.63

¹ Includes increase in funding net of decrease in interest income

² DSRIP revenue conservative projection: \$33.43 MM

³ Includes state-projected ECI Third Party Billings decrease (Δ \$1.49 MM)

⁴ Includes DPP-BHS (Δ \$9.49 MM)

⁵ **Bold** numbers represent variance >10%

Capital Budget

FY2022

Overview (\$,MM)

	<u>Project Total</u>	<u>Carryover</u>	<u>New</u>	<u>Total</u>
	Count	\$	\$	\$
Land, Design and/or Construction	8	19,362,202	1,632,462	20,994,664
Facilities	36	2,308,033	1,883,400	4,191,433
IT	15	2,575,941	790,000	3,365,941
Total	59	24,246,176	4,305,862	28,552,038

Land, Design and/or Construction projects contribute to 74% of the FY2022 Capital Budget

Facilities Capital Projects – Residential Homes

Project Type	Locations	Cost (\$)
Whole-Home Generator Installation	Applewhite, Donsky House, Jackson St, Pasadena A, Pasadena B, Stonechase, Warm Springs	87,500
Window Replacement	Applewhite, Donsky House, Pasadena A, Pasadena B, Stonechase, Warm Springs	64,000
Gas Furnace - Replacement	Pasadena A	58,000
Kitchen Remodel and Floor Replacement	Jackson St	55,000
Residential Refresh	Applewhite, Stonechase	24,000
Fire Alarm Monitoring/Cellular Communicator	Donsky House, Pasadena A, Pasadena B, Applewhite, Warm Springs	8,900
TOTAL		297,400

Facilities Capital Projects

<u>Location</u>	<u>Project</u>	<u>Carryover Balance¹</u>	<u>Cost (\$)</u>
Northeast Clinic	Clinic Design & Construction	10,000,000	10,000,000
Northeast Clinic Total		10,000,000	10,000,000
Northwest Clinic	Clinic Land & Design	2,525,000	2,525,000
Northwest Clinic Total		2,525,000	2,525,000
NPC	Renovations	3,715,998	3,715,998
NPC Total		3,715,998	3,715,998
South Loop East RRR	Apartment Design & Construction ²	1,543,014	2,975,476
South Loop East RRR	HVAC / Generator	2,223,033	2,223,033
South Loop East RRR	Perimeter Fence		220,000
South Loop East RRR	Floor Replacement	85,000	85,000
South Loop East RRR Total		3,851,047	5,503,509
Southeast Clinic	Clinic Land	1,400,000	1,400,000
Southeast Clinic	Pharmacy & Business Office Relocation		125,000
Southeast Clinic	Security Access Control		7,000
Southeast Clinic Total		1,400,000	1,532,000

¹Carryover Projects are funded by Fund Balance CAPEX

²HHSC-HCC Grant is providing \$4.8MM construction funding, total spent to date \$137K, total project cost is \$7.9M

³Expected payback period of 6 years based on current usage

<u>Location</u>	<u>Project</u>	<u>Carryover Balance¹</u>	<u>Cost (\$)</u>
Southwest Clinic	Clinic Design & Construction	178,190	178,190
Southwest Clinic	LED Lighting Conversion (Clinical Areas – Floors 1 thru 4)		80,000
Southwest Clinic	Emergency Fire Pump Replacement and Upgrade		75,000
Southwest Clinic	7 th Floor Disaster Preparedness Response		75,000
Southwest Clinic	Restroom Renovations (2 Additional Floors)		60,000
Southwest Clinic	Safety Fence		50,000
Southwest Clinic	Loading Dock Repair Assessment		20,000
Southwest Clinic	Gate Operators		17,000
Southwest Clinic Total		178,190	555,190
Agencywide	Building Air & Automation ³ (6 locations)		800,000
Agencywide	Security Camera Upgrade & System Migration		257,000
Agencywide Total			1,057,000
Total			24,888,697

IT Capital Projects

Unit	Category	Project	Carryover Balance ¹	Cost
1147	Equipment	EPIC Equipment Upgrade	428,252	428,252
1147	Equipment	Network Hardware Refresh	8,000	8,000
Equipment Total				436,252
1147	IT Security	SOC as a Service ²		375,000
1147	IT Security	PAM (Privilege Access Management) ²		115,000
1147	IT Security	Endpoint Detection and Response	42,000	42,000
1147	IT Security	Business Associates/Vendor Security Mgt Svs	28,250	28,250
IT Security Total				560,250
1158	IT Support	EPIC Implementation	800,000	800,000
IT Support Total				800,000
1147	Network Infrastructure	DRaaS	273,728	273,728
Network Infrastructure Total				273,728

Unit	Category	Project	Carryover Balance ¹	Cost
1147	Operations	HRIS	376,867	376,867
1147	Operations	DocuSign Implementation	162,754	162,754
1147	Operations	New Harris Center External Website and Digital Platform Design		300,000
1147	Operations	Data As a Service Platform PowerBI	165,435	165,435
1147	Operations	Office 365 Licenses, Email and	163,505	163,505
1147	Operations	ROSS Phase II Enhancements	76,940	76,940
1147	Operations	Incident Reporting Sys Replace	50,210	50,210
Operations Total				1,295,711
Grand Total				\$3,365,941

¹Carryover Projects are funded by Fund Balance CAPEX

²Project funded by Real Property & IT Infrastructure

Funding Overview

	<u>Carryover</u>	<u>New</u>	<u>Total</u>
	\$	\$	\$
Fund Balance CAPEX	24,246,176	0	24,246,176
Real Property & IT Infrastructure	0	490,000	490,000
General Fund Balance	0	3,815,862	3,815,862
Total	24,246,176	4,305,862	28,552,038

Appendix: Commercial Insurance Renewal

FY2022

2021-22 TCRMF Program Cost



Coverage	2021-2022 TCRMF Estimated Premium	Before Equity Credit Difference	2020-2021 TCRMF Expiring Premium
Workers Compensation	\$631,777	(\$226,939)	\$858,716
Auto Liability	\$99,045	(\$296)	\$99,341
General Liability	\$6,205	(\$1,753)	\$7,958
Professional Liability	\$90,193	(\$1,773)	\$91,966
D&O Liability	\$296,663	(\$9,869)	\$306,532
Excess Liability:	\$81,690	(\$14,196)	\$95,886
Liability Total:	\$573,796	(\$27,887)	\$601,683
Property:	\$657,127	\$205,521	\$451,606
Auto Physical Damage:	\$44,553	\$21,880	\$22,673
Credit/ Adjustment:	\$230,361	(\$259,447)	\$489,808
Grand Total:	\$1,676,892	\$232,022	\$1,444,870
Percent Increase:		16.06%	

Other Coverages (Non-TCRM Fund) 2021-22 TCRMF Program Cost



- **Flood**
- **Crime**
- **Fiduciary Liability**
- **Notary Errors & Omissions**
- **Notary Bonds**
- **Cyber Security Liability**

Other Coverages (Non-TCRM Fund)

2021-22 TCRMF Program Cost



Transforming Lives

Coverage	2021 - 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Crime	Estimated Premium: \$4,426.00 Scheduled Locations Employee Dishonesty: \$600,000 Forgery or Alteration: \$200,000 Inside the Premises: \$ 25,000 Outside the Premises: \$ 25,000 Computer Fraud: \$100,000 Money Orders & Counterfeit Paper Currency: \$ 25,000 Funds Transfer Fraud: \$100,000 Policy Term: 09-01-21/22	Great American Ins. Co.	Estimated Premium: \$4,098.00 Scheduled Locations Employee Dishonesty : \$600,000 Forgery or Alteration: \$200,000 Inside the Premises: \$ 25,000 Outside the Premises: \$ 25,000 Computer Fraud: \$100,000 Money Orders & Counterfeit Paper Currency: \$ 25,000 Funds Transfer Fraud: \$100,000 Policy Term: 09-01-20/21	+8.0%
Fiduciary Liability	Annual Premium: \$6,724.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-21/22	Twin City Fire Insurance Co.	Annual Premium: \$7,592.40 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-20/21	-11.4%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Transforming Lives

Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Notary Bonds 3-Yr. Policy Term: Varies	Est. Notary Bond Premium: \$6,461.00 91 Notaries \$71.00 per Notary Bond	Old Republic Added 23 additional notaries Forecasting to add 15% of Electronic Notaries	Est. Notary Bond Premium: \$4,899.00 69 Notaries \$71.00 per Notary Bond	+ 31.9%
Notary Errors & Omissions	Premium: \$1,012.20 Policy Term: 11-18-21/22	Western Surety Company Renewal Premium per Projected Total # of Notaries	Premium: \$1,012.20 Policy Term: 11-18-20/21	0.0%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Transforming Lives

Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Cybersecurity Liability	Annual Premium: \$83,129.75 Carrier: Benchmark Insurance Co. Policy Term: 05-08-21/22	Renewal carrier able to provide higher limits than prior carrier. Coverages: Breach Response, Incident Response, Forensic Cost, Legal Cost for each coverage. Expiring \$2.5MM Renewal:\$5MM	Annual Premium: \$81,770.55 Carrier: Beazley Ins. Co. Policy Term: 04-24-20 to 05-08-21 (Renewal quote: \$99,678.75 +21.9%)	+1.7%

Other Coverages (Non-TCRM Fund)

2021-22 Renewal Projections



Transforming Lives

Coverage	2021- 2022 Renewal Premium	Exposure Change	2020 - 2021 Expiring Premium	% Change
Flood	<p>Premium: \$49,757.54</p> <p>Locations: 7200 North Loop East; 11511 Bob White Road 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-21/22</p>	<p>Private Flood Coverage for Properties in "AE" Zone</p> <p>The 20/21 flood policy had a capped limit of \$500,000, per location. The carrier was able to insure buildings based on valuation report provided by Texas Council.</p>	<p>Premium: \$24,369.30</p> <p>Locations: 7200 North Loop East; 11511 Bob White Road 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-20/21</p>	+104.2%
TOTAL PREMIUMS:	\$ 151,510.49	\$27,769.04	\$123,741.45	+22.4%

EXHIBIT F-6



August 17, 2021

Request for Board Approval
Transfer July 2021 Enhanced FMAP Funds to COVID-19 eFMAP Reserve &
Payment of COVID Expenses from COVID-19 eFMAP Reserve

Background: The Families First Coronavirus Response Act (FFCRA) authorized an increase of 6.2% to the Federal Medical Assistance Percentage (FMAP). The enhanced FMAP (eFMAP) increased the federal share in the Medicaid program and applied to The Harris Center's DSRIP payments from January 2020 through July 2021.

- The current COVID-19 eFMAP Reserve balance is \$2,445,788.
- The eFMAP portion of the July 2021 DSRIP payment is \$4,406,205.
- The COVID-19 eFMAP Reserve balance will be \$6,851,993 after the transfer of July 2021 eFMAP funds.

FY2021 COVID-19 Impact:

\$1.55 MM of unfunded expenses in Unit 2379 (COVID-19)*
 \$0.35 MM of Employer PTO for COVID-19 positives in high risk units and Negative PTO
 \$0.09 MM Recruitment sign-on bonus & overtime for Psyc Techs
\$1.87 MM of 3rd party billing revenue impact
 \$3.86 MM of Use of Fund Balance from COVID eFMAP Reserve

** Net of Continuous Care Performance Awards previously funded by the COVID-19 eFMAP Reserve*

FY2022 and Beyond: Remaining Balance of \$2.99 MM will carry into FY2022 and beyond to be utilized as COVID-related relief. Authorization to pull funds out of the Reserve Fund must be granted by the Board.

Request Summary:

- 1) Transfer \$4,406,205 July 2021 eFMAP Funds to the COVID-19 eFMAP Reserve.
- 2) Utilize \$3.86 MM from the COVID-19 eFMAP Reserve to fund FY2021 COVID-19 related expenses and 3rd party billing revenue impact.

Sean Kim, MBA, CPA
 Chief Financial and Administrative Officer
 The Harris Center for Mental Health and IDD

EXHIBIT F-7



The Harris Center for Mental Health and IDD

Financial Report
For the Eleventh Month and Year to Date Ended July 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on August 17, 2021

The Harris Center for Mental Health & IDD

August 17, 2021

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

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

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



Sean Kim, CPA
Chief Financial and Administrative Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 21,329	\$ 21,478	\$ (149)
Expenditures	26,553	23,771	(2,782)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (5,223)</u>	<u>\$ (2,293)</u>	<u>\$ (2,930)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 23,814</u>	<u>\$ (303)</u>	<u>\$ 24,117</u>

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

	Month Ended July 31, 2021					Eleven Months Ended July 31, 2021				
	Actual	Budget	Variance		Actual	Budget	Variance			
			Favorable	or (Unfavorable)			Favorable	or (Unfavorable)		
			\$	%			\$	%		
Total Revenues:										
Harris County and Local	\$ 4,589,840	\$ 4,315,514	\$ 274,326	6%	\$ 51,335,274	\$ 47,413,427	\$ 3,921,847	8%		
PAP / Samples	964,673	1,583,323	(618,650)	-39%	13,072,392	17,416,553	(4,344,161)	-25%		
Interest	3,133	41,666	(38,533)	c -92%	114,383	458,326	(343,943)	-75%		
State General	9,677,339	9,642,311	35,028	0%	105,738,986	106,065,406	(326,420)	0%		
State Grants	1,631,686	891,778	739,908	d 83%	11,492,488	9,895,834	1,596,654	16%		
Federal Grants	1,654,674	1,063,105	591,569	56%	18,345,359	11,694,152	6,651,207	57%		
3rd party billings	2,808,033	3,940,212	(1,132,179)	e -29%	33,719,191	37,953,519	(4,234,328)	-11%		
Total Revenue	21,329,378	21,477,909	(148,531)	f -1%	233,818,073	230,897,217	2,920,856	1%		
Total Expenses:										
Salaries and Fringe	18,105,259	15,925,153	(2,180,106)	g -14%	177,769,355	175,184,270	(2,585,085)	-1%		
Travel	65,622	193,215	127,593	66%	542,275	1,879,804	1,337,529	71%		
Contracts and Consultants	1,648,631	1,803,662	155,031	9%	18,036,381	19,875,782	1,839,401	9%		
HCPC Contract	2,331,047	2,369,794	38,747	2%	25,747,644	26,077,734	330,090	1%		
Supplies and Drugs	1,302,321	1,902,175	599,854	32%	16,570,445	20,935,121	4,364,676	21%		
Equipment (Purch, Rent, Maint)	403,600	377,155	(26,445)	h -7%	12,418,204	4,162,816	(8,255,388)	-198%		
Building (Purch, Rent, Maint)	1,905,245	283,231	(1,622,014)	i -573%	13,675,005	3,114,688	(10,560,317)	-339%		
Vehicle (Purch, Rent, Maint)	10,306	28,249	17,943	64%	135,133	311,814	176,681	57%		
Telephone and Utilities	271,386	222,979	(48,407)	-22%	2,370,253	2,452,821	82,568	3%		
Insurance, Legal, Audit	146,826	137,843	(8,983)	-7%	1,735,596	1,516,063	(219,533)	-14%		
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%		
Other	322,685	460,148	137,463	30%	4,386,983	5,131,284	744,301	15%		
Claims Denials	39,854	67,534	27,680	41%	648,291	742,852	94,561	13%		
Reserve for Bad Debt	-	-	-	0%	-	-	-	0.0%		
Total Expenses	26,552,782	23,771,138	(2,781,644)	j -12%	274,587,989	261,973,646	(12,614,343)	-5%		
Excess of Revenues over (under)										
Expenditures before Other Sources	(5,223,404) a	(2,293,229)	(2,930,175)		(40,769,916)	(31,076,429)	(9,693,487)			
Funds from other sources:										
Use of fund balance - CapEx	1,584,778	-	1,584,778		10,210,473	-	10,210,473			
Use of fund balance - COVID-19	-	-	-		3,568,270	-	3,568,270			
Fund Balance DSRIP	629,236	629,236	-		6,928,667	6,930,895	(2,228)			
Waiver 1115 Revenues	2,167,484	2,167,484	-		23,842,345	23,842,366	(21)			
DSRIP Transition	1,809,411	-	1,809,411		19,022,277	-	19,022,277			
COVID-19 FMAP Allocation	-	-	-		-	-	-			
Insurance Proceeds	9,177	-	9,177		990,607	-	990,607			
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125			
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-			
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 976,682	\$ 503,491	\$ 473,191		\$ 23,813,848 b	\$ (303,168)	\$ 24,117,016			

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 July 31, 2021

Month Ended July 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 5,557,093	\$ 5,935,695	\$ 553	\$ 4,808	-	-
State General Revenue	9,659,386	9,624,358	17,953	17,953	-	-
State Grants	1,631,686	891,778	-	-	-	-
Federal Grants	1,654,674	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,895	1,705,260	-	-
3rd party billings	2,722,736	3,842,252	85,297	97,960	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	21,225,575	21,357,188	4,080,698	1,825,981	-	-
Total Expenses:						
Salaries and Fringe	16,703,855	14,562,531	1,401,404	1,362,622	-	-
Travel	61,585	180,437	4,037	12,778	-	-
Contracts and Consultant	1,548,593	1,686,104	100,038	117,558	-	-
HPCPC Contract	2,331,047	2,369,794	-	-	-	-
Supplies and Drugs	1,272,355	1,878,502	29,966	23,673	-	-
Equipment (Purch, Rent, Maint)	251,430	300,549	64,610	76,606	87,560	-
Building (Rent, Maint)	280,731	(102,011)	127,296	385,242	1,497,218	-
Vehicle (Purch, Rent, Maint)	7,357	16,539	2,949	11,710	-	-
Telephone and Utilities	254,471	183,355	16,915	39,624	-	-
Insurance, Legal, Audit	118,923	107,784	27,903	30,059	-	-
Note Payments	-	-	-	-	-	-
Other	314,748	436,504	7,937	23,644	-	-
Claims Denials	39,507	67,039	347	495	-	-
Reserve for Bad Debt	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	23,184,602	21,687,127	1,783,402	2,084,011	1,584,778	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(1,959,027)	(329,939)	2,297,296	(258,030)	(1,584,778)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	1,584,778	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	629,236	629,236	-	-	-	-
Insurance Proceeds	9,177	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,320,614)	\$ 299,297	\$ 2,297,296	\$ (258,030)	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

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 July 31, 2021

Eleven Months Ended July 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 64,488,296	\$ 65,235,418	\$ 33,753	\$ 52,888	\$ -	\$ -
State General Revenue	105,541,503	105,867,923	197,483	197,483	-	-
State Grants	11,492,488	9,895,834	-	-	-	-
Federal Grants	18,345,359	11,694,152	-	-	-	-
Federal Revenue - DSRIP	-	-	42,864,622	23,842,323	-	-
3rd party billings	32,674,130	36,883,497	1,045,061	1,070,022	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	232,541,776	229,576,824	44,140,919	25,162,716	-	-
Total Expenses:						
Salaries and Fringe	163,861,744	159,804,858	13,907,611	15,379,412	-	-
Travel	526,086	1,745,837	16,189	133,967	-	-
Contracts and Consultant	17,091,831	18,582,673	944,550	1,293,109	-	-
HPCPC Contract	25,747,644	26,077,734	-	-	-	-
Supplies and Drugs	16,416,080	20,678,131	154,365	256,990	-	-
Equipment (Purch, Rent, Maint)	3,752,914	3,307,125	750,493	855,691	7,914,797	-
Building (Purch,Rent, Maint)	9,959,007	1,227,690	1,420,322	1,886,998	2,295,676	-
Vehicle (Purch, Rent, Maint)	105,273	185,004	29,860	126,810	-	-
Telephone and Utilities	2,189,857	2,016,010	180,396	436,811	-	-
Insurance, Legal, Audit	1,425,671	1,184,767	309,925	331,296	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	4,221,191	4,872,033	165,792	259,251	-	-
Claims Denials	634,480	737,407	13,811	5,445	-	-
Reserve for Bad Debt	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	245,931,778	240,419,269	18,445,738	21,518,204	10,210,473	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(13,390,002)	(10,842,445)	25,695,181	3,644,512	(10,210,473)	-
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	10,210,473	-
Use of fund balance - COVID-19	3,568,270	-	-	-	-	-
Fund Balance DSRIP	6,928,667	6,930,895	-	-	-	-
Insurance Proceeds	988,747	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (1,883,193)	\$ (3,911,550)	\$ 25,697,041	\$ 3,644,512	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

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

	Ending Balance		Increase/(Decrease)	
	June 30, 2021	July 31, 2021	July	
Assets				
Cash and Cash Equivalents	\$ 115,147,222	\$ 140,032,839	\$ 24,885,617	a
Inventory - includes RX	304,877	300,070	(4,807)	b
Prepaid Expenses	2,563,932	5,719,089	3,155,157	c
A/R Medicaid, Medicare, 3rd Party	14,863,471	14,997,768	134,297	
Less Bad Debt Reserve	(5,884,594)	(6,374,639)	(490,045)	
A/R Other	24,260,223	25,498,888	1,238,665	d
A/R DSRIP	41,180,372	-	(41,180,372)	e
Total Current Assets	<u>192,435,503</u>	<u>180,174,014</u>	<u>(12,261,488)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,914,881	51,272	
Furniture and Fixtures	9,882,776	9,898,640	15,864	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	12,973,806	14,558,584	1,584,778	
Total Property, Plant & Equipment	<u>76,127,328</u>	<u>77,779,242</u>	<u>1,651,914</u>	
TOTAL ASSETS	<u>\$ 268,562,831</u>	<u>\$ 257,953,256</u>	<u>\$ (10,609,574)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 48,992,867	\$ 43,918,857	\$ (5,074,010)	f
Accrued Payroll and Accounts Payables	25,855,733	19,907,275	(5,948,458)	g
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>74,848,600</u>	<u>63,826,132</u>	<u>(11,022,468)</u>	
State Escheatment Payable	34,746	33,067	(1,679)	
Total Non Current Liabilities	<u>34,746</u>	<u>33,067</u>	<u>(1,679)</u>	
TOTAL LIABILITIES	<u>74,883,346</u>	<u>63,859,199</u>	<u>(11,024,147)</u>	
General Fund Balance	20,086,704	15,533,661	(4,553,043)	h
Nonspendable				
Investment in Inventories	304,877	304,877	-	
Investment In Fixed Assets	76,127,328	77,779,242	1,651,914	
Assigned:				
Current Capital Projects	21,856,193	24,824,448	2,968,255	i
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	41,439,569	40,810,333	(629,236)	
COVID-19 eFMAP Reserve	2,445,788	2,445,788	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>170,842,319</u>	<u>170,280,209</u>	<u>(562,110)</u>	
Year to Date Excess Revenues over (under) Expenditures	22,837,166	23,813,848	976,682	
TOTAL FUND BALANCE	<u>193,679,485</u>	<u>194,094,057</u>	<u>414,572</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 268,562,831</u>	<u>\$ 257,953,256</u>	<u>\$ (10,609,575)</u>	

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

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of July 2021, the eleventh month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$5,223,404.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$23,813,848 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 \$38,533 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 \$739,908 primarily due to timing of ECI revenues.
- e. **Third Party Billings** is unfavorable to budget by \$1,132,179.
- f. **Total Revenue** is unfavorable to budget by \$148,531.
- g. **Salaries and Fringe Benefits** are unfavorable to budget by \$2,180,106 due to salaries and fringe benefits paid by grants awarded after approval of the original budget.
- h. **Equipment** is unfavorable to budget by \$26,445. Equipment purchases exceeding budget were covered by funds designated by the Board through Fund Balance-Capex designations.
- i. **Building** is unfavorable to original budget by \$1,622,014 primarily due to purchase of NE land which was covered by funds designated by the Board through Fund Balance-Capex designations.
- j. **Total Expenses** are unfavorable to budget by \$2,781,644 due to expenses associated with Board designated Capex funds and grants awarded after approval of the original budget.

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 increased from the prior month because of operations and receipt of DSRIP funds.

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Cash - General Fund Bank Of America	\$ 2,664,886	\$ 2,785,888	\$ 121,002
Cash - General Fund Chase	48,040,277	80,703,553	32,663,276
Cash - BOA ACH Vendor	467,913	358,819	(109,094)
Cash - FSA - Discovery	144,871	152,170	7,299
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,559	1,001,575	16
Investments - Texpool Self Insurance	2,288,884	2,288,921	37
Investments - Texpool Prime	29,308,805	24,810,390	(4,498,415)
Investments - Texas Class	31,220,727	27,922,223	(3,298,504)
Total Cash and Cash Equivalents	\$ 115,147,222	\$ 140,032,839	\$ 24,885,617

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(20,857)	(25,664)	(4,807)
Inventory - Drugs	293,096	293,096	-
Total Inventory	\$ 304,877	\$ 300,070	\$ (4,807)

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

II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** increased in July.

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Villas At Bayou Park	\$ 53,533	\$ 58,133	4,600
Pear Grove	26,027	29,651	3,624
Pasadena Cottages	72,325	76,014	3,689
Employee	40	25	(15)
Pecan Village	-	4,401	4,401
Acres Homes Garden	71,385	75,010	3,625
General Accounts Receivable	1,365,080	1,683,966	318,886
Harris County Juvenile Probation	800,652	825,293	24,641
Harris County Community Supervision & Correcti	228,416	537,161	308,745
Harris County Sheriff Dept.	3,556,596	3,338,965	(217,631)
ICFMR	206,879	221,825	14,946
ECI Administrative Claiming	25,490	63,571	38,081
TCOOMMI -Special Needs	991,393	782,184	(209,209)
TDCJ - Parole	82,000	61,500	(20,500)
TDCJ - Substance Abuse	71,400	53,550	(17,850)
TCOOMMI- Juvenile	108,612	172,765	64,153
Jail Diversion	3,137,626	3,167,839	30,213
ECI	1,077,585	1,121,386	43,801
ECI Respite	-	836	836
ECI SNAP	9,900	9,900	-
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	218,572	208,902	(9,670)
MH Block Grant	5,749,547	6,006,364	256,817
MH Block Grant - Coordinated Specialty Care	125,169	212,075	86,906

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	June 30, 2021	July 31, 2021	July
Title XX Social Services	\$ 1,064,097	\$ 1,112,465	48,368
TANFF to Title XX Block Grant	3,100,162	3,241,079	140,917
DSHS SAPT Block Grant - SA/OSR	82,267	70,828	(11,439)
Enhanced Community Coordinator	131,149	104,751	(26,398)
DSHS Mental Health First Aid	25,875	11,772	(14,103)
HHSC ZEST - Zero Suicide	128,965	67,297	(61,668)
HCC Open Door	306,383	631,482	325,099
HCS	22,416	22,416	-
TX Home Living Waiver	(126,830)	(150,584)	(23,754)
Federal DSHS Disaster Assistance	1,051,525	1,136,826	85,301
Helpline Contracts	65,685	79,742	14,057
City of Houston - CCSI	25,268	50,537	25,269
City of Houston - DMD	10,331	10,331	-
City of Houston - 911 CCD Amended	22,966	26,893	3,927
	<u>\$ 24,260,223</u>	<u>\$ 25,498,888</u>	<u>1,238,665</u>

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

- f. **Unearned Income** decreased due to spending of State GR funds.
- g. **Accrued Payroll and Accounts Payable** decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General Fund Balance** decreased due to allocation of Board approved Capex projects to designated fund balance categories.
- i. **Current Capital Projects** increased due to allocation of Board approved Capex projects to designated fund balance categories.
- j. **Days of Operation in Reserve for Total Agency** is 161 days and for **Core Business** is 99 days versus 159 and 98 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of July 31, 2021, is \$56,023,110 of which 100% is in government pools (Texas Class 49% and TexPool 51%).
- b. Investments this month yielded interest income of \$3,133.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
GOVERNMENT POOLS												
TEXAS CLASS - GF G/L 120700		31,220,727	-	(3,300,000)	1,496		27,922,223		49.84%		0.0615%	
TEXPOOL ISF G/L 120610		2,288,884	-	-	37		2,288,921		4.09%		0.0189%	
TEXPOOL GF G/L 120600		1,001,560	-	-	16		1,001,576		1.79%		0.0189%	
TEXPOOL PRIME G/L 120620		29,308,805	-	(4,500,000)	1,585		24,810,390		44.29%		0.0655%	
Subtotal Texpool		43,086,969	-	(4,500,000)	1,638		28,100,887		50.16%			
Subtotal Government Pools		95,795,588	-	(7,800,000)	3,133		56,023,110		100.00%			
TOTAL INVESTMENTS		\$ 95,795,588	\$ -	\$ (7,800,000)	\$ 3,133	\$ -	\$ 56,023,110		100.00%			

Total Investment Interest G/L 409000 & 409005

3,133

3 Month Weighted Average Maturity (Days)

1.00

Total Interest

\$ 3,133

3 Month Weighted Average Yield

0.0655%

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

0.0280%

The Harris Center for Mental Health and IDD

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

Report for July 2021

Vendor	Description	Monthly Not-To-Exceed*	Jul-21	YTD Total (Apr -July 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,281,359	\$4,022,523
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$197,100	\$790,049
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,027,580	\$8,161,698
Cigna Dental	Dental Insurance	\$100,000	\$77,161	\$310,874

* 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 July 2021 Payments of Liabilities for Employee Benefits = 9% of Expenditures.

EXHIBIT F-8

August 2021

NEW CONTRACTS OVER 50k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Pinnacle Business Solutions, LLC	No	Agency Wide Mail Courier, Pharmaceutical and Medical Records Delivery Services		\$79,920.91	09/01/21- 08/31/22	GR	RFP	The Request for Proposal opened for Courier Services Mail, Pharmaceutical and Medical Records on Thursday, May 20, 2021 at 11:00am. The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sean McFarland, Security Manager, Yen Phan, Director Division Nurse, Sharon Reyes, HIM Manager and Teri Gleason, Pharmacy Operations Coordinator. Forty-two (42) vendors were contacted. Ten (10) vendors were HUB. The specifications were posted on three (3) local newspapers, The Harris Center's website, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance and Houston Minority Supplier Development Council. Received seven (7) responses and one (1) not to participate. Seven (7) responses were deemed responsive and evaluated by the Project Team. Three (3) responses were a HUB and one (1) use HUB subcontractors. Pinnacle has a proven track record and responsive to the Agency's needs. They are familiar with organization and mailing process. The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals. FY22: \$79,920.91 FY23: \$83,916.95 FY24: \$86,434.47 FY25: \$88,163.15 FY26: \$89,926.42 Total NTE for five (5) years: \$428,361.90 to be funded annually.
2	Translation & Interpretation Network, LLC	No	Secured Platform for Virtual Interpretation		\$170,000.00	09/01/21- 08/31/22	GR	Consumer Driven	An easy access secure virtual platform for virtual interpretation. This platform allows The Agency to save cost without having to connect to an Interpreter via Lifesize/Zoom/Teams or any other media.
	CPEP								
	CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH SERVICES								
3	The Council on Recovery	No	Engagement, Outreach, Screening, Referral (OSAR), and Linkage Services to Clients		\$793,354.27	09/01/21- 08/31/22	State Funds	N/A	Contract has reach end of term after being in place for five years. New contract initiated. Contractor will provide Engagement, Outreach, Scheduling, Referral (OSAR) and Linkage Services to the Agency.
	PROGRAM MANAGEMENT								



Executive Contract Summary

Contract Section ^

Contractor*

Pinnacle Business Solutions

Contract ID #*

2021-0183

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

Pinnacle Business Solutions and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)	Amount* (?)
2022	\$ 79,920.91

Fiscal Year* (?)	Amount* (?)
2023	\$ 83,916.95

Fiscal Year* (?)	Amount* (?)
2024	\$ 86,434.47
2025	\$ 88,163.15
2026	\$ 89,926.42

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contracting with Pinnacle Business Solutions for agency wide mail courier, pharmaceutical and records delivery. Doing an initial one year contract with 4 optional annual renewals.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

do not have all dates prior to FY21 / courier services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Pinnacle Pricing.pdf 345.47KB

Vendor/Contractor Contact Person

Name*

Pinnacle Business Solutions / Woodrow Clayton

Address*

Street Address

2335 Minimax Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008

Country

US

Phone Number*

8557272002

Email*

wclayton@pinnacledelivery.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 79,920.91	577000
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote
FY22 79,920.91

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

7/21/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/21/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

7/21/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

7/21/2021

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

7/21/2021



Award Recommendation
Courier Services Mail, Pharmaceutical and Medical Records
Project# PUR-FY21-0121

The Request for Proposal opened for Courier Services Mail, Pharmaceutical and Medical Records on Thursday, May 20, 2021, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sean McFarland, Security Manager, Yen Phan, Director Division Nurse, Sharon Reyes, HIM Manager and Teri Gleason, Pharmacy Operations Coordinator.

Forty-two (42) vendors were contacted. Ten (10) vendors were Historically Underutilized Vendor (HUB). The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA) and Houston Minority Supplier Development Council (HMSDC).

Received seven (7) responses and one (1) not to participate. Seven (7) responses were deemed responsive and evaluated by the project team. Three (3) responses were a HUB vendor and one (1) use HUB subcontractors.

Recommended Vendors:

Pinnacle Business Solutions

Vendors not selected:

Lyfe Lyne Delivery Services, LLC (HUB)

Central Delivery Services (HUB)

Package Express, LP

Deliver Houston (HUB Subcontractor)

North Houston Carriers, LLC (HUB)

Veterans Standard America, Inc.

All scores were collected and tabulated based on the evaluation criteria for a final score for each vendor. As result of the process, it was decided by the team to select **Pinnacle Business Solutions**. Pinnacle has a proven track record and responsive to the Agency's needs. They are familiar with organization and mailing process. All vendors submitted similar services, but Pinnacle had the best value for the Agency's requirements.

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

The total NTE (Not to Exceed) for five (5) years is \$428,361.90 to be funded annually subject to availability of the budget each year.

- FY22 - \$79,920.91 (Unit# 1107/577000)
- FY23 - \$83,916.95 (Unit# 1107/577000)
- FY24 - \$86,434.47 (Unit# 1107/577000)
- FY25 - \$88,163.15 (Unit# 1107/577000)
- FY26 - \$89,926.42 (Unit# 1107/577000)


Funding Source: Unit# 1107 – Print Shop

Submitted By:

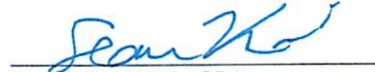


James Blunt, C.P.M.
Buyer II

Recommended by:



Nina Cook, MBA, CTPM
Director of Purchasing



Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section



Contractor*

Translation & Interpretation Network, LLC

Contract ID #*

2021-0192

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center and Translation & Interpretation Network, LLC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 170,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Quick and easy access to a secured platform for virtual interpretation. No need to connect to an interpreter via Lifesize/Zoom/Teams or any other media.

Contract Owner*

Anthony Robinson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

December 2020 - Current. Interpretation services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

CCFW Letter Confirming TIN Sale 7-30-21.pdf	184.54KB
New TIN - W-9 Form.pdf	136.13KB

Vendor/Contractor Contact Person

Name*

Meti Dibra

Address*

Street Address

249 W Thornhill Drive

Address Line 2

City

Fort Worth

Postal / Zip Code

76115

State / Province / Region

TX

Country

USA

Phone Number*

817.289.2796

Email*

mdibra@tintranslation.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 100.00	543018
Budget Manager	Secondary Budget Manager	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 23,500.00	543018
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 50,000.00	543018
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 200.00	543018
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 200.00	543018
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,000.00	543018
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,000.00	543018
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 100.00	543018
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 92,400.00	543018
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable * (?)

VRI \$543 - \$79 1st hr. scheduled, ASL\$79 p/h min 2 hrs. OPI
 \$43 for 30 min (\$1.43 p/m) OPI Non-Spanish Scheduled \$47
 for 30 min (\$1.57 p/m)

Project WBS (Work Breakdown Structure * (?)

N/A

Requester Name	Submission Date
MACKINNEY, EGGLA	8/2/2021

Budget Manager Approval(s)**Approved by***Shonnia Williams-Wesley***Approval Date**

8/3/2021

Approved by*Mamie Adams-Austin***Approval Date**

8/3/2021

Approved by*Jodel Osman***Approval Date**

8/3/2021

Approved by*Priscilla M. Ramirez***Approval Date**

8/3/2021

Approved by*Debbie Chambers Shelby***Approval Date**

8/3/2021

Procurement Approval**Approved by***SHARON BRAUNER***Approval Date**

8/3/2021

Contract Owner Approval

Approved by

D. Anthony Robinson

Approval Date

8/3/2021

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

8/3/2021



Executive Contract Summary

Contract Section

Contractor*

The Council on Recovery - OSAR

Contract ID #*

2021-0186

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Council on Recovery and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 793,354.27

Funding Source*

State

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other 5 year renewal

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

Contract ID #6474 - five year renewal; new contract required. Service provided: The Council will provide engagement, outreach, screening, referral (OSAR), and linkage services to clients of The Harris Center for Mental Health and IDD Services.

Contract Owner*

Michael Downey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-2019 to 08-31-2020

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Pat McElliott

Address*

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

Postal / Zip Code

77007-7407

State / Province / Region

TX

Country

US

Phone Number*

281-200-9330

Email*

pmcelliot@councilonrecovery.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 793,354.27	543061
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure* (?)

0.00

Requester Name	Submission Date
SHELBY, DEBBIE C	7/23/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

7/23/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Michael Donney

Approval Date

7/23/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/26/2021



Executive Contract Summary

Contract Section ▲

Contractor*

The Brandt Companies, LLC

Contract ID #*

2021-0180

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

The Brandt Companies, 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/12/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 815,344.30

Fiscal Year* (?)

2022

Amount* (?)

\$ 1,630,688.70

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

contracting with The Brandt Companies, LLC for the emergency 6160 S Loop East mechanical and electrical upgrade (HVAC and generator)

The Brandt Companies, LLC does not list that they are a HUB, but they do use a subcontractor that is a HUB, and form is included in their packet

quote from packet is \$2,223,033.00 plus contingency for \$223,000.00 for a total amount of \$2,446,033.00

Contract Owner *

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name *

The Brandt Companies, LLC / Buck Buckalew

Address *

Street Address

8848 North Sam Houston Parkway West, Ste. 410

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064

Country

US

Phone Number *

2813811573

Email *

buck.buckalew@brandt.us

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 815,344.30	556000
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 1,630,688.70	556000
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

see packet for quote

quote from packet is \$2,223,033.00 plus contingency for \$223,000.00 for a total amount of \$2,446,033.00

Project WBS (Work Breakdown Structure* (?)

FY21 - \$815,344.30 is FM21.1126.22

FY22 - \$1,630,688.70 - do not yet know if project code will change

Requester Name	Submission Date
HARPER, SARAH A	7/9/2021

Budget Manager Approval(s)



Approved by

Approval Date

7/12/2021

Procurement Approval



Approved by

Approval Date

7/12/2021

Contract Owner Approval



Approved by

Approval Date

7/13/2021

Contracts Approval

Approve*

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

Approved by*

Shakyla Behm

Approval Date*

7/13/2021



**Award Recommendation
Emergency 6160 South Loop East Mechanical and Electrical RFP
Upgrades (HVAC & Generator)
Project# PUR-FY21-0196**

The June Board provided authorization to proceed under the emergency procurement provisions under the law. The Request for Proposal opened for Emergency 6160 South Loop East Mechanical and Electrical Upgrades (HVAC & Generator) on Wednesday, July 7, 2021, at 10:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Todd McCorquodale, Director, Facilities Services, Oscar Garcia, Project Manager 2, and Heather Camden with E&C Engineers & Consultants Inc.

In an effort to ensure a competitive process was performed, one hundred and twenty-one (121) vendors were contacted.

Received five (5) responses and three (3) not to participate. Five (5) responses were deemed responsive and evaluated by the project team. One (1) response was a HUB vendor, and one (1) vendor uses HUB subcontractors.

Recommended Vendors:

The Brandt Companies, LLC (HUB Subcontractor)

Vendors not selected:

C.A. Walker Construction

Lange Mechanical Services L.P.

Virtue Construction Partners, LLC (HUB)

Vaughn Construction, LLC

All scores were collected and tabulated based on the evaluation criteria for a final score for each vendor. As result of the process, it was decided by the team to select **The Brandt Companies, LLC**. Brandt has a good grasp on the project. Overall, Brandt had the best value for the Agency's requirements.

The initial contract period is anticipated to begin upon award of contract for one year. The contract shall commence July 12, 2021, and end on August 31, 2022, subject to Fiscal Year 2021 and 2022 budget, and shall remain in effect unless terminated, canceled, or extended.

The total NTE (Not to Exceed) for one (1) year is:

HVAC: \$1,654,829.00

Generator: \$539,263.00

Bonds (Performance & Payment): \$28,941.00

Contingency: \$223,000.00

Total NTE: \$2,446,033.00 to be funded annually subject to availability of the budget year.

- FY21 - \$815,344.30
- FY22 - \$1,630,688.70

Funding Source: Unit 1126 / GL Code 556000 / Remaining capital dollars from 6160 acquisition and renovation project / Jail Diversion funding based on allocation of square footage / General Fund Balance
Project Code: FM21.1126.22

Method of Procurement: Request for Proposal (RFP)

Submitted By:

Digitally signed by James Blunt
James Blunt
 Date: 2021.07.13 12:20:25 -05'00'

 James Blunt, C.P.M.
 Buyer II

Recommended by:

Digitally signed by Nina Cook
Nina Cook
 Date: 2021.07.13 12:13:21 -05'00'

 Nina Cook, MBA, CTPM
 Director of Purchasing

Digitally signed by Sean Kim
Sean Kim
 Date: 2021.07.13 12:25:21 -05'00'

 Sean Kim, MBA, CPA
 Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section



Contractor*

CLINICAL PATHOLOGY LABORATORIES, INC.

Contract ID #*

2021-0181

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center and Clinical Pathology Laboratory, Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)	Amount* (?)
2022	\$ 389,653.95

Fiscal Year* (?)	Amount* (?)
2023	\$ 409,136.65

Fiscal Year* (?) Amount* (?)
2024 \$ 429,593.48

Fiscal Year* (?) Amount* (?)
2025 \$ 451,073.15

Fiscal Year* (?) Amount* (?)
2026 \$ 473,626.81

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To provide agency-wide clinical laboratory testing services.

Contract Owner*

Deborah Sweat

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/16 - 8/31/21. Agency-wide clinical laboratory testing services.


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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Jim Gebhart, Vice President South Texas CPL

Address *

Street Address

5355 West Sam Houston Parkway North

Address Line 2

Suite #350

City

HOUSTON

State / Province / Region

TX

Postal / Zip Code

77041

Country

United States

Phone Number*

12818043949

Email*

jgebhart@cpllabs.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 359,100.00	580000

Budget Manager	Secondary Budget Manager
SHELBY, DEBBIE C	LOERA, ANGELICA D

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,496.25	580000

Budget Manager	Secondary Budget Manager
OSHMAN, JODEL	KORNMAYER, KIMBERLY A

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,496.25	580000

Budget Manager	Secondary Budget Manager
OSHMAN, JODEL	KORNMAYER, KIMBERLY A

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,496.25	580000

Budget Manager	Secondary Budget Manager
OSHMAN, JODEL	KORNMAYER, KIMBERLY A

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 10,315.20	580000

Budget Manager	Secondary Budget Manager
RAMIREZ, PRISCILLA M	OSHMAN, JODEL

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 15,750.00	580000

Budget Manager	Secondary Budget Manager
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA

Provide Rate and Rate Descriptions if applicable* (?)

Rates vary based on test(s) required.

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

ARCENEUX, LINDA M.

Submission Date

7/23/2021

Budget Manager Approval(s)



Approved by

Approval Date

7/23/2021

Approved by

Approval Date

7/23/2021

Approved by

Approval Date

7/23/2021

Approved by

Approval Date

7/23/2021

Procurement Approval



Approved by

Approval Date

7/26/2021

Contract Owner Approval



Approved by

Approval Date

7/26/2021

Contracts Approval

Approve*

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

Approved by *

Shasthya Behn

Approval Date *

7/27/2021



**Award Recommendation
Agency Wide Clinical Laboratory Services
Request for Proposal (RFP)
Project# PUR-FY21-0188**

A Proposal Opening for Agency Wide Clinical Laboratory Services was held on Thursday, June 24, 2021.

The Project Team consisted of the following members: Deborah Sweat, Chief Nursing Officer, Yen Phan, Division Nurse Director, Sean Kim, CFAO, Tony Jones, Manager, Application Development and Sharon Brauner, Purchasing Manager.

Fourteen (14) vendors were contacted, three (3) were HUBS. Advertisements were placed in three (3) local newspapers, The Harris Center's website, the State of Texas ESD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Two (2) Proposals were received and deemed responsive, from Clinical Pathology Laboratories and Quest Diagnostic. One (1) Non-Participation was received from Laboratory Corp of America.

The team members rated each Proposal using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended to award:

Clinical Pathology Laboratories

The contract period is for a one (1) year initial period of performance with four (4) one-year renewal options at the sole discretion of THE HARRIS CENTER based upon satisfactory performance, which will be reviewed, on an annual basis. The contract shall commence with a tentative award date of September 1, 2021, and shall remain in effect unless terminated, canceled, or extended, as otherwise provided herein, based upon satisfactory performance and service.

Year 1	\$	389,653.95
Year 2	\$	409,136.65
Year 3	\$	429,593.48
Year 4	\$	451,073.15
Year 5	\$	473,626.81
TOTAL NTE	\$	2,153,084.04

Funding Source: Division Clinical Unit Operating Budget 1153 / 580000 (Reallocated to units based on use-1136 MH, 9403 Jail, 9208/9210/9810 CPEP, 6302 TCOOMI)

RECEIVED JUL 14 2021

Submitted By:

**Sharon
Brauner**
Digitally signed by Sharon
Brauner
Date: 2021.07.14
12:29:51 -05'00'

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

Recommended By:

Nina Cook
Digitally signed by Nina Cook
DN: cn=Nina Cook, o=The Harris Center for
Mental Health and IQD, ou=Purchasing
Department | Finance,
email=nina.cook@harriscenter.org, c=US
Date: 2021.07.14 11:56:49 -05'00'

Nina M. Cook, MBA, CTPM
Director of Purchasing

Sean Kim
Digitally signed by Sean
Kim
Date: 2021.07.14
14:23:09 -05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative
Officer



Executive Contract Summary

Contract Section

Contractor*

McKesson

Contract ID #*

2021-0189

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

McKesson and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 2,000,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,000,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Pharmacy Wholesaler to obtain drugs for patient prescriptions from The Harris Center Pharmacies. Some funds will be utilized for RX Billing Project to be billed to outside RX benefit programs. Will increase NTE to accommodate volume when needed.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 to current

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Casey Knecht

Address*

Street Address

6555 State Hwy 161

Address Line 2

City

Irving

Postal / Zip Code

75039-2402

State / Province / Region

TX

Country

United States

Phone Number*

832.741.7801

Email*

casey.knecht@McKesson.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 2,000,000.00	547001

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


Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name	Submission Date
BABIN, ANGELA W	7/28/2021


Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Approval Date

7/28/2021

Procurement Approval 

Approved by

Sharon Brauner

Approval Date

7/28/2021

Contract Owner Approval 

Approved by

Angela Babin

Approval Date

7/28/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/29/2021

EXHIBIT F-9

August 2021

RENEWALS OVER 50k

		CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS							
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1		P- Foreign and Sign Language Translation (Pool-6)	No	Sign Language Interpretation/Translation	\$532,000.00	\$499,966.00	09/01/21- 08/31/22	GR (Various Units) RFP	Annual renewal of agreement
2		P-Nursing (Pool-3)	No	Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs) and Medical Assistants (Mas)	\$129,600.00	\$129,600.00	09/01/21- 08/31/22	GR (Various Units) Tag-On to Harris County Hospital District Health Contracts	Annual renewal of agreement
3		Simmons & Arnold Services	No	Coding Consultant Services	\$45,500.00	\$62,400.00	09/01/21- 08/31/22	GR (Various Units) N/A	Annual renewal of agreement
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									

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

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

A. CURRENT FY 2021 CONTRACT INFORMATION –

Contract ID#:	7212
Contractor Name:	P-Foreign and Sign Language Translation Master Pool
Interlocal Agreement:	
Service (brief description):	Sign Language Interpretation/ Translation
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$532,000.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	2200, 6601, 6201, 6204, 6205, 3350, 3360, 7001, 7110, 9206, 9208, 9402, 9404
G/L Code(s):	543018
FY21 Purchase Order Number:	CT140524
Contract Requester:	Egglia McKinney
Contract Owner:	Michael Dangerfield/ Anthony Robinson

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

Contractor's performance was satisfactory and the contract is being renewed for FY2022.

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22: \$499,966.00. FY22 Rate(s): VRI \$83 – 124.50, InPerson \$90 - \$150.76; OPI \$0.54 - \$1.24; ASL \$105 - \$250

MH UNITS: 2200 (2299/2802/4322) \$10,000, 2300 (\$30,000), 2400 (\$15,000), 2500 (\$27,000), 2600 (\$85,000), 2650 (\$22,00), 4325 (\$13,000), 4323 (\$30,000), 4913 (\$17,000), 4736/4836/4460/4310 (\$22,000), 6607/6620 (\$17,000)

FORENSIC UNITS: 6201, (\$400), 6204 (\$200), 6205 (\$3,000)

IDD UNITS:3350 (\$47,423), 3360(\$134,243)

ACCESS LINE UNITS: 7001 (\$8,000), 7110 (\$1,200)

CPEP UNITS: 9206 (\$5,000), 9208 (\$6,000), 9210 (\$3,000), 9810 (3,000), 9403 (\$500).

GL CODE:543018. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$499,966.00.

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

F. CONTRACT CONTENT CHANGES:

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

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

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Anthony Robinson.

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

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

Debbie Shelby Digitally signed by Debbie Shelby
Date: 2021.07.22 12:34:20 -05'00' (Signature).

Budget Manager: Sheenia Williams (Printed Name)

Sheenia Williams-Wesley Digitally signed by Sheenia Williams-Wesley
Date: 2021.07.22 15:12:44 -05'00' (Signature).

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin Digitally signed by Mamie Adams-Austin
Date: 2021.07.22 16:45:13 -05'00' (Signature).

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2021.07.22 09:56:29 -05'00' (Signature).

Budget Manager: Jodel Oshman (Printed Name)

 (Signature).

Budget Analyst: Priscilla Ramirez (Printed Name)

Priscilla Ramirez 7/23/21 (Signature).

Contract Owner: Anthony Robinson (Printed Name)

D. Anthony Robinson 7/23/2021 (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO Procurement@cityofaustin.gov and contracts@cityofaustin.gov. Call Extension 7230 with any questions.



CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

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

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

Contract ID#:	2021-0149
Contractor Name:	P-Nursing - LVNs and MAs
Interlocal Agreement:	No
Service (brief description):	Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs) and Medical Assistants (MAs)
Number of Subcontracts:	Three (3)
Subcontract ID#s and Contractor Names:	ID 2021-0151 Ironside Human Resources (HCHD-415) ID 2021-0152 Arch Staffing & Consulting (HCHD-425) ID 2021-0153 Angel Staffing, Inc. (HCHD-446)
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	Tag-on to Harris County Hospital District DBA Harris Health Contracts
Contract NTE (your current budget):	\$129,600.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	1158, 2212, 2213, 2214, 2215
G/L Code(s):	542000
FY21 Purchase Order Number:	N/A
Contract Requestor:	Linda Arceneaux
Contract Owner:	Deborah A. Sweat, CNO

B. EVALUATION OF FY21 PERFORMANCE:

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

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. .

C. RENEWAL DETERMINATION:

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

1
RECEIVED JUL 19 2021



D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 **\$129,600.**

FY22 Rate(s) \$Varies

Unit(s) served 1158, 2212, 2213, 2214, 2215 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
\$47,600.00	Please use Project Code EHR21.1158.04	1158	900060
\$20,500.00	Varies	2212	542000
\$20,500.00	Varies	2213	542000
\$20,500.00	Varies	2214	542000
\$20,500.00	Varies	2215	542000

FY 2022 Not to Exceed Amount for Master Pooled Contracts: **\$129,600.00**

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

F. CONTRACT CONTENT CHANGES:

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

G. RESPONSIBLE PARTY. Staff Responsible for reviewing and approving monthly invoices for this Contract APPROVALS:

Digitally signed by Deborah Sweat
Date: 2021.07.16 11:27:24 -05'00'

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

Debbie Shelby

Digitally signed by Debbie Shelby
Date: 2021.07.16 18:09:02 -05'00'

Debbie Chambers Shelby (Signature of the Budget Manager)

Jodel Oshman (Signature of the Budget Manager)

Priscilla Ramirez (Signature of the Budget Manager)

Erica Brown

Digitally signed by Erica Brown
Date: 2021.07.16 10:12:08 -05'00'

Erica Brown (Signature of the Budget Manager)

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

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

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

Contract ID#:	7875
Contractor Name:	Simmons & Arnold Services
Interlocal Agreement:	
Service (brief description):	Coding Consultant Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$45,500.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1102
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140761
Contract Requester:	Egglia McKinney
Contract Owner:	Michael Dangerfield/ Anthony Robinson

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

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 JUL 27¹²2021

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22: \$62,400.00 FY22 Rate(s): \$30 p/hr. UNIT: 1102
GL CODE: 542000. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$62,400.00.

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

F. CONTRACT CONTENT CHANGES:

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

3. Is the payment deadline different than net (45)? If yes, please provide the net days _____ [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: D. Anthony Robinson.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract: Michael, Dangerfield.

APPROVALS:

Budget Manager: Erica Brown (Printed Name)

Erica Brown Digitally signed by Erica Brown
Date: 2021.07.27 13:11:20 -05'00' (Signature). REQUIRED

Contract Owner: D. Anthony Robinson (Printed Name)

D. Anthony Robinson Digitally signed by D. Anthony Robinson
Date: 2021.07.27 13:21:10 -05'00' (Signature). REQUIRED

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

EXHIBIT F-10

August 2021

AMENDMENTS OVER 50k



Executive Contract Summary

Contract Section

Contractor*

DAHILL

Contract ID #*

7130

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

DAHILL
 THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 190,800.00

Increase Not to Exceed*

\$ 14,130.75

Revised Total Not to Exceed (NTE)*

\$ 204,930.75

Fiscal Year* (?) 2021 **Amount* (?)** \$ 14,130.75

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

TO COVER THE LAST TWO INVOICES OF FY21 (JUNE/JULY)
 INVOICES FROM FY20 WERE PAID ON FY21 INVOICE DUE TO INVOICES BEING
 RECEIVED LATE BY VENDOR.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT140609


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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

DAHILL/JENNIFER REYNOLDS

Address*

Street Address

PO BOX 202882

Address Line 2

City

DALLAS

State / Province / Region

TX

Postal / Zip Code

75320-2882

Country

USA

Phone Number*

1-866-558-0642

Email *

jennifer.reynolds@xerox.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 14,130.75	552002
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure * (?)

N/A

Requester Name	Submission Date
BOSWELL, SHAWNTI R	6/29/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
6/29/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date
6/30/2021

Contracts Approval

Approve *

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

Approved by *

Shasthya Behn

Approval Date *
7/1/2021





Executive Contract Summary

Contract Section

Contractor*

E&C Engineers & Consultants Inc.

Contract ID #*

2021-0119

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

E&C Engineers & Consultants, Inc and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 7,500.00

Increase Not to Exceed*

\$ 143,500.00

Revised Total Not to Exceed (NTE)*

\$ 151,000.00

Fiscal Year* (?)	Amount* (?)
2021	\$ 7,500.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 143,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Currently contracted with E&C for HVAC assessment at 6160 S Loop East. We are amending the contract as E&C will provide design and project management for the new HVAC and electrical work to be done. We are also extending the end date of the contract to 08/31/2022 to allow for completion of work. Amount per quote is \$143,500.00.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2017 to present / MEP Engineer

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

E&C 2021_07-03 Harris Center 6160 S Loop E HVAC Design and PM.pdf 72.36KB

Vendor/Contractor Contact Person**Name***

E&C Engineers & Consultants Inc / Heather Camden

Address *

Street Address

1010 Lamar Street, Ste. 650

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number *

7135808850

Email *

camden@eceng.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 143,500.00	556000
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable * (?)

see attached quote

Project WBS (Work Breakdown Structure * (?)

FM21.1126.22

Requester Name

HARPER, SARAH A

Submission Date

7/6/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/6/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

7/6/2021

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behu

Approval Date*

7/6/2021



Executive Contract Summary

Contract Section



Contractor*

Love Advertising and The Harris Center

Contract ID #*

7819

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Love Advertising and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/15/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 49,000.00

Increase Not to Exceed*

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 59,000.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 59,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Love Advertising designed and implemented digital, radio, and billboard advertisements for the COVID-19 mental health support line campaign. The amendment is to cover additional digital advertisement costs that were made in FY2021. This includes Google and Facebook ads to target the underserved communities in the greater Houston area.

Contract Owner*

Scott Rule

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 (?)

HCMH_Love-Digital-Report_Mar2021.pdf	1.8MB
HCMH-0013_NewCampaign_Presentation.pdf	1.98MB

Vendor/Contractor Contact Person

Name*

Shannon Moss

Address*

Street Address

3550 West 12th Street

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77008

Country

United States

Phone Number*

7135521055

Email *

shannon@loveadv.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2379	\$ 10,000.00	595007
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

Quotes were requested from three different local advertising agencies. We asked each company to provide a detailed list of services they could offer for the budgets of \$25k, \$49k, and \$75k. Based on the amount of services we could acquire with the various budget levels, it was decided that the \$49k package held the most value. The budget covered the creative costs, as well as the cost to advertise the COVID-19 mental health support line through digital ads (social media and Google ads), radio spots (on talk radio stations), and digital billboard ads. The additional \$10k covers the more targeted outreach to underserved communities in the region, using digital communication channels to target these populations.

Project WBS (Work Breakdown Structure* (?)

1. Provide Love Advertising with all the data and information needed to draft an advertising campaign around the COVID-19 mental health support line
2. They will conceptualize and develop an ad campaign utilizing different communication channels to promote our services.
3. We will review their plans and submit to the appropriate signatories for approval
4. They will post the campaign through the various communication channels (Facebook ads, Google ads, radio spots on talk radio, and digital billboard ads).
5. They will also provide the zip codes of the underserved areas targeted for the digital advertisements to showcase the campaigns effectiveness in reaching our intended audience.

Requester Name

BOREN, KAREN

Submission Date

6/24/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/24/2021

Procurement Approval

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Scott D Rule

7/21/2021

Contracts Approval

Approve *

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

Approved by *

Approval Date *

Shaskyia Behm

7/21/2021



Executive Contract Summary

Contract Section

Contractor*

Diamond Pharmacy Services

Contract ID #*

7247

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Diamond Pharmacy Services and The Harris Center for MH and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

1/31/2022

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

end of current contract

Current Contract Amount*

\$ 195,000.00

Increase Not to Exceed*

\$ 49,000.00

Revised Total Not to Exceed (NTE)*

\$ 244,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 49,000.00

Funding Source*

County

Contract Description / Type* (?)

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

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

A pharmacy solution to better align and support the treatment delivery model at DDRP (residential vs. outpatient clinic) while concurrently providing opportunities for medical cost savings.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2020 - 8/31/2021 Pharmacy services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Courtney Adams, Exe Asst to COO, Diamond Pharmacy

Address*

Street Address

645 Kolter Drive

Address Line 2

City

Indiana

Postal / Zip Code

15701

State / Province / Region

PA

Country

United States

Phone Number*

180088263371036

Email*

cadams@diamondpharmacy.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 29,000.00	547001
Budget Manager WILLIAMS-WESLEY, SHEENIA L.		Secondary Budget Manager JILES, MONALISA

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6303	\$ 20,000.00	547001
Budget Manager WILLIAMS-WESLEY, SHEENIA L.		Secondary Budget Manager JILES, MONALISA

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

WILLIAMS-WESLEY, SHEENIA L.

Submission Date

7/27/2021

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

7/27/2021

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

7/27/2021

Contracts Approval

Approve*

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

Approved by*

Shashyia Belu

Approval Date*

7/29/2021



Executive Contract Summary

Contract Section ^

Contractor*

RdlR Architechts

Contract ID #*

2020-0032

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Rdlr Architects 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 for ratification only - already approved

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/1/2020

Contract Term End Date* (?)

5/1/2022

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

Current Contract Amount*

\$ 481,415.00

Increase Not to Exceed*

\$ 13,500.00

Revised Total Not to Exceed (NTE)*

\$ 494,915.00

Fiscal Year* (?)	Amount* (?)
2021	\$ 347,237.50

Fiscal Year* (?)	Amount* (?)
2022	\$ 147,677.50

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

amending the contract to add the Energy/Environmental Certifications for the project as required by the City of Houston.

asking to increase the contract by \$13,500.00 per attached quote

Contract Owner*

Scott Rule

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2012 to present - architectural services

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

Yes No Unknown

Please provide the HUB status*

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

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

RdIR 21-0728_HC-Apartments_AddService.pdf

78.08KB

Vendor/Contractor Contact Person**Name***

RdIR Architects / Lorie Westrick

Address *

Street Address

800 Sampson Street #104

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77003-3329

Country

United States

Phone Number *

7138683121

Email *

lwestrick@rdlr.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 13,500.00	557001

Budget Manager
OSHMAN, JODEL

Secondary Budget Manager
RAMIREZ, PRISCILLA M

Provide Rate and Rate Descriptions if applicable* (?)

adding \$13,500.00 per attached quote

Project WBS (Work Breakdown Structure* (?)

formerly under FM21.1126.23

Requester Name

HARPER, SARAH A

Submission Date

7/30/2021

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/2/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Scott D Rule

Approval Date

8/2/2021

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

8/2/2021

EXHIBIT F-11

August 2021

INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

Harris County Hospital District dba Harris Health System

Contract ID #*

7846

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Harris County Hospital District dba Harris Health System & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/1/2020

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 10,000.00

Increase Not to Exceed*

\$ 15,000.00

Revised Total Not to Exceed (NTE)*

\$ 25,000.00

Fiscal Year* (?) **Amount* (?)**
 2021 \$ 10,000.00

Fiscal Year* (?) **Amount* (?)**
 2022 \$ 15,000.00

Funding Source*
 General Revenue (GR)

Contract Description / Type* (?)

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

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

Amendment is to expand lab services for individuals in crisis in order to provide appropriate care.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 contract in place

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris Health System

Supporting Documentation Upload (?)

NPC Lab Pricing.xlsx.pdf 423.39KB

Vendor/Contractor Contact Person

Name*

Jason Kunnacherry

Address *

Street Address

1504 Taub Loop

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77030

Country

US

Phone Number *

713-873-4287

Email *

Jason.Kunnacherry@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 7,500.00	580000

Budget Manager OSHMAN, JODEL	Secondary Budget Manager KORNMAYER, KIMBERLY A
---------------------------------	---

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 7,500.00	580000

Budget Manager OSHMAN, JODEL	Secondary Budget Manager KORNMAYER, KIMBERLY A
---------------------------------	---

Provide Rate and Rate Descriptions if applicable* (?)

Variable rates as noted on the "NPC Lab Pricing" document.

Project WBS (Work Breakdown Structure* (?)

NA

Requester Name

SINGH, PATRICIA R.

Submission Date

7/15/2021

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

7/15/2021

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

7/15/2021

Contracts Approval

Approve *

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

Approved by *

Shashyia Behn

Approval Date *

7/21/2021

**CONTRACT INTERLOCAL REVENUE
EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS**

The current FY21 contract details information is provided below but should not be revised on this document. Please evaluate the Contractor's performance, and advise whether the Contract should be renewed or not. If the Contract is recommended for renewal, please respond to the questions contained herein if applicable for FY22 starting with Section "B". In the event of non-renewal, please provide the reason.

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

Contract ID#:	7662 (PJ190398)
Contractor Name:	Harris County Juvenile Probation Department
Interlocal Agreement:	(Y) <input checked="" type="checkbox"/> or (No) <input type="checkbox"/>
Service Description:	Psychiatric and Medication Management
NTE:	\$558,700.00
Designated Contract Requester:	Sheenia Williams-Wesley
Contract Owner:	Mona Jiles/Betty Adams
Rate(s)/Rate(s) Description:	If no rate, check N/A

B. EVALUATION OF FY21 PERFORMANCE:

1. Were Services delivered as specified in the Contract/MOU? (Y) (N) .
2. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) .
3. Were reports, billing and/or invoices submitted in a timely manner if applicable?
(Y) (N) (N/A) .
4. Contractor has made payment(s) to Agency according with the terms of the Contract?
(Y) (N) (N/A) .
5. If not, please provide an explanation in the comments section below.
6. Did Contractor render services consistent with Agency policy and procedures?
(Y) (N) (N/A) .
7. Maintained legally required standards for certification, licensure, and/or training?
(Y) (N) (N/A) .

Comments/Other Concerns

C. RENEWAL DETERMINATION:

Is the Contract being renewed for FY2022 with this Contractor? (Y) X (N) _____.

REASON for DNR: _____

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE amount and/or all applicable rate(s) below for FY22. Attach additional pages if necessary. [Please verify with Budget Manager].

6901	327,500	540000 – Salary/Fringe
6901	208,000	540503 – Medical Services
6901	23,200	540003 – Relief Wages


E. CONTRACT MANAGERS AND OWNERS:

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

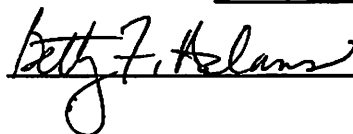
Please state the name of the Contract Manager that will review and approve monthly invoices and manage this Contract (if different from above) Sheenia Williams-Wesley.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

 (Signature). REQUIRED

Contract Owner: Betty F. Adams (Printed Name)

 (Signature). REQUIRED

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

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

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

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

Contract ID#:	5080
Contractor Name:	Harris County Department of Education
Interlocal Agreement:	Yes
Service (brief description):	Agency-Wide Records Management Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$43,047.48
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1101, 1128, 1110, 1122, 1119, 1105
G/L Code(s):	571002
FY21 Purchase Order Number:	CT140545
Contract Requester:	Nina Cook
Contract Owner:	Nina Cook

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

RECEIVED JUL 26 2021

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$32,897.16. FY22 Rate(s) Varies - Based on boxes stored by each unit UNIT_Varies – Based on units participating in Program (See Attached Spreadsheet)

GL CODE 571002. 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) Y or (N) _____
2. Will the scope of the Services change? (Y) 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) N
5. 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 Nina Cook | Sean Kim.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Carlos Traslavina | Nina Cook.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2021.06.11 16:52:04 -05'00' (Signature). REQUIRED

Contract Owner: Nina Cook (Printed Name)

Nina Cook (Signature). REQUIRED

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

EXHIBIT F-12

August 2021

NEW CONTRACTS UNDER 50k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
1	Aluminum Maintenance Systems of Texas, Inc.	No	Cleaning, Inspecting and Repairing Window Services		\$32,925.00	07/05/21- 08/31/22	FM21.1126.20 for FY21 N/A for FY22	RFQuote	Purchasing received a request from Facilities for exterior water leakage window clean and seal in May 2021. The service consist of cleaning windows, inspecting window seals and repairing as needed at 9401 Southwest Freeway in FY2021 and 3 quarterly cleanings of First (1st) floor windows in FY2022. Three (3) quotes were received. None is a HUB vendor. A HUB vendor was contacted to quote, but were non-responsive. Facilites selection is based on past performance, vendor familiarity of location and method of performing work. FY21 NTE: \$31,200.00 FY22 NTE: \$1,725.00 Total NTE: \$32,925.00
2	Blue Mesa Coaching Group	No	Executive Coaching		\$2,500.00	08/15/21- 01/31/22	GR	RFQuote	Executive Coaching for new Chief Medical Officer (CMO) FY21: \$2,500.00 FY22: \$4,500.00 Total NTE: \$7,000.00
3	Dura Pier Facilities Services, LTD. Dba Facilities Sources	Yes	Renovation Services		\$19,133.68	07/06/21- 08/31/21	FM21.1126.09	Tag-On to Choice Partners Contract #16/054JN-04	Purchasing received a request from Facilities Services for 9401 Southwest Freeway Sixth (6th) Floor Restroom renovations in July 2021. Quotes were obtained from two vendors. Both are HUB certified vendors. Dura Pier Facilities, LTD is a Choice Partners Cooperative tag on contract opportunity. The Agency is a member of Choice Partners, which is the Harris County Department of Education Purchasing Cooperative. The selection is based on lower cost and past performance. The Agency will tag on to their Choice Partners contract #16/054JN-04. NTE: \$16,633.68 Contingency: \$2,500.00 Total NTE: \$19,133.68
4	Dura Pier Facilities Services, LTD. Dba Facilities Sources	Yes	Storage Shed		\$29,989.91	06/01/21- 08/31/21	GR	Tag-On to 17/020CG-06	Agreement for a storage shed to store hurricane and other supplies, as there is not enough storage space in the facility. \$27,189.91 per quote plus \$2,800.00 contingency Total \$29,989.91
5	Phase Engineering Inc.	Yes	Professional Environmental Services		\$3,600.00	05/03/21- 08/31/21	GR	FM21.1126.01	The Agency is engaged in multiple property and facility projects that require Professional Environmental Services. Contractor has the requisite education and skills to perform Phase I and other environmental services.



Executive Contract Summary

Contract Section ▲

Contractor*

Aluminum Maintenance Systems of Texas, Inc

Contract ID #*

2021-0172

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

Aluminum Maintenance Systems of Texas, Inc and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/5/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)	Amount* (?)
2021	\$ 31,200.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 1,725.00

Funding Source *

General Revenue (GR)

Contract Description / Type * (?)

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

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

Clean windows, seal leaks and pressure wash soffits at entrance of building

FY2021 - perform detailed glass cleaning, waterproofing at 15 locations and pressure wash soffits at entrance for \$31,200.00 per quote

FY2022 - quarterly wash all exterior ground level glass at \$575.00 x 3 for a total of \$1725.00 from 1817 557000

Contract Owner *

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

08/2020 / waterproofing and window cleaning

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

Yes No Unknown

Please provide an explanation *

does not meet criteria

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

AMST quote.pdf

119.13KB

Vendor/Contractor Contact Person



Name *

AMST / Phil Sokulski

Address *

Street Address

7777 Parnell Street

Address Line 2

City

Houston

Postal / Zip Code

77021-6008

State / Province / Region

TX

Country

US

Phone Number*

7135209573

Email*

p.sokulski@jobs-amst.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 31,200.00	900040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 1,725.00	557000

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

Provide Rate and Rate Descriptions if applicable* (?)

see attached quotes

FY2021 - perform detailed glass cleaning, waterproofing at 15 locations and pressure wash soffits at entrance for \$31,200.00 per quote

FY2022 - quarterly wash all exterior ground level glass at \$575.00 x 3 for a total of \$1725.00 from 1817-557000

Project WBS (Work Breakdown Structure* (?)

FM21.1126.20 for FY2021 - n/a for FY22

Requester Name
HARPER, SARAH A

Submission Date
6/30/2021

Budget Manager Approval(s)**Approved by***Erica Brown***Approval Date**

6/30/2021

Procurement Approval**Approved by***Nina Cook***Approval Date**

6/30/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

6/30/2021

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behn

Approval Date *

7/1/2021



**DUE DILIGENCE
EXTERIOR WATER LEAKAGE WINDOW CLEAN AND SEAL**

Purchasing received a request from Facilities for exterior water leakage window clean and seal in May 2021. The service will consist of cleaning windows, inspecting window seals and repairing as needed at 9401 Southwest Freeway in Fiscal Year 2021 and 3 quarterly cleanings of First (1st) Floor Windows in Fiscal Year 2022.

Three (3) quotes were received from AMST (Aluminum Maintenance Systems of Texas), Window Cleaning Company Houston and Texas Window Cleaning Company, Inc. None is a HUB vendor. (A HUB vendor was contacted to quote but were non-responsive.)

AMST (Aluminum Maintenance Systems of Texas) - \$32,925.00
Window Cleaning Company Houston - \$28,400.00
Texas Window Cleaning Company, Inc. - \$9,150 (plus \$65.00 per hour for window seal repair)

Facilities recommendation is to move forward with AMST, Aluminum Maintenance Systems of Texas, Inc. The selection is based on past performance, vendor familiarity of 9401 Southwest Freeway and method of performing work. Window Cleaning Company Houston was slightly lower but would be using a bucket lift, which arose safety concerns while AMST would be using a swing stage with weight offsetting equipment on the roof. Texas Window Cleaning Company quote was drastically lower than the others which raised concerns. In addition, the vendor would not provide a total hours estimate for window seal repair which was included in the final quote price from the two (2) other vendors.

FY21 NTE: \$31,200.00
FY22 NTE: \$1,725.00
NTE: (Not to Exceed) \$32,925.00

The Funding Source is Unit Facility Services Infrastructure Project (1126), GL Account Building Remodel (900040) and Project FM21.1126.20.

Frances Otto, CTCD
Buyer II

Nina Cook, MBA, CTPM
Director of Purchasing

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section ▲

Contractor*

Blue Mesa Coaching Group

Contract ID #*

2021-0195

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/17/2021

Parties* (?)

Blue Mesa Coaching Group and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/15/2021

Contract Term End Date* (?)

1/31/2022

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

Fiscal Year* (?)	Amount* (?)
2021	\$ 2,500.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 4,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Executive Coaching for new Chief Medical Officer (CMO).

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Blue Mesa Coaching Group

Address*

Street Address

PO Box 1209

Address Line 2

City

Fort Collins

Postal / Zip Code

80522

State / Province / Region

CO

Country

USA

Phone Number*

970-221-5063

Email*

pat@blumesagroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 2,500.00	542000
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

One hour sessions 2x a month for 6 months for \$4,500 +
New Leader Program for \$2,500. Total equals &7,000.

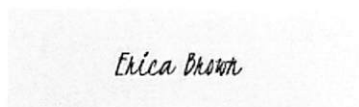
Project WBS (Work Breakdown Structure* (?)

NA

Requester Name	Submission Date
OQUIN, SHIELA G	8/6/2021

Budget Manager Approval(s)

Approved by



Approval Date
8/6/2021

Procurement Approval

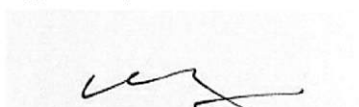
Approved by



Approval Date
8/9/2021

Contract Owner Approval

Approved by



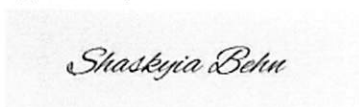
Approval Date
8/10/2021

Contracts Approval

Approve*

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

Approved by*



Approval Date*
8/10/2021



Executive Contract Summary

Contract Section

Contractor*

DuraPier / Facilities Services, LTD dba Facilities Sources

Contract ID #*

2021-0178

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

DuraPier Facilities Sources and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/6/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 19,133.68

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* (?)

contract with DuraPier to refurbish old restrooms, removal of wallpaper and unused equipment, upgrade counters and sinks, tag on to contract # 16/054JN-04 (HCDE / Choice Partners)

amount per quote is \$16,633.68 plus \$2,500.00 contingency for a total project amount of \$19,133.68

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

08/2020 to present - general contracting - renovation, painting, striping, etc

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

DuraPier RFP 87-23629 - Harris Center - 9104 SW Freeway - 6th Floor Restroom Renovation.pdf 148.57KB

Vendor/Contractor Contact Person

Name*

DuraPier / Wayne Bryant

Address*

Street Address

13124 Player Street

Address Line 2

City

Houston

Postal / Zip Code

77045-3106

State / Province / Region

TX

Country

United States

Phone Number*

8325946240

Email*

wayne@facilitiesources.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 19,133.68	900040
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

amount per quote is \$16,633.68 plus \$2,500.00 contingency
for a total project amount of \$19,133.68

Project WBS (Work Breakdown Structure* (?)

FM21.1126.09

Requester Name

HARPER, SARAH A

Submission Date

7/9/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/12/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

7/12/2021

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

7/13/2021

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belm

Approval Date*

7/13/2021



**DUE DILIGENCE
REQUEST FOR QUOTES - TAG ON
9401 SIXTH FLOOR RESTROOM RENOVATIONS**

Purchasing received a request from Facility Services for 9401 Southwest Freeway Sixth (6th) Floor Restroom renovations in July 2021.

Quotes were obtained from two vendors, Dura Pier Facilities Services, Ltd. and Virtue Construction Partners, LLC. Both are HUB certified vendors. Dura Pier Facilities Services, Ltd. is a Choice Partners Cooperative tag on contract opportunity. The Harris Center is a member of Choice Partners, which is the Harris County Department of Education Purchasing Cooperative.

Dura Pier Facilities Services, Ltd. - \$16,633.68
Virtue Construction Partners, LLC - \$26,428.03

Facility Services recommendation is to move forward with Dura Pier Facilities Sources, Ltd. The selection is based on lower cost and past performance. The agency will tag on to their Choice Partners contact #16/054JN-04. The tag on contract term is until August 15, 2021.

NTE: (Not to Exceed) \$16,633.68
Contingency: \$2,500.00
Total NTE: \$19,133.68

The Funding Source is Unit 1126, GL Account 900040 and Project FM21-1126.09.

Frances Otto
Digitally signed by Frances Otto
DN: cn=Frances Otto, o=The Harris Center,
ou=Purchasing,
email=frances.otto@theharriscenter.org, c=US
Date: 2021.07.07 14:55:10 -0500

Frances Otto, CTCD
Buyer II

Nina Cook
Digitally signed by Nina Cook
DN: cn=Nina Cook, o=The Harris Center for Mental
Health and IDD, ou=Purchasing Department |
Frances, email=nina.cook@theharriscenter.org, c=US
Date: 2021.07.07 16:40:50 -0500

Nina Cook, MBA, CTPM
Director of Purchasing

Sean Kim
Digitally signed by Sean Kim
Date: 2021.07.08 08:58:01
-05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

RECEIVED JUL 08 2021



Executive Contract Summary

Contract Section

Contractor*

DuraPier / Facilities Sources, LTD dba Facilities Sources

Contract ID #*

2021-0146

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/20/2021

Parties* (?)

DuraPier Facilities Sources and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 29,989.91

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contracting with DuraPier for a storage shed needed for hurrican and other supplis as there is not enough storage space in the facility.

Tag-on to 17/020CG-06

\$27,189.91 per quote plus \$2,800.00 contingency for \$29,989.91 total

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2020 to present

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

DuraPier RFP 87-23544 - Harris Center - 6160 S Loop E - Storage Shed.pdf	153.54KB
--	----------

Vendor/Contractor Contact Person

Name*

DuraPier Facilities Sources / Wayne Bryant

Address*

Street Address

13124 Player Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77045-3106

Country

US

Phone Number*

7133375700

Email*

wayne@facilitiesources.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 29,989.91	557001
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMANN, JODEL	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

\$27,189.91 per quote plus \$2,800.00 contingency for
\$29,989.91 total

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

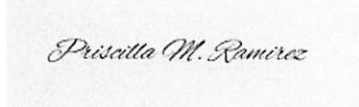
HARPER, SARAH A

Submission Date

5/27/2021

Budget Manager Approval(s)

Approved by



Approval Date

5/27/2021

Procurement Approval

Approved by



Approval Date

6/1/2021

Contract Owner Approval

Approved by



Approval Date

6/1/2021

Contracts Approval

Approve*

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

Approved by*

Shashyia Behm

Approval Date*

6/4/2021



Executive Contract Summary

Contract Section

Contractor *

Phase Engineering Inc.

Contract ID # *

2021-0130

Presented To *

- Resource Committee
 Full Board

Date Presented *

6/15/2021

Parties * (?)

Phase Engineering Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

5/3/2021

Contract Term End Date * (?)

8/31/2021

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

Fiscal Year * (?)

2021

Amount * (?)

\$ 3,600.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

- 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 Agency is engaged in multiple property and facility projects that require Professional Environmental Services. Contractor has the requisite education and skills to perform Phase I and other environmental services.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Agreement for Services.pdf	227.4KB
Owner Seller Questionnaire.pdf	66.41KB
Phase Engineering - Proposal Letter.pdf	75.92KB
User Responsibilities Questionnaire.pdf	44.43KB

Vendor/Contractor Contact Person



Name*

Melanie Edmundson P.G. Principal

Address*

Street Address

5524 Cornish Street

Address Line 2

City

Houston

Postal / Zip Code

77007-4304

State / Province / Region

TX

Country

United States

Phone Number*

7134769844

Email*

proposals@phaseengineering.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 1,800.00	900040

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 1,800.00	900040

Budget Manager OSHMAN, JODEL	Secondary Budget Manager RAMIREZ, PRISCILLA M
---------------------------------	--

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure * (?)

NE landsite FM21.1126.01 1126/900040

Requester Name TILLER, SILVIA T	Submission Date 5/11/2021
------------------------------------	------------------------------

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date

5/12/2021

Approved by

Jodel Oshman

Approval Date

5/12/2021

Procurement Approval



Approved by

Sharon Brauner

Approval Date

5/13/2021

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date

5/13/2021

Contracts Approval

Approve*

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

Approved by*

Shaslyia Belm

Approval Date*

5/13/2021



Executive Contract Summary

Contract Section



Contractor*

Raven Mechanical

Contract ID #*

2021-0177

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Raven Mechanical and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/6/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 21,399.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Issues with slope of sewer line which caused back-ups

\$19,454.96 per quote plus \$1944.06 contingency for a total of \$21,399.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2012 to present - plumbing/hvac services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Raven Mechanical SE Sewer Line Repair.pdf 254.29KB

Vendor/Contractor Contact Person

Name*

Raven Mechanical / Keith Williams

Address*

Street Address

1618 Buschong Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77039-1207

Country

US

Phone Number*

2819871618

Email*

keith.williams@ravenmechanical.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1126	Amount Charged to Unit* \$ 21,399.00	Expense/GL Code No.* 900040
Budget Manager BROWN, ERICA S.	Secondary Budget Manager CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

\$19,454.96 per quote plus \$1944.06 contingency for a total of \$21,399.00

Project WBS (Work Breakdown Structure* (?)

FM21.1126.05

Requester Name HARPER, SARAH A	Submission Date 7/2/2021
--	------------------------------------

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/6/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

7/12/2021

Contract Owner Approval

Approved by

Karen E. Hurst

Approval Date

7/13/2021

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

7/13/2021



**Due Diligence for South East Sewer Line Repair
Request for Quotes
Project# PUR-FY21-201**

Purchasing received a request from Facility Services on Wednesday, June 30, 2021, for South East Sewer Line Repair. (Re-slope approximately 80' of 4' PVC sewer line)

Three (3) vendor quotes were received: (Two of the vendors were HUB vendors)

- 1. Raven Mechanical, LP-\$19,454.96
- 2. Letsos Company - \$20,995.00
- 3. Dura Pier Facilities Services, LTD dba/Facilities Sources- \$28,673.35

Facility Services recommendation is to move forward with the vendor with the lowest quote.


Raven Mechanical, LP

NTE: (Not to Exceed) \$19,454.96
Contingency: \$1,944.04
Total NTE: \$21,399.00

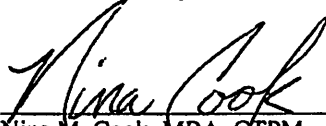
Contract term: Execution of contract date until August 31, 2021.

Funding Source is Unit# 1126, GL Account# 900040-Project Number: FM21.1126.05

Submitted By:


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

Recommended By:


Nina M. Cook, MBA, QTPM
Director of Purchasing


Steve Evans
Controller

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Executive Contract Summary

Contract Section

Contractor*

Virtue Construction Partners, LLC

Contract ID #*

2021-0185

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Virtue Construction Partners, 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/26/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 24,599.35

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

contracting with Virtue to build a basketball court for the residents at 6160 S Loop East

price per quote is \$22,099.35 with \$2,500.00 contingency for a total of \$24,599.35

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2020 to present - construction services

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Virtue Basketball court quote.pdf 1.68MB

Vendor/Contractor Contact Person

Name*

Virtue Construction Partners, LLC / Vicky Butler

Address*

Street Address

14655 Northwest Freeway, Ste.138

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77040-4042

Country

US

Phone Number*

8328345576

Email*

vickyb@virtue-construction.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 24,599.35	557001

Budget Manager	Secondary Budget Manager
RAMIREZ, PRISCILLA M	OSHMANN, JODEL


Provide Rate and Rate Descriptions if applicable* (?)

see quote

Project WBS (Work Breakdown Structure* (?)

price per quote is \$22,099.35 with \$2,500.00 contingency for a total of \$24,599.35

Requester Name	Submission Date
HARPER, SARAH A	7/30/2021


Budget Manager Approval(s) 

Approved by

Priscilla M. Ramirez

Approval Date

8/2/2021


Procurement Approval 

Approved by

Sharon Brauner

Approval Date

8/2/2021

Contract Owner Approval 

Approved by

Todd McCorquodale

Approval Date

8/2/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

8/2/2021



**Due Diligence Project PUR-FY21-0203
Request for Quotes
6160 South Loop East - 1/2 Basketball Court**

Purchasing received a request from Facility Services on Tuesday, July 15, 2021, for 6160 South Loop East, 1/2 Basketball Court.

Three (3) vendor quotes were received:

Virtue Construction Partners LLC – quote: \$22,099.35.

Dura Pier Facilities Services, LTD DBA/Facilities Sources – quote: \$27,869.21.

Smithco Construction Services LLC – quote \$27,335.00

Virtue Construction Partners LLC and Dura Pier Facilities Services LTD DBA/Facilities Sources vendors are Certified Historically Underutilized Business (HUBs).

Facility Services recommendation is to move forward with:

Virtue Construction Partners LLC

NTE: (Not to Exceed) \$22,099.35
Contingency: \$2,500.00
Total NTE: \$24,599.35

Funding Source is Unit 9403 – 557001

Submitted By:

CARLOS TRASLAVINA
Digitally signed by CARLOS TRASLAVINA
Date: 2021.07.22 13:48:10 -05'00'

Carlos Traslavina
Purchasing Buyer I

Recommended By:

Sharon Brauner
Digitally signed by Sharon Brauner
Date: 2021.07.22 13:56:37 -05'00'

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

Sean Kim
Digitally signed by Sean Kim
Date: 2021.07.22 14:22:51 -05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

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Executive Contract Summary

Contract Section



Contractor*

DuraPier / Facilities Services, LTD dba Facilities Sources

Contract ID #*

2021-0175

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

DuraPier Facilities Sources and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/6/2021

Contract Term End Date* (?)

10/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 16,452.57

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

replacement of old damaged casework in room 314 at 6160 S Loop East, tag-on to contract 17/020CG-06

\$14,952.57 per quote plus \$1500.00 contingency for total of \$16,452.57

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2020 to current - general contractor various projects

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Dura Pier RFP 87-23545 - Harris Center - 6160 S Loop E - Casework Replacement.pdf 183.22KB

Vendor/Contractor Contact Person

Name*

DuraPier / Wayne Bryant

Address*

Street Address

13124 Player Street

Address Line 2

City

Houston

Postal / Zip Code

77045-3106

State / Province / Region

TX

Country

US

Phone Number*

8325946240

Email*

wayne@facilitiesources.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 16,452.57	557001
Budget Manager		Secondary Budget Manager
RAMIREZ, PRISCILLA M		OSHMANN, JODEL

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal

\$14,952.57 per quote plus \$1500.00 contingency for total of
\$16,452.57

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

7/2/2021

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Approval Date

7/2/2021

Procurement Approval



Approved by

Sharon Brauner

Approval Date

7/2/2021

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date

7/2/2021

Contracts Approval

Approve*

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

Approved by*

Shaslyia Belm

Approval Date*

7/6/2021



**Due Diligence Project PUR-FY21-0198
Request for Quotes – Tag-On
6160 South Loop East Casework Replacement**

Purchasing received a request from Facility Services on Tuesday, June 29, 2021, for 6160 South Loop East, Casework Replacement of Old Broken Millwork in H2H Day Area.

Two (2) vendor quotes were received:

Dura Pier Facilities Services, LTD DBA/Facilities Sources – quote: \$14,952.57.
Choice Partners Cooperative Tag-On: Contract No.17/020CG-06 – Renewal Term: February 28, 2020, with two (2) one year renewal options.

Virtue Construction Partners LLC – quote: \$15,505.99.

Both vendors are Certified Historically Underutilized Business (HUBs).


Facility Services recommendation is to move forward with:

Dura Pier Facilities Services, LTD DBA/Facilities Resources

NTE: (Not to Exceed) \$14,952.57
Contingency: \$1,500.00
Total NTE: \$16,452.57


Funding Source is Unit 9403 – 557001

Submitted By:


Carlos Traslavina
Purchasing Buyer I

Recommended By:


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


Steve Evans
Controller

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Executive Contract Summary

Contract Section

Contractor*

Texas Suicide Prevention Collaborative

Contract ID #*

2021-0174

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center for Mental Health and IDD
 Texas Suicide Prevention Collaborative

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other This training is a required deliverable of the Suicide Care Initiative grant. The Texas Suicide Prevention Collaborative is the only provider of this training. |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/12/2021

Contract Term End Date* (?)

8/17/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 19,950.00

Funding Source *

State Grant

Contract Description / Type* (?)

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

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

This training is a required deliverable of the Zest (Suicide Care Initiative) grant and the Zero Suicide Initiative.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Vendor provide AS+K? Training for Trainers in August, 2020

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

TSPCTraining Services 18.3KB
 AgreementMaster_Harris_CALM_AUG2021.docx

Vendor/Contractor Contact Person

Name*

Lisa Sullivan

Address*

Street Address

P.O. Box 341523

Address Line 2

City

Austin

Postal / Zip Code

78734

State / Province / Region

Texas

Country

Unites States

Phone Number*

512-589-2909

Email*

admin@texassuicideprevention.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7005	\$ 19,950.00	542000
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

THOMAS-MCKINNEY, WYKISHA R

Submission Date

6/24/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/24/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

6/29/2021

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

7/1/2021



Executive Contract Summary

Contract Section



Contractor*

The Semicolon Group

Contract ID #*

2021-0157

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/20/2021

Parties* (?)

The SemiColon Group and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2021

Contract Term End Date* (?)

7/1/2022

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

14 months to finish off FY21 and go through FY22

Fiscal Year* (?)

2021

Amount* (?)

\$ 11,200.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Provide weekly debriefing groups for Crisis Line Counselors since our EAP contract is unable to continue to provide.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Whitcomb Terpening

Address*

Street Address

PO Box 11705

Address Line 2

City

Spring

Postal / Zip Code

77391

State / Province / Region

Texas

Country

United States

Phone Number*

281-475-6760

Email*

wt@thesemicolongroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 11,200.00	549005
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable * (?)
\$800 a month for 4, weekly 1 hour sessions and a session report.

Project WBS (Work Breakdown Structure * (?)
UNK

Requester Name	Submission Date
BATTLE, JENNIFER A	6/9/2021

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Ricardo Campbell</i>	6/9/2021

Procurement Approval 

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>Jennifer Battle</i>	6/9/2021

Contracts Approval

Approve *

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

Approved by *	Approval Date *
<i>Shaskeyia Behu</i>	6/16/2021

EXHIBIT F-13

August 2021

RENEWALS UNDER 50k

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$50,000

CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS									
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	Phactory Consulting, LLC	No	Housing Development Consultant Services	\$39,000.00	\$39,000.00	09/01/21- 08/31/22	GR	Bid	Annual renewal of agreement
2	Ellen B. Kagen, MSW	No	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
3	MasterWord Services, Inc.	No	Sign Language Interpretation/ Translation	\$5,352.00	\$5,355.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
4	CTRL Delivery & Transportation, Inc.	No	Transportation Services	\$18,000.00	\$12,000.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
5	Health Street, LLC	No	CPR Training for all CFC and Respite Providers	\$1,500.00	\$1,500.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
6	The ARC of Greater Houston	No	Out of Home Respite-Camp Services	\$5,000.00	\$3,000.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									



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

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

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

Contract ID#:	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 NO
2. REASON: _____

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 \$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 NO
2. Will the scope of the Services change? YES NO
3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NO [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 Digitally signed by Wayne Young
Date: 2021.07.09 17:19:49 -05'00'

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 -05'00'

Scott Rule, CBO (Vice President/Contract Owner)

**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#:	7842
Contractor Name:	Ellen B. Kagen, MSW
Interlocal Agreement:	No
Service (brief description):	Leadership and Consultant Services for the CEO
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$9,800.00 12,600
Rate(s)/Rate(s) Description:	28 ^{3/4} hours at \$350.00 per hour
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140703
Contract Requester:	Veronica Franco
Contract Owner:	Wayne Young, CEO

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22 _____ . UNIT 1161
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: 12,600.

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

F. CONTRACT CONTENT CHANGES:

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

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract is Wayne Young.

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

APPROVALS:

Budget Manager: Daniel Paick (Printed Name)

Daniel Paick Digitally signed by Daniel Paick
Date: 2021.07.12 16:47:15 -05'00' (Signature). REQUIRED

Contract Owner: Wayne Young (Printed Name)

Wayne Young Digitally signed by Wayne Young
Date: 2021.07.13 12:58:56 -05'00' (Signature). REQUIRED

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

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

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

A. CURRENT FY 2021 CONTRACT INFORMATION –

Contract ID#:	7332
Contractor Name:	MasterWord Services, Inc.
Interlocal Agreement:	
Service (brief description):	Sign Language Interpretation/ Translation
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$5,352.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	2200, 6601, 3350, 9206
G/L Code(s):	543018
FY21 Purchase Order Number:	CT140581
Contract Requester:	Egla McKinney
Contract Owner:	Michael Dangerfield/ Anthony Robinson

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

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D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22: \$5,355.00 FY22 Rate(s): *VRI \$83 – \$124.50; InPerson \$63.65 - \$103 1st Hr.*

MH UNITS: 2300 (\$550.00), 2500 (\$160), 2600 (\$1,500)

FORENSIC UNITS: 6201, (\$100), 6205 (\$195)

IDD UNITS: 3350 (\$1,000), 3360(\$1,000),

CPEP UNITS: 9206 (\$195), 9208 (\$195), 9210 (\$190), 9810 (\$190), 9403 (\$80).

GL CODE:543018. If Contract is a multi-year term, please provide the following.

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

FY 2022 Not to Exceed Amount for Master Pooled Contracts: \$5,355.00.

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

F. CONTRACT CONTENT CHANGES:

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

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

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract: D. Anthony Robinson.

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

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

Debbie Shelby Digitally signed by Debbie Shelby
Date: 2021.07.22 12:42:14 -05'00' (Signature).

Budget Manager: Sheenia Williams (Printed Name)

Sheenia Williams-Wesley Digitally signed by Sheenia Williams-Wesley
Date: 2021.07.22 15:07:21 -05'00' (Signature).

Budget Manager: Mamie Adams (Printed Name)

Mamie Adams-Austin Digitally signed by Mamie Adams-Austin
Date: 2021.07.22 16:38:53 -0500 (Signature).

Budget Manager: Jodel Oshman (Printed Name)

 (Signature).

Budget Analyst: Priscilla Ramirez (Printed Name)

Priscilla Ramirez 7/23/21 (Signature).

Contract Owner: Anthony Robinson (Printed Name)

D. Anthony Robinson 7/23/2021 (Signature).

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO PERSONAL AND/OR BUSINESS DISCONTINUED and CONTACTS AND/OR BUSINESS DISCONTINUED. 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#:	7204
Contractor Name:	CTRL Delivery & Transportation, Inc.
Interlocal Agreement:	
Service (brief description):	Transportation
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$18,000.00
Rate(s)/Rate(s) Description:	\$1.50 per mile
Unit(s) Served:	3585
G/L Code(s):	543014
FY21 Purchase Order Number:	CT140541
Contract Requester:	Lily Pan
Contract Owner:	Lily Pan

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22_12,000.00_. FY22 Rate(s)1.50 per mile_ UNIT_3585__ GL CODE_543014_. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

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

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

F. CONTRACT CONTENT CHANGES:

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

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract_Robert Stakem___.

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

APPROVALS:

Budget Manager: _____Mamie Adams-Austin_____ (Printed Name)

_____*Mamie Adams-Austin*_____ (Signature). REQUIRED

Contract Owner: _____Robert Stakem_____ (Printed Name)

_____*Robert Stakem*_____ (Signature). REQUIRED

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

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

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

Contract ID#:	7576
Contractor Name:	Health Street, LLC
Interlocal Agreement:	
Service (brief description):	CPR/AED Training
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$1,500.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	3585
G/L Code(s):	543006
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) x.
2. Were Services delivered as specified in the Contract? (Y) x (N) ___.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) x (N) ___.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) x (N) ___.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) x (N) ___.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) x (N) ___.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x (N) ___.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x (N) ___.

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

C. RENEWAL DETERMINATION:

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

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22_1,500.00_. FY22 Rate(s)_____ UNIT_3585__
GL CODE_543006_. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

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

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

F. CONTRACT CONTENT CHANGES:

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

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract__Robert Stakem____.

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

APPROVALS:

Budget Manager: _____Mamie Adams-Austin_____ (Printed Name)

_____*Mamie Adams-Austin*_____ (Signature). REQUIRED

Contract Owner: _____Robert Stakem_____ (Printed Name)

_____*Robert Stakem*_____ (Signature). REQUIRED

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

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

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

Contract ID#:	7086
Contractor Name:	The ARC of Greater Houston
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):	\$5,000.00
Rate(s)/Rate(s) Description:	\$12/hr for up to 10 hrs
Unit(s) Served:	3585
G/L Code(s):	543005
FY21 Purchase Order Number:	CT140497
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) ___.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) x__ (N) ___.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) x__ (N) ___.

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

C. RENEWAL DETERMINATION:

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

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

D. RENEWAL INFORMATION FOR FY2022:

Please provide the NTE for FY22_3,000.00_. FY22 Rate(s)12per hr for up to 10 hrs UNIT 3585 GL CODE_543005_. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

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

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

F. CONTRACT CONTENT CHANGES:

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

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract_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 shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

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

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

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

Contract ID#:	7669
Contractor Name:	VeriCorp Incorporated
Interlocal Agreement:	No
Service (brief description):	Tenant Background Screening Services.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	N/A
Contract NTE (your current budget):	\$875.00
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	2200
G/L Code(s):	595000
FY21 Purchase Order Number:	CT140413
Contract Requester:	Debbie Shelby
Contract Owner:	Mike Downey

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

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

D. RENEWAL INFORMATION FOR FY2022:

no change

Please provide the NTE for FY22 _____ . FY22 Rate(s) _____ UNIT _____
GL CODE _____.

*IF 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: \$1875

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

F. CONTRACT CONTENT CHANGES:

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

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

APPROVALS:

Budget Manager: Debbie Shelby (Printed Name)

Debbie Shelby (Signature). REQUIRED

Vice President/Contract Owner: M Downey (Printed Name)

[Signature] (Signature). REQUIRED

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

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

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

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

Contract ID#:	2021-0145
Contractor Name:	Pivot Point Consulting, A Vaco Company
Interlocal Agreement:	No
Service (brief description):	Consulting and IT Staffing Services, as-needed, for EPIC EHR Reporting and Data Extraction.
Term for Off-Cycle Only:	Contract Term: 6/21/2021 – 8/31/2022 FY21 Funding Term: 6/1/2021 – 8/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Harris County Tag-On
Contract NTE (your current budget):	FY21 NTE: \$48,000.00
Rate(s)/Rate(s) Description:	Hourly Bill Rate for Consultant(s) Vary
Unit(s) Served:	1158
G/L Code(s):	900060
FY21 Purchase Order Number:	CT141127
Contract Requester:	Shawnti Boswell or Rick Hurst
Contract Owner:	Mustafa Cochinwala

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

RECEIVED AUG 04 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 45,000. FY22 Rate(s) _____ UNIT 1158 GL CODE _____ . If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

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

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

F. CONTRACT CONTENT CHANGES:

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

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

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

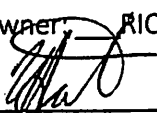
Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract HURST/BOSWELL.

APPROVALS:

Budget Manager: Erica Brown (Printed Name)

Erica Brown Digitally signed by Erica Brown Date: 2021.08.04 14:06:48 -05'00' (Signature). REQUIRED

Contract Owner: RICK 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.

**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#:	5808
Contractor Name:	Ricoh USA, Inc.
Interlocal Agreement:	
Service (brief description):	Agency-Wide Printer Services/ Equipment Maintenance
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$8,773.12
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1128
G/L Code(s):	552002
FY21 Purchase Order Number:	CT140539
Contract Requester:	Nina Cook
Contract Owner:	Nina Cook

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

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

RECEIVED JUL 26 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 \$1,748.70. FY22 Rate(s) Varies – Based on Model for each unit under contract - UNIT_1128_ Monitors (See Attached Spreadsheet for additional information)

GL CODE 552002. 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) N____
5. 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 Nina Cook | Sean Kim _____.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Carlos Traslavina_ | Nina Cook_____.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2021.06.11 16:48:45 -05'00' (Signature). REQUIRED

Contract Owner: Nina Cook (Printed Name)

Nina Cook 6/11/2021 (Signature). REQUIRED

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

RICOH AGENCY WIDE COPIER FY22

Ricoh Copier Model	Ricoh Copier Model	Contract End Date	Copier ID #	Unit #	Monthly Lease Amount	Month Left on FY20	Estimated Amount for Lease FY22	Estimated Amount for Overages FY22	Contact Name	Manager Name
MP4054 & fax		9/30/2021	13852902	2301	\$ 122.01	1	\$ 172.01	\$ 100.00	Berverlyn Barnes	Brent Lawless
	MP5054 +	12/31/2021	13902530	1173	\$ 79.30	4	\$ 79.30	\$ 60.00	Anabel Miranda	Frederic Edgar
			13902530	1975	\$ 79.30	4	\$ 79.30	\$ 60.00	Anabel Miranda	Frederic Edgar
MP4055 + FAX		5/31/2022	14038650	6001	\$ 122.01	9	\$ 1,098.09	\$ 100.00	Elizabeth Reyes	/Sheena Wesley
							\$ 1,428.70	\$ 320.00		

FY22 RICOH MONTHLY LEASE \$1,428.70

FY22 RICOH QUATERLY OVERAGES ESTIMATED \$320.00

FY22 TOTAL ESTIMATED \$1,748.70

EXHIBIT F-14

August 2021


AMENDMENTS UNDER 50k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$50,000

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS			*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION										
1	Data Shredding Services	No	Agency Wide Document Destruction Services	\$26,580.00	\$5,108.00	\$31,688.00	09/01/20- 08/31/21	GR	Competitive Bid	This Amendment is to increase funds due to Agency's units shortage to cover the remaining of FY21.
2	Qualtrics, LLC	No	Employment Engagement Technology Software for Agency Wide Surveys	\$24,763.00	\$1,238.15	\$26,001.15	09/01/21- 08/31/22	GR	N/A	Qualtrics has increased the cost of their services for FY22 to \$26,001.15 from the original contract amount of \$24,763.00. This Amendment covers the additional cost.
3	Salary.com	No	Software for Compensation Analysis	\$15,753.00	\$3,747.00	\$19,500.00	09/01/21- 08/31/22	GR	N/A	Amending FY22 renewal NTE funds to cover shortage.
4	Waste Management of Texas, Inc.	No	Agency Wide Dumpster Removal Services	\$45,382.04	\$3,500.00	\$48,882.04	09/01/20- 08/31/21	GR	Tag-On	To amend existing contract to pay for additional of dumpsters at Hillcroft and 6160 S. Loop East, which have depleted contingency. Additionally, several overages have occurred at locations due to IT equipment roll-out for Epic. An increase is needed to the NTE to cover charges through the end of FY21.
CPEP										
CRISIS SERVICES										
FORENSICS										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI										
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									
5	Phase Engineering, Inc.	Yes	Professional Environmental Services	\$3,600.00	\$7,675.00	\$11,275.00	05/03/21- 08/31/21	FM21.1126.01	RFQuote	Upon receipt of the Phase I report and recommendation of the Contractor, the Agency is now engaging the Contractor to complete a Phase II study of identified points on 6160 South Loop East site in anticipation of a future build.
6	SmithCo Construction	No	Replacement Services	\$46,790.00	\$780.00	\$47,570.00	05/01/21- 08/31/21	GR	RFQ	Original amount of contract was for \$46,790.00 which was \$40,540.00 plus \$5,000.00 for Contingency for a grand total of \$45,540.00. An Amendment was made to add \$1,250.00 to the contract for a required payment bond which increased the contract amount to \$46,790.00. We are asking for an additional \$780.00 to be added to the contract as all Contingency has been utilized to cover other change orders on the revised quote. The \$780.00 is for the replacement of old strobes which are required for life safety. Per the update quote- add a sync module to the fire alarm system and replace 7 strobes for \$780.00.
7	The McLean Hospital Corporation	No	Perceptions of Care (POC) Webscore	\$5,150.00	\$2,900.00	\$8,050.00	11/01/21- 10/31/22	Private Pay Source	N/A	This Amendment is to increase FY21 funds to pay FY22 services in advance, before the end of August. Annual funding (09/01/21- 08/31/22)
8	The McLean Hospital Corporation	No	Basis-24 End-User License	\$4,580.00	\$4,580.00	\$9,160.00	12/21/21- 12/20/22	Private Pay Source	N/A	This Amendment is to increase FY21 funds to pay FY22 services in advance, before the end of August. Annual funding (09/01/21- 08/31/22)
9	West Publishing Corporation dba Thomson Reuters Business	No	Westlaw Subscription for Contracts	\$3,986.56	\$1,395.56	\$5,382.12	10/01/20- 09/30/21	GR	N/A	An increase in funding is necessary to pay for the remainder of FY21 invoices. The contract is off-cycle with the Term ending in October 21. Monthly cost are \$ 348.89 x 4 months = \$ 1,395.56 as an increase.
	CRISIS SERVICES									
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
10	Joy Beth Davis	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$5,367.00	\$10,000.00	\$15,367.00	06/14/21- 08/31/22	State Grant	N/A	The Provider will be providing CFC and Respite Services for FY22.

Contract Section **Contractor***

Data Shredding Services

Contract ID #*

7623

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Data Shredding Services and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 26,580.00

Increase Not to Exceed*

\$ 5,108.00

Revised Total Not to Exceed (NTE)*

\$ 31,688.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 31,688.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contractor will pickup documents monthly/bimonthly as specified by program/site and destroy them as required by destruction certificates. Several units funds were very low or out.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2015-FY2020 Document Destruction

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Lee Wright

Address*

Street Address

618 West 38th Street

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77018

Country

United States

Phone Number*

(713) 463-9300

Email*

lwright@datashredservice.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 80.00	543034

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 300.00	543034

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 120.00	543034

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1131	\$ 90.00	543034

Budget Manager SHELBY, DEBBIE C	Secondary Budget Manager LOERA, ANGELICA D
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 60.00	543034

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 150.00	543034

Budget Manager SHELBY, DEBBIE C	Secondary Budget Manager LOERA, ANGELICA D
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3353	\$ 2,810.00	543034

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3395	\$ 50.00	543034

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3623	\$ 50.00	543034
Budget Manager		Secondary Budget Manager
ADAMS-AUSTIN, MAMIE L		STAKEM, ROBERT P
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4323	\$ 60.00	543034
Budget Manager		Secondary Budget Manager
SHELBY, DEBBIE C		LOERA, ANGELICA D
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4801	\$ 60.00	543034
Budget Manager		Secondary Budget Manager
SHELBY, DEBBIE C		LOERA, ANGELICA D
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6201	\$ 90.00	543034
Budget Manager		Secondary Budget Manager
WILLIAMS-WESLEY, SHEENIA L.		JILES, MONALISA
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6601	\$ 60.00	543034
Budget Manager		Secondary Budget Manager
SHELBY, DEBBIE C		LOERA, ANGELICA D
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 75.00	543034
Budget Manager		Secondary Budget Manager
CAMPBELL, RICARDO		BROWN, ERICA S.
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 42.00	543034
Budget Manager		Secondary Budget Manager
OSHMANN, JODEL		KORNMAYER, KIMBERLY A
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 700.00	543034
Budget Manager		Secondary Budget Manager
OSHMANN, JODEL		KORNMAYER, KIMBERLY A
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 151.00	543034
Budget Manager		Secondary Budget Manager
OSHMANN, JODEL		KORNMAYER, KIMBERLY A
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1107	\$ 60.00	543034
Budget Manager		Secondary Budget Manager
CAMPBELL, RICARDO		BROWN, ERICA S.

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 100.00	543034
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)
 \$15 for the 1st 64L bin per location. \$5 for each additional 64L bin. 95L bins are \$14. \$3 per box.

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

Requester Name	Submission Date
BURNETT-GIPSON, ANNELL M	7/29/2021

Budget Manager Approval(s) 

Approved by	Approval Date
	7/29/2021

Approved by	Approval Date
	7/29/2021

Approved by	Approval Date
	7/29/2021

Approved by	Approval Date
	7/29/2021

Approved by	Approval Date
	7/29/2021

Approved by	Approval Date
	7/30/2021

Procurement Approval 

Approved by	Approval Date
	

Contract Owner Approval 

Approved by

Mustafa Cochinwala

Approval Date

7/30/2021

Contracts Approval

Approve *

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

Approved by *

Shashya Betu

Approval Date *

8/3/2021

Contract Section **Contractor***

Qualtrics

Contract ID #*

6845

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Qualtrics

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 24,763.00

Increase Not to Exceed*

\$ 1,238.15

Revised Total Not to Exceed (NTE)*

\$ 26,001.15

Fiscal Year* (?)

Amount* (?)

2022

\$ 26,001.15

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* (?)

Qualtrics has increased the cost of their services for FY22 to 26,001.15 from the original contract amount of 24,763.00. This amendment covers the additional cost.

Contract Owner*

Scott Rule

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY19-20

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

Yes No Unknown

Please provide an explanation*

Qualtrics is not a HUB

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Qualtrics Quote.pdf

29.15KB

Vendor/Contractor Contact Person

Name*

Luke Cooper

Address*

Street Address

333 West River Park Drive

Address Line 2

City

Provo

Postal / Zip Code

84604-5787

State / Province / Region

UT

Country

US

Phone Number*

801-374-6682

Email*

renewals@qualtrics.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 1,238.15	551003
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

ROBERTSON, VALERIE R

Submission Date

7/28/2021

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date

7/28/2021

Contract Owner Approval



Approved by

Scott D Rule

Approval Date

7/28/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

7/28/2021



Executive Contract Summary

Contract Section

Contractor*

Salary.com

Contract ID #*

5653

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Salary.com and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 15,753.00

Increase Not to Exceed*

\$ 3,747.00

Revised Total Not to Exceed (NTE)*

\$ 19,500.00

Fiscal Year* (?) 2022 **Amount* (?)** \$ 19,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Compensation tool that allows the Agency to market price jobs, develop job descriptions, and perform compensation analysis. The analysis provide the information for leadership to make strategic talent decisions.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Previous contract dates are 9/1/2018 to date.

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Julia Lawson

Address*

Street Address

610 Lincoln Street

Address Line 2

City

Waltham

Postal / Zip Code

02451-2188

State / Province / Region

MA

Country

US

Phone Number*

781-552-4592

Email*

julia.lawson@salary.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 3,747.00	553002
Budget Manager BROWN, ERICA S.	Secondary Budget Manager CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

FREEMAN, TERENCE P

Submission Date

7/15/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/19/2021

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

7/20/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/20/2021



Executive Contract Summary

Contract Section ^

Contractor*

Waste Management of Texas, Inc

Contract ID #*

7776

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Waste Management and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 45,382.04

Increase Not to Exceed*

\$ 3,500.00

Revised Total Not to Exceed (NTE)*

\$ 48,882.04

Fiscal Year* (?)

Amount* (?)

2021

\$ 48,882.04

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Addition of dumpsters at Hillcroft and 6160 have depleted contingency. Also, several overages have occurred at locations due to IT equipment roll-out for Epic. We are requesting an increase to the NTE to cover charges thru end of FY21

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2015 to present / waste removal

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Waste Management / Ryan Ellis

Address*

Street Address

PO Box 660345

Address Line 2

City

Dallas

Postal / Zip Code

75266-0345

State / Province / Region

TX

Country

USA

Phone Number*

2816028365

Email*

rellis@wm.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 3,500.00	569006
Budget Manager BROWN, ERICA S.	Secondary Budget Manager CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

per existing contract

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

7/15/2021

Budget Manager Approval(s)

Approved by



Approval Date

7/15/2021

Procurement Approval

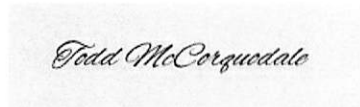
Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date

7/16/2021

Contracts Approval

Approve*

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

Approved by *

Shasthya Bahu

Approval Date *

7/16/2021



Executive Contract Summary

Contract Section



Contractor*

Phase Engineering Inc.

Contract ID #*

2021-0130

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

Phase Engineering Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/3/2021

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 3,600.00

Increase Not to Exceed*

\$ 7,675.00

Revised Total Not to Exceed (NTE)*

\$ 11,275.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 11,275.00

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* (?)

Upon receipt of the Phase I report and recommendation of the Contractor the Agency is now engaging the Contractor to complete a Phase II study of identified points on 6160 South Loop East site in anticipation of a future build.

Contract Owner*

Scott Rule

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Melanie Edmundson P.G. Principal

Address*

Street Address

5524 Cornish Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77007-4304

Country

US

Phone Number*

713-476-9844

Email *

proposals@phaseengineering.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 7,675.00	900040
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

NE landsite FM21.1126.01 1126/900040

Requester Name	Submission Date
BEHN, SHASKYIA N.	7/13/2021

Budget Manager Approval(s)

Approved by



Approval Date

7/14/2021

Procurement Approval

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

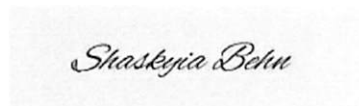
7/21/2021

Contracts Approval

Approve *

- Yes
 No, reject entire submission
 Return for correction

Approved by*



Approval Date*

7/21/2021





Executive Contract Summary

Contract Section



Contractor*

Smithco Construction

Contract ID #*

2021-0134

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

SmithCo Construction and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2021

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 46,790.00

Increase Not to Exceed*

\$ 780.00

Revised Total Not to Exceed (NTE)*

\$ 47,570.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 47,570.00

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* (?)

Original amount of contract was for \$46,790.00 which was \$40,540.00 plus \$5000.00 for contingency for a grand total of \$45,540.00. An amendment was made to add \$1,250.00 to the contract for a required payment bond which increased the contract amount to \$46,790.00. We are asking for an additional \$780.00 to be added to the contract as all contingency has been utilized to cover other change orders on the revised quote, The \$780.00 is for the replacement of old strobes which are required for life safety. Per the updated quote - see the LAST LINE on page 5 - add a sync module to the fire alarm system and replace 7 strobes for \$780.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

12/2020 to present - painting and construction

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Smithco 6125 Hillcroft updated quote.pdf

826.76KB

Vendor/Contractor Contact Person



Name*

Smithco Construction / Macy Smith

Address *

Street Address

1907 Blake Road, Unit B

Address Line 2

City

Sugar Land

Postal / Zip Code

77478-2501

State / Province / Region

TX

Country

US

Phone Number *

2817663000

Email *

smithcoconstruction@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 780.00	900040

Budget Manager

BROWN, ERICA S.

Secondary Budget Manager

CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable * (?)

increase contract after contingency was used for \$780.00 - see attached quote

Project WBS (Work Breakdown Structure * (?)

FM21.1126.16

Requester Name

HARPER, SARAH A

Submission Date

7/28/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/28/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

7/28/2021

Contracts Approval

Approve *


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

Approved by *

Shaskyia Behn

Approval Date *

7/28/2021

Contract Section **Contractor***

The McLean Hospital Corporation

Contract ID #*

6791

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center and The McLean Hospital Corporation

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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*

\$ 5,150.00

Increase Not to Exceed*

\$ 2,900.00

Revised Total Not to Exceed (NTE)*

\$ 8,050.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 5,150.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

The agreement is off cycle and will be renewed prior to Dec 31, 2021. However, the annual invoice is for FY 22 services has to be paid in advance from FY21 budget. This Amendment is to increase FY 21 budget to pay that invoice can be paid before end of August.

Contract Owner*

Tolu Fashola

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY2020 Perceptions of Care (POC) Webscore

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

5990-3723.TheHarrisCenter.POC-IP.QR.AUG.2022.pdf

230.75KB

Vendor/Contractor Contact Person

Name*

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

State / Province / Region

MA

Postal / Zip Code

02478-1064

Country

US

Phone Number*

617.855.2190

Email *

ctaylor@mclean.harvard.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1173	\$ 2,900.00	553002
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

POC -IP/RP License: \$0

POC - IP/RP WEB:\$0

POC-IP/RP PMS Quarterly Report: \$2,900.00

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

MURO, EVETTE E

Submission Date

7/22/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/22/2021

Contract Owner Approval

Approved by

T. Fash

Approval Date

7/22/2021

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behn

Approval Date *

7/22/2021



Executive Contract Summary

Contract Section

Contractor*

The McLean Hospital Corporation

Contract ID #*

6759

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The McLean Hospital Corporation and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 4,580.00

Increase Not to Exceed*

\$ 4,580.00

Revised Total Not to Exceed (NTE)*

\$ 9,160.00

Fiscal Year * (?)	Amount * (?)
2021	\$ 4,580.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

The agreement is off cycle and will be renewed prior to Dec 31, 2021. However, the annual invoice is for FY 22 services has to be paid in advance from FY21 budget. This Amendment is to increase FY 21 budget to pay that invoice can be paid before end of August.

Contract Owner*

Tolu Fashola

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY20 Basis-24 End-User License

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

5990-3722.TheHarrisCenter.BASIS24.QR.AUG.2022.pdf

231.05KB

Vendor/Contractor Contact Person**Name***

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

Postal / Zip Code

02478-1064

State / Province / Region

MA

Country

United States

Phone Number*

6178552190

Email *

ctaylor@mclean.harvard.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 4,580.00	553002
Budget Manager		Secondary Budget Manager
CAMPBELL, RICARDO		BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable* (?)

\$95.00 per license B24 - License \$680.00
 (\$395.00 + 3 more sites X \$95) B24 - Web \$0 B24
 -PMS Quarterly Report \$3,900.00

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

MURO, EVETTE E

Submission Date

7/22/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/22/2021

Contract Owner Approval

Approved by

T. Ash

Approval Date

7/22/2021

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

7/22/2021



Executive Contract Summary

Contract Section



Contractor*

West Publishing Corporation dba Thomson Reuters Business

Contract ID #*

6168

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

West Publishing Corporation dba Thomson Reuters Business and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/1/2020

Contract Term End Date* (?)

9/30/2021

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

Current Contract Amount*

\$ 3,986.56

Increase Not to Exceed*

\$ 1,395.56

Revised Total Not to Exceed (NTE)*

\$ 5,382.12

Fiscal Year* (?)

Amount* (?)

2021

\$ 5,382.12

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

An increase in funding is necessary to pay for the remainder of FY21 invoices. The contract is off-cycle with the Term ending in October 21. Monthly cost are \$ 348.89 x 4 months = \$ 1,395.56 as an increase.

Contract Owner*

Silvia Tiller

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

05/01/14- present

Westlaw Subscription Services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Pat Simpson

Address*

Street Address

Thomson Reuters-West Payment Center

Address Line 2

P.O. Box 6292

City

Carol Stream

State / Province / Region

IL

Postal / Zip Code

60197

Country

US

Phone Number*

763-326-0132 wk/713-252-5853 mobile

Email*

pat.simpson@thomsonreuters.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 1,395.56	574000
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)


N/A

Requester Name

BEHN, SHASKYIA N.

Submission Date

7/12/2021


Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Approval Date

7/12/2021

Contract Owner Approval 

Approved by

Silvia Tiller

Approval Date

7/13/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/13/2021



Executive Contract Summary

Contract Section ^

Contractor*

Joy Beth Davis

Contract ID #*

New Contract

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/14/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 5,367.00

Increase Not to Exceed*

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 15,367.00

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

Fiscal Year* (?) **Amount*** (?)
 2022 \$ 10,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The provider will be providing CFC and Respite for the FY 2022 year

Contract Owner*

Robert Stakem

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

6/14/2021 - Present

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Joy Beth Davis

Address*

Street Address

5323 Holly View Drive

Address Line 2

City

Houston

Postal / Zip Code

77093

State / Province / Region

TX

Country

USA

Phone Number*

8327167484

Email*

joy.davis040@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,907.00	543009

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,460.00	543005

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543009

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
---	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
---	--

Provide Rate and Rate Descriptions if applicable* (?)

FY 2021

\$9.00 per hour for individuals with LON 1 & 5

\$10.00 per hour for individuals with LON 8 & 6

FY2022

\$10.00 per hour for individuals with LON 1 & 5

\$11.00 per hour for individuals with LON 8 & 6

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

ANTHONY, PATRINA R

Submission Date

7/1/2021

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

7/1/2021

Contract Owner Approval

Approved by

robert stakem

Approval Date

7/1/2021

Contracts Approval

Approve*


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

Approved by*

Belinda Stude

Approval Date*

7/2/2021

Contract Section **Contractor***

TEJAS Behavioral Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

TEJAS Behavioral Health Management and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 28,400.00

Increase Not to Exceed*

\$ 1,625.00

Revised Total Not to Exceed (NTE)*

\$ 30,025.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 30,025.00

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* (?)

Replenish PO: mistakenly submitted request for payment for an IT Consulting invoice (in the amount of \$1625) out of MH PO CT140505 which depleted PO for remainder of FY21.

Contract Owner*

Michael Downey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paige Morris

Address*

Street Address

S Hwy 183

Address Line 2

City

Leander

Postal / Zip Code

78641

State / Province / Region

TX

Country

US

Phone Number*

512-705-0565

Email*

paige.morros@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,625.00	553003

Budget Manager SHELBY, DEBBIE C	Secondary Budget Manager LOERA, ANGELICA D
------------------------------------	---


Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure* (?)

0.00

Requester Name SHELBY, DEBBIE C	Submission Date 7/23/2021
------------------------------------	------------------------------


Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Approval Date


7/23/2021

Procurement Approval 

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Michael Downey

Approval Date

7/23/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

7/26/2021

EXHIBIT F-15

August 2021
Affiliation Agreements, Grants,
MOU's and Revenues
Information Only



Executive Contract Summary

Contract Section

Contractor*

Louisiana State University

Contract ID #*

2021-0173

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/17/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Louisiana State University's School of Social Work

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2021

Contract Term End Date* (?)

7/31/2026

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in the School of Social Work at Louisiana State University to complete clinical placements as indicated by the academic requirements. The students will utilize the skills and knowledge developed during their course work while abiding by policies and procedures set forth by the agency.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

LSU is not a HBCU

Community Partnership* (?)

Yes No Unknown

Specify Name*

Louisiana State University

Supporting Documentation Upload (?)

Current-MOU and COI Packet Edited 04302021.doc	407KB
Current-Online MSW Agency Packet 2021 (1).docx	8.74MB

Vendor/Contractor Contact Person

Name*

Tamika Boyer

Address*

Street Address

1197 Pleasant Hall

Address Line 2

City

Baton Rouge

State / Province / Region

LA

Postal / Zip Code

70803

Country

US

Phone Number*

(225) 366-8139

Email*

tboyer3@lsu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name	Submission Date
MCGILL, VALERIE R	6/30/2021

Budget Manager Approval(s)

Approved by



Approval Date

6/30/2021

Procurement Approval

Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date

6/30/2021

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*



Approval Date*

7/1/2021