

REVISED
Full Board Meeting
June 28, 2022
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 Tuesday, May 24, 2022
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Resource Committee Report and/or Action
(*G. Womack, Chair*)
 - 1. FY2022 Year-to-Date Budget Report – May
(*EXHIBIT F-2 Steve Evans*)
 - B. Foundation Committee Report and/or Action
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
 - A. FY22 Year-to-Date Budget Report-May
(*EXHIBIT F-3 Steve Evans*)
 - B. June 2022 Contract Amendments Over 100K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. June 2022 Contract Renewals Over 100K
(*EXHIBIT F-5 Silvia Tiller*)
- VII. CONSIDER AND RECOMMEND ACTION**
 - A. Perimeter Fence Installation-6160 South Loop
(*EXHIBIT F-6 Steve Evans*)
 - B. Marketing and Consulting-Healthy Minds, Healthy Communities
(*EXHIBIT F-7 Steve Evans*)
- VIII. BOARD CHAIR'S REPORT**
- IX. EXECUTIVE SESSION**
 - * 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.**
 - * In accordance with §551.072 of the Texas Government Code, discussion about the lease of real property located at 4400**

Harrisburg Boulevard, Houston, Tx 77011. Wayne Young, CEO and Silvia Tiller, Director of Contracts and Real Estate

*** In accordance with §551.072 of the Texas Government Code, discussion about the purchase of real property located at 5959 Long Drive, Houston, TX . Silvia Tiller, Director of Contracts and Real Estate**

*** In accordance with §551.071 of the Texas Government Code, for consultation with attorney about legal matters related to programs to assist small businesses and/or minority- and women-owned businesses with contracting with the Harris Center in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Kendra Thomas, General Counsel**

*** In accordance with §551.071 of the Texas Government Code, for consultation with attorney about legal issues related to a loan agreement with the City of Houston for the 6168 South Loop East construction in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Wayne Young, CEO, Silvia Tiller, Director of Contracts and Real Estate and Kendra Thomas, General Counsel**

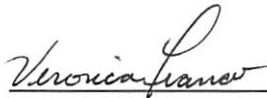
*** In accordance with §551.071 of the Texas Government Code, for consultation with attorney on a matter related to a proposed contract award for CSP-6168 South Loop East Apartment in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Steve Evans, Controller, Nina Cook, Director of Purchasing, Carrie Rys, Chief Administrative Officer, and Kendra Thomas, General Counsel**

*** In accordance with §551.071 of the Texas Government Code, for consultation with attorney about contemplated litigation related to a HVAC contract dispute. Carrie Rys, Chief Administrative Officer, Silvia Tiller, Director of Contracts & Real Estate and Kendra Thomas, General Counsel**

- X. RECONVENE INTO OPEN SESSION**
- XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- XII. INFORMATION ONLY**

- A. June 2022 New Contracts Under 100K
(EXHIBIT F-8)
- B. June 2022 Contract Amendments Under 100K
(EXHIBIT F-9)
- C. June 2022 Renewals Under 100K
(EXHIBIT F-10)
- D. June 2022 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT F-11)
- E. Update TANF May 2022 Report
(EXHIBIT F-12)
- F. Moving from a Compliance Focus Program to a Culture of Quality:
The Harris Center Case Study
(EXHIBIT F-13)
- G. Persons with IDD and Involvement in the Criminal Justice System:
Community Services, Diversion and Incarceration
(EXHIBIT F-14)
- H. Abbreviations List
(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: May 24, 2022

**TRUSTEES
IN ATTENDANCE:** Mr. Shaukat Zakaria, Chair
Dr. George Santos, Vice Chairperson
Dr. Lois Moore, Vice Chairperson
Mr. Gerald Womack, Secretary
Mr. Jim Lykes
Robin Gearing PhD
Judge Bonnie Hellums-videoconference

TRUSTEES ABSENT: Sheriff E. Gonzalez

I. Declaration of Quorum

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:00 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

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

III. Approval of Minutes

MOTION BY: WOMACK SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, April 26, 2022 as presented under Exhibit F-1, are approved.

IV. Chief Executive Officer's Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. Committee Reports and Action were presented by the respective chairs:

A. Resource Committee Report and/or Action- G. Womack, Chair

1. FY'22 Year-to-Date Budget Report- April

Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on May 17, 2022.

B. Quality Committee Report and/or Action- G. Santos, Chair

Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on May 17, 2022.

C. Program Committee Report and/or Action-B. Hellums, Chair

Mrs. Hellums provided an overview of the programs presented at the Program Committee meeting on May 17, 2022.

D. Foundation Committee Report and/or Action-J. Lykes, Chair

Mr. Lykes provided the Board of Trustees an update about the Foundation report.

VI. Consent Agenda

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

B. May 2022 New Contracts Over 50K

C. May 2022 Contract Amendments Over 50K

D. May 2022 Contract Renewals Over 50K

E. NEW/SUBSTANTIAL POLICIES

1. Center Related Meeting Expense
2. Development and Management for Mental Health and IDD Services Wait/Interest List
3. Least Restrictive Interventions and Management of Aggressive Behavior
4. Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services
5. Whistleblower
6. Writing off Self Pay Balances

F. MINOR/NO CHANGES

1. Improvement of Consumer Care Committee

MOTION: Dr. Santos moved to approve Consent Agenda items A through E-2 and E-4 through F-1. E-3 was not approved by the Governance Committee to move forward for Full Board approval.

SECOND: Dr. Gearing seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items E-1 through E-2 and E-4 through F-1 were approved agenda items.

VII. Review and Comment

- A. **Selected 2022 Interim Charges**-Amanda Jones presented the Selected 2022 Interim Charges presentation to the Full Board.
- B. **Staff Compensation Update**-Carrie Rys and Sean Kim presented the Staff Compensation Update to the Full Board.

VIII. Board Chair's Report

Mr. Zakaria provided a Board report.

IX. Executive Session -

At 10:30 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

- **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.**
- **In accordance with §551.072 of the Texas Government Code, Discussion about lease of real property located at 4400 Harrisburg Boulevard, Houston, TX 77011. Wayne Young, CEO and Silvia Tiller, Director of Contracts and Real Estate.**
- **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Southeast Clinic located at 5901 Long Drive, Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**
- **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Northwest Clinic located at 3737 Dacoma, Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**
- **In accordance with §551.071 of the Texas Government Code, for consultation with attorney on a matter in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Kendra Thomas, General Counsel**
- **In accordance with §551.074 of the Texas Government Code, to deliberate about the evaluation and duties of the Harris Center Board of Trustees. S. Zakaria, Board Chair**

X. Reconvene into Open Session

At 12:18 p.m., the Board of Trustees reconvened into open session.

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

- A. **Following consultation with attorney regarding the award of a contract for the Neuropsychiatric Center (NPC) Site Renovation-Project PUR #PUR-FY22-0207 in**

which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with Ch. 551 of the Texas Government Code.

MOTION BY: SANTOS

Dr. Santos moved to award the contract for the Neuropsychiatric Center (NPC) Site Renovation-Project #PUR-FY22-0207 to O'Donnell Snider.

SECOND: MOORE

VOTE: Yes- 5 No- 1 (Mr. Womack)

With affirmative votes

BE IT RESOLVED the Full Board shall award the contract for the Neuropsychiatric Center (NPC) Site Renovation-Project # PUR-FY22-0207 to O'Donnell Snider.

XII. ADJOURN

MOTION: SANTOS SECOND: GEARING

Motion passed with unanimous affirmative votes.

The meeting was adjourned at **12:19 PM.**

Respectfully submitted,

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

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report
For the Ninth Month and Year to Date Ended May 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on June 28, 2022

The Harris Center for Mental Health & IDD

June 28, 2022

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

The monthly financial report for May 31, 2022 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 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.



Steve Evans
Interim Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Ninth Month and Year to Date Ended May 31, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 24,181	\$ 21,662	\$ 2,518
Expenditures	30,578	25,698	(4,880)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (6,397)</u>	<u>\$ (4,035)</u>	<u>\$ (2,362)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ (105)</u>	<u>\$ 335</u>	<u>\$ (440)</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Ninth Month and Year to Date Ended May 31, 2022

	Month Ended May 31, 2022				Nine Months Ended May 31, 2022			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 5,390,352	\$ 4,667,313	\$ 723,039	c 15%	\$ 44,239,151	\$ 41,991,227	\$ 2,247,924	5%
PAP / Samples	867,202	1,025,912	(158,710)	-15%	6,675,381	9,233,128	(2,557,747)	-28%
Interest	34,536	4,166	30,370	729%	102,615	37,494	65,121	174%
State General	9,862,580	9,869,236	(6,656)	0%	88,925,655	88,832,515	93,140	0%
State Grants	1,119,762	1,298,931	(179,169)	d -14%	10,897,806	11,690,380	(792,574)	-7%
Federal Grants	3,946,700	2,041,360	1,905,340	e 93%	26,064,896	18,976,702	7,088,194	37%
3rd party billings	2,959,722	2,755,515	204,207	7%	18,927,885	24,216,486	(5,288,601)	-22%
Total Revenue	24,180,854	21,662,433	2,518,421	f 12%	195,833,389	194,977,932	855,457	0%
Total Expenses:								
Salaries and Fringe	20,593,945	17,842,388	(2,751,557)	-15%	165,960,885	159,046,395	(6,914,490)	-4%
Travel	144,294	158,255	13,961	9%	853,969	1,703,898	849,929	50%
Contracts and Consultants	1,802,380	1,818,046	15,666	1%	15,869,577	16,429,586	560,009	3%
HCPC Contract	2,317,441	2,369,793	52,352	2%	20,899,318	21,328,137	428,819	2%
Supplies and Drugs	1,280,645	1,365,584	84,939	6%	10,237,301	12,269,516	2,032,215	17%
Equipment (Purch, Rent, Maint)	445,815	512,956	67,141	13%	4,085,490	4,818,858	733,368	15%
Building (Purch, Rent, Maint)	485,922	554,529	68,607	h 12%	5,031,619	5,045,611	13,992	0%
Vehicle (Purch, Rent, Maint)	51,860	37,258	(14,602)	-39%	443,477	336,112	(107,365)	-32%
Telephone and Utilities	292,565	262,018	(30,547)	-12%	2,447,016	2,251,341	(195,675)	-9%
Insurance, Legal, Audit	126,894	144,811	17,917	12%	1,331,090	1,389,483	58,393	4%
Other	3,029,785	581,952	(2,447,833)	i -421%	7,654,832	5,289,776	(2,365,056)	-45%
Claims Denials	6,533	50,040	43,507	87%	75,282	451,083	375,801	83%
Total Expenses	30,578,079	25,697,630	(4,880,449)	j -19%	234,889,856	230,359,796	(4,530,060)	-2%
Excess of Revenues over (under)								
Expenditures before Other Sources	(6,397,225) a	(4,035,197)	(2,362,028)		(39,056,467)	(35,381,864)	(3,674,603)	
Funds from other sources:								
Use of fund balance - CapEx	165,689	-	165,689		2,211,645	-	2,211,645	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,764	432,764	-		3,993,108	3,993,108	-	
Waiver 1115 Revenues	3,695,765	3,695,765	-		31,723,357	31,723,357	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	5,930	-	5,930		20,682	-	20,682	
Proceeds from Sale of Assets	-	-	-		20,000	-	20,000	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ (2,097,077)	\$ 93,332	\$ (2,190,409)		\$ (105,175) b	\$ 334,601	\$ (439,776)	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of May 31, 2022

	Ending Balance		Increase/(Decrease)	
	April 30, 2022	May 31, 2022	May	
Assets				
Cash and Cash Equivalents	\$ 113,288,784	\$ 95,534,386	\$ (17,754,398)	a
Inventory - includes RX	268,940	282,162	13,222	b
Prepaid Expenses	4,755,312	1,124,090	(3,631,222)	c
A/R Medicaid, Medicare, 3rd Party	13,531,864	14,889,067	1,357,203	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	16,765,928	18,257,096	1,491,168	d
A/R DSRIP	19,995,240	22,900,567	2,905,327	
Total Current Assets	<u>161,700,245</u>	<u>146,081,545</u>	<u>(15,618,700)</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,898,327	6,885,609	(12,718)	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	18,776,981	18,958,527	181,546	
Total Property, Plant & Equipment	<u>80,219,846</u>	<u>80,388,674</u>	<u>168,828</u>	
TOTAL ASSETS	<u>\$ 241,920,091</u>	<u>\$ 226,470,219</u>	<u>\$ (15,449,872)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 27,573,074	\$ 15,224,304	\$ (12,348,770)	e
Accrued Payroll and Accounts Payables	25,746,610	25,712,338	(34,272)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,319,684</u>	<u>40,936,642</u>	<u>(12,383,042)</u>	
State Escheatment Payable	43,480	51,923	8,443	
Total Non Current Liabilities	<u>43,480</u>	<u>51,923</u>	<u>8,443</u>	
TOTAL LIABILITIES	<u>53,363,164</u>	<u>40,988,565</u>	<u>(12,374,599)</u>	
General Fund Balance	17,898,048	17,336,255	(561,793)	g
Nonspendable				
Investment in Inventories	268,940	282,162	13,222	
Investment In Fixed Assets	80,219,846	80,388,674	168,828	
Assigned:				
Current Capital Projects	18,578,591	18,412,902	(165,689)	
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	60,113,673	59,680,909	(432,764)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,565,025</u>	<u>185,586,829</u>	<u>(978,196)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,991,902	(105,175)	(2,097,077)	
TOTAL FUND BALANCE	<u>188,556,927</u>	<u>185,481,654</u>	<u>(3,075,273)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 241,920,091</u>	<u>\$ 226,470,219</u>	<u>\$ (15,449,872)</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended May 31, 2022

- I. Comparison of Revenue and Expenses
 - a. For the month of May 2022, the ninth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$6,397,225.
 - b. The year-to-date amount translates to Excess Expenditures over Revenues of \$105,175 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
 - c. Harris County and Local is favorable to budget by \$723,039 primarily due to recognition of a \$350,000 credit from Blue Cross Blue Shield for Wellness activities and receipt of funds from Cullen Trust.
 - d. State Grants are unfavorable to budget by \$179,169 due to timing of construction expenses for the Healthy Community Grant and timing of ECI insurance collections.
 - e. Federal grants are favorable to budget by \$1,905,340 due to federal grants awarded after the original budget was approved by the Board.
 - f. Total Revenue is favorable to budget by \$2,518,421.
 - h. Building is favorable to budget due to timing of construction expenses.
 - i. Other is unfavorable to budget due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget and payment of annual maintenance agreement for Epic software.
 - j. Total Expenses are unfavorable to budget by \$4,880,449.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
Cash-General Fund Bank of America	\$ 6,666,123	6,840,565	\$ 174,442
Cash-General Fund Chase	51,016,100	43,996,812	(7,019,288)
Cash-BOA ACH Vendor	313,607	174,282	(139,325)
Cash-Pharmacy Chase	5,938	8,815	2,877
Cash-FSA-Discovery	186,339	178,702	(7,637)
Petty Cash	5,700	5,700	-
Investments-TexPool General Fund	1,002,173	1,002,702	529
Investments-TexPool Self Insurance	2,290,285	2,291,496	1,211
Investments-TexPool Prime	26,644,931	23,963,249	(2,681,682)
Investments-Texas Class	25,157,588	17,072,063	(8,085,525)
	<u>\$ 113,288,784</u>	<u>\$ 95,534,386</u>	<u>\$ (17,754,398)</u>

- b. Inventory normally does not significantly change from month to month. The balance is normally 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)
	4/30/2022	05/31/2022	May
Inventory-Central Supplies	\$ 28,052	28,052	\$ -
Supplies Used	(24,295)	(11,073)	13,222
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 268,940</u>	<u>\$ 282,162</u>	<u>\$ 13,222</u>

- c. Prepaid Expenses decreased due to HCPC Activity.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in May.

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
Villas at Bayou Park	60,433	60,433	-
Pear Grove	39,937	46,997	7,060
Pasadena Cottages	73,028	73,638	610
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	94,321	149,466	55,145
Foundation	-	6,224	6,224
NAMI of Greater Houston	-	312	312
General Accounts Receivable	155,941	9,523	(146,418)
Pharmacy PBM	8,099	8,391	292
Harris County Projects	996,613	1,137,238	140,625
Harris County Juvenile Probation	628,465	676,668	48,203
Harris County Community Supervision	1,376,929	1,233,063	(143,866)
Harris County Sheriff's Department	3,892,890	3,676,953	(215,937)
ICFMR	191,636	218,776	27,140
TCOOMMI-Special Needs	774,233	643,950	(130,283)
TDCJ-Parole	123,000	82,000	(41,000)
TDCJ-Substance Abuse	83,335	66,668	(16,667)
TCOOMMI-Juvenile	250,943	90,365	(160,578)
Jail Diversion	1,198,351	1,908,228	709,877
ECI	1,007,604	557,808	(449,796)
ECI Respite	704	1,408	704
ECI SNAP	20,635	18,528	(2,107)
Federal CHH Navigation	279,776	119,556	(160,220)
Federal Aot	224,250	121,183	(103,067)
ARPA-COH-MCOT RR Expansion	-	249,085	249,085
ARPA-COH-Core HPD Expansion	-	63,179	63,179
Fed SAMHSA CCBHC Expansion	-	105,593	105,593
PATH-Mental Health Block Grant	132,147	220,922	88,775
MH Block Grant-Coordinated Specialty Care	157,163	160,717	3,554
TANF PEAf	463,687	1,252,913	789,226
DSHS SAPT Block Grant	176,018	138,541	(37,477)
AR State TCMHCC	99,250	111,656	12,406
Enhanced Community Coordinator	67,630	50,885	(16,745)
Subtotal, A/R-Other	\$ 12,581,419	\$ 13,265,268	\$ 683,849

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
DSHS Mental Health First Aid	\$ 34,484	\$ 23,847	\$ (10,637)
HHSC ZEST-Zero Suicide	108,884	187,400	78,516
HCC Open Door	1,093,954	1,060,022	(33,931)
HCS	22,416	22,416	-
Tx Home Living Waiver	304,138	316,217	12,079
Federal DSHS Disaster Assistance	-	-	-
DPP-BHS	1,243,784	1,282,035	38,251
Helpline Contracts	95,583	121,543	25,960
City of Houston-CCSI	25,268	50,537	25,269
City of Houston-DMD	10,332	10,332	-
City of Houston-911 CCD Amended	39,832	41,845	2,013
A/R - HHSC Projects	1,205,834	1,875,634	669,800
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 16,765,928	\$ 18,257,096	\$ 1,491,168

- e. Unearned Income decreased due to expenditure of State GR funds.
- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance decreased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 119 days versus 129 days for the prior month.

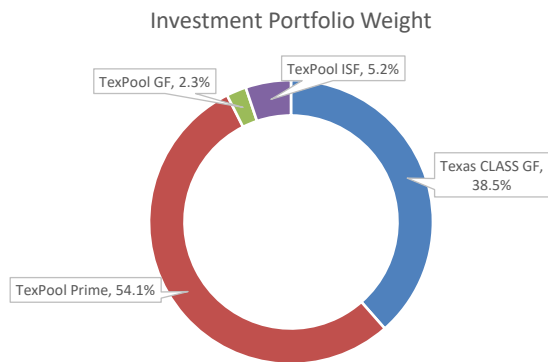
III. Investment Portfolio

- a. Total investments as of May 31, 2022 are \$44,329,512 of which 100% is in government pools. (Texas Class 39% and TexPool 61%)
- b. Investments this month yielded interest income of \$34,535.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 May 31, 2022

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS							
Texas CLASS General Fund	\$ 25,157,588	\$ 1,000,000	\$ (9,100,000)	\$ 14,475	\$ 17,072,063	38.5%	0.813%
TexPool							
TexPool Prime	26,644,931	\$ -	\$ (2,700,000)	18,319	23,963,250	54.1%	0.813%
TexPool General Fund	1,002,173			530	1,002,703	2.3%	0.623%
TexPool Internal Service Fund	2,290,285			1,211	2,291,496	5.2%	0.623%
<i>TexPool Sub-Total</i>	<i>29,937,389</i>	<i>-</i>	<i>(2,700,000)</i>	<i>20,060</i>	<i>27,257,449</i>	<i>61.5%</i>	<i>0.790%</i>
Total Investments	\$ 55,094,977	\$ 1,000,000	\$ (11,800,000)	\$ 34,535	\$ 44,329,512	100%	0.799%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **0.507%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **0.347%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of May 31, 2022 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Hayden Hernandez, Accounting and Treasury Manager

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

Report for May 2022

Vendor	Description	Monthly Not-To-Exceed*	May-22	YTD Total Through May
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,612,139	\$14,479,775
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$3,091,975**	\$11,622,769

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective February 22, 2022.

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

**Note: The May Blue Cross Blue Shield Group payment exceeded the agreed upon monthly Not-To-Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$2,600,000 for the month, the Blue Cross Blue Shield payment in the amount of \$3,091,975 on May 25th was submitted for Board signature.

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Ninth Month and Year to Date Ended May 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on June 28, 2022


The Harris Center for Mental Health & IDD

June 28, 2022

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

The monthly financial report for May 31, 2022 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 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.



Steve Evans
Interim Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Ninth Month and Year to Date Ended May 31, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 24,181	\$ 21,662	\$ 2,518
Expenditures	30,578	25,698	(4,880)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (6,397)</u>	<u>\$ (4,035)</u>	<u>\$ (2,362)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ (105)</u>	<u>\$ 335</u>	<u>\$ (440)</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Ninth Month and Year to Date Ended May 31, 2022

	Month Ended May 31, 2022				Nine Months Ended May 31, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 5,390,352	\$ 4,667,313	\$ 723,039	c 15%	\$ 44,239,151	\$ 41,991,227	\$ 2,247,924	5%
PAP / Samples	867,202	1,025,912	(158,710)	-15%	6,675,381	9,233,128	(2,557,747)	-28%
Interest	34,536	4,166	30,370	729%	102,615	37,494	65,121	174%
State General	9,862,580	9,869,236	(6,656)	0%	88,925,655	88,832,515	93,140	0%
State Grants	1,119,762	1,298,931	(179,169)	d -14%	10,897,806	11,690,380	(792,574)	-7%
Federal Grants	3,946,700	2,041,360	1,905,340	e 93%	26,064,896	18,976,702	7,088,194	37%
3rd party billings	2,959,722	2,755,515	204,207	7%	18,927,885	24,216,486	(5,288,601)	-22%
Total Revenue	24,180,854	21,662,433	2,518,421	f 12%	195,833,389	194,977,932	855,457	0%
Total Expenses:								
Salaries and Fringe	20,593,945	17,842,388	(2,751,557)	-15%	165,960,885	159,046,395	(6,914,490)	-4%
Travel	144,294	158,255	13,961	9%	853,969	1,703,898	849,929	50%
Contracts and Consultants	1,802,380	1,818,046	15,666	1%	15,869,577	16,429,586	560,009	3%
HCPC Contract	2,317,441	2,369,793	52,352	2%	20,899,318	21,328,137	428,819	2%
Supplies and Drugs	1,280,645	1,365,584	84,939	6%	10,237,301	12,269,516	2,032,215	17%
Equipment (Purch, Rent, Maint)	445,815	512,956	67,141	13%	4,085,490	4,818,858	733,368	15%
Building (Purch, Rent, Maint)	485,922	554,529	68,607	h 12%	5,031,619	5,045,611	13,992	0%
Vehicle (Purch, Rent, Maint)	51,860	37,258	(14,602)	-39%	443,477	336,112	(107,365)	-32%
Telephone and Utilities	292,565	262,018	(30,547)	-12%	2,447,016	2,251,341	(195,675)	-9%
Insurance, Legal, Audit	126,894	144,811	17,917	12%	1,331,090	1,389,483	58,393	4%
Other	3,029,785	581,952	(2,447,833)	i -421%	7,654,832	5,289,776	(2,365,056)	-45%
Claims Denials	6,533	50,040	43,507	87%	75,282	451,083	375,801	83%
Total Expenses	30,578,079	25,697,630	(4,880,449)	j -19%	234,889,856	230,359,796	(4,530,060)	-2%
Excess of Revenues over (under)								
Expenditures before Other Sources	(6,397,225) a	(4,035,197)	(2,362,028)		(39,056,467)	(35,381,864)	(3,674,603)	
Funds from other sources:								
Use of fund balance - CapEx	165,689	-	165,689		2,211,645	-	2,211,645	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,764	432,764	-		3,993,108	3,993,108	-	
Waiver 1115 Revenues	3,695,765	3,695,765	-		31,723,357	31,723,357	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	5,930	-	5,930		20,682	-	20,682	
Proceeds from Sale of Assets	-	-	-		20,000	-	20,000	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ (2,097,077)	\$ 93,332	\$ (2,190,409)		\$ (105,175) b	\$ 334,601	\$ (439,776)	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of May 31, 2022

	Ending Balance		Increase/(Decrease)	
	April 30, 2022	May 31, 2022	May	
Assets				
Cash and Cash Equivalents	\$ 113,288,784	\$ 95,534,386	\$ (17,754,398)	a
Inventory - includes RX	268,940	282,162	13,222	b
Prepaid Expenses	4,755,312	1,124,090	(3,631,222)	c
A/R Medicaid, Medicare, 3rd Party	13,531,864	14,889,067	1,357,203	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	16,765,928	18,257,096	1,491,168	d
A/R DSRIP	19,995,240	22,900,567	2,905,327	
Total Current Assets	<u>161,700,245</u>	<u>146,081,545</u>	<u>(15,618,700)</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,898,327	6,885,609	(12,718)	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	18,776,981	18,958,527	181,546	
Total Property, Plant & Equipment	<u>80,219,846</u>	<u>80,388,674</u>	<u>168,828</u>	
TOTAL ASSETS	<u>\$ 241,920,091</u>	<u>\$ 226,470,219</u>	<u>\$ (15,449,872)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 27,573,074	\$ 15,224,304	\$ (12,348,770)	e
Accrued Payroll and Accounts Payables	25,746,610	25,712,338	(34,272)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,319,684</u>	<u>40,936,642</u>	<u>(12,383,042)</u>	
State Escheatment Payable	43,480	51,923	8,443	
Total Non Current Liabilities	<u>43,480</u>	<u>51,923</u>	<u>8,443</u>	
TOTAL LIABILITIES	<u>53,363,164</u>	<u>40,988,565</u>	<u>(12,374,599)</u>	
General Fund Balance	17,898,048	17,336,255	(561,793)	g
Nonspendable				
Investment in Inventories	268,940	282,162	13,222	
Investment In Fixed Assets	80,219,846	80,388,674	168,828	
Assigned:				
Current Capital Projects	18,578,591	18,412,902	(165,689)	
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	60,113,673	59,680,909	(432,764)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,565,025</u>	<u>185,586,829</u>	<u>(978,196)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,991,902	(105,175)	(2,097,077)	
TOTAL FUND BALANCE	<u>188,556,927</u>	<u>185,481,654</u>	<u>(3,075,273)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 241,920,091</u>	<u>\$ 226,470,219</u>	<u>\$ (15,449,872)</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended May 31, 2022

- I. Comparison of Revenue and Expenses
 - a. For the month of May 2022, the ninth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$6,397,225.
 - b. The year-to-date amount translates to Excess Expenditures over Revenues of \$105,175 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
 - c. Harris County and Local is favorable to budget by \$723,039 primarily due to recognition of a \$350,000 credit from Blue Cross Blue Shield for Wellness activities and receipt of funds from Cullen Trust.
 - d. State Grants are unfavorable to budget by \$179,169 due to timing of construction expenses for the Healthy Community Grant and timing of ECI insurance collections.
 - e. Federal grants are favorable to budget by \$1,905,340 due to federal grants awarded after the original budget was approved by the Board.
 - f. Total Revenue is favorable to budget by \$2,518,421.
 - h. Building is favorable to budget due to timing of construction expenses.
 - i. Other is unfavorable to budget due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget and payment of annual maintenance agreement for Epic software.
 - j. Total Expenses are unfavorable to budget by \$4,880,449.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
Cash-General Fund Bank of America	\$ 6,666,123	6,840,565	\$ 174,442
Cash-General Fund Chase	51,016,100	43,996,812	(7,019,288)
Cash-BOA ACH Vendor	313,607	174,282	(139,325)
Cash-Pharmacy Chase	5,938	8,815	2,877
Cash-FSA-Discovery	186,339	178,702	(7,637)
Petty Cash	5,700	5,700	-
Investments-TexPool General Fund	1,002,173	1,002,702	529
Investments-TexPool Self Insurance	2,290,285	2,291,496	1,211
Investments-TexPool Prime	26,644,931	23,963,249	(2,681,682)
Investments-Texas Class	25,157,588	17,072,063	(8,085,525)
	<u>\$ 113,288,784</u>	<u>\$ 95,534,386</u>	<u>\$ (17,754,398)</u>

- b. Inventory normally does not significantly change from month to month. The balance is normally 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)
	4/30/2022	05/31/2022	May
Inventory-Central Supplies	\$ 28,052	28,052	\$ -
Supplies Used	(24,295)	(11,073)	13,222
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 268,940</u>	<u>\$ 282,162</u>	<u>\$ 13,222</u>

- c. Prepaid Expenses decreased due to HCPC Activity.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in May.

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
Villas at Bayou Park	60,433	60,433	-
Pear Grove	39,937	46,997	7,060
Pasadena Cottages	73,028	73,638	610
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	94,321	149,466	55,145
Foundation	-	6,224	6,224
NAMI of Greater Houston	-	312	312
General Accounts Receivable	155,941	9,523	(146,418)
Pharmacy PBM	8,099	8,391	292
Harris County Projects	996,613	1,137,238	140,625
Harris County Juvenile Probation	628,465	676,668	48,203
Harris County Community Supervision	1,376,929	1,233,063	(143,866)
Harris County Sheriff's Department	3,892,890	3,676,953	(215,937)
ICFMR	191,636	218,776	27,140
TCOOMMI-Special Needs	774,233	643,950	(130,283)
TDCJ-Parole	123,000	82,000	(41,000)
TDCJ-Substance Abuse	83,335	66,668	(16,667)
TCOOMMI-Juvenile	250,943	90,365	(160,578)
Jail Diversion	1,198,351	1,908,228	709,877
ECI	1,007,604	557,808	(449,796)
ECI Respite	704	1,408	704
ECI SNAP	20,635	18,528	(2,107)
Federal CHH Navigation	279,776	119,556	(160,220)
Federal Aot	224,250	121,183	(103,067)
ARPA-COH-MCOT RR Expansion	-	249,085	249,085
ARPA-COH-Core HPD Expansion	-	63,179	63,179
Fed SAMHSA CCBHC Expansion	-	105,593	105,593
PATH-Mental Health Block Grant	132,147	220,922	88,775
MH Block Grant-Coordinated Specialty Care	157,163	160,717	3,554
TANF PEAf	463,687	1,252,913	789,226
DSHS SAPT Block Grant	176,018	138,541	(37,477)
AR State TCMHCC	99,250	111,656	12,406
Enhanced Community Coordinator	67,630	50,885	(16,745)
Subtotal, A/R-Other	\$ 12,581,419	\$ 13,265,268	\$ 683,849

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended May 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	4/30/2022	5/31/2022	May
DSHS Mental Health First Aid	\$ 34,484	\$ 23,847	\$ (10,637)
HHSC ZEST-Zero Suicide	108,884	187,400	78,516
HCC Open Door	1,093,954	1,060,022	(33,931)
HCS	22,416	22,416	-
Tx Home Living Waiver	304,138	316,217	12,079
Federal DSHS Disaster Assistance	-	-	-
DPP-BHS	1,243,784	1,282,035	38,251
Helpline Contracts	95,583	121,543	25,960
City of Houston-CCSI	25,268	50,537	25,269
City of Houston-DMD	10,332	10,332	-
City of Houston-911 CCD Amended	39,832	41,845	2,013
A/R - HHSC Projects	1,205,834	1,875,634	669,800
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 16,765,928	\$ 18,257,096	\$ 1,491,168

- e. Unearned Income decreased due to expenditure of State GR funds.
- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance decreased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 119 days versus 129 days for the prior month.

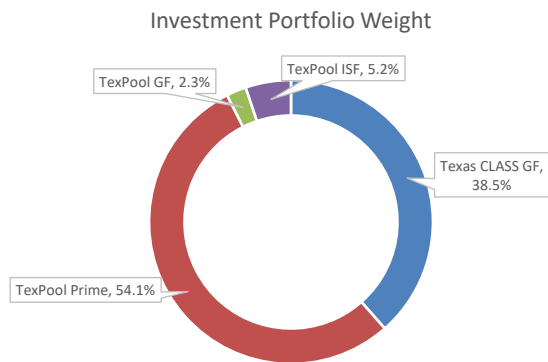
III. Investment Portfolio

- a. Total investments as of May 31, 2022 are \$44,329,512 of which 100% is in government pools. (Texas Class 39% and TexPool 61%)
- b. Investments this month yielded interest income of \$34,535.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 May 31, 2022

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS							
Texas CLASS General Fund	\$ 25,157,588	\$ 1,000,000	\$ (9,100,000)	\$ 14,475	\$ 17,072,063	38.5%	0.813%
TexPool							
TexPool Prime	26,644,931	\$ -	\$ (2,700,000)	18,319	23,963,250	54.1%	0.813%
TexPool General Fund	1,002,173			530	1,002,703	2.3%	0.623%
TexPool Internal Service Fund	2,290,285			1,211	2,291,496	5.2%	0.623%
<i>TexPool Sub-Total</i>	<i>29,937,389</i>	<i>-</i>	<i>(2,700,000)</i>	<i>20,060</i>	<i>27,257,449</i>	<i>61.5%</i>	<i>0.790%</i>
Total Investments	\$ 55,094,977	\$ 1,000,000	\$ (11,800,000)	\$ 34,535	\$ 44,329,512	100%	0.799%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **0.507%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **0.347%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of May 31, 2022 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Hayden Hernandez, Accounting and Treasury Manager

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

Report for May 2022

Vendor	Description	Monthly Not-To-Exceed*	May-22	YTD Total Through May
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,612,139	\$14,479,775
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$3,091,975**	\$11,622,769

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective February 22, 2022.

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

**Note: The May Blue Cross Blue Shield Group payment exceeded the agreed upon monthly Not-To-Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$2,600,000 for the month, the Blue Cross Blue Shield payment in the amount of \$3,091,975 on May 25th was submitted for Board signature.

EXHIBIT F-4

June 2022
AMENDMENTS OVER 100k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 \$100,000.00 AND MORE

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 AMENDMENTS									
	ADMINISTRATION									
1	Aptean	No	Amendment to Professional Services Agreement.	\$290,771.47	\$36,000.00	\$326,771.47	6/1/2022 - 5/31/2023	General Revenue (GR)	Competitive Bid	This Amendment is to increase the NTE to provide miscellaneous remote and/or on-site Consulting Services. Training has been included within the revised SOW on an as needed basis.
2	Allen Austin Lowe & Powers, Inc. dba Allen Austin	No	Interim Leadership and Consulting Services	\$73,900.00	\$32,000.00	\$105,900.00	05/29/22- 07/23/22	General Revenue (GR)	2254 Qualifications	This Amendment is to increase the NTE to cover the expansion period of the HR Interim role.
	CPEP/CRISIS SERVICES									
3	P-Substance Abuse	N/A	Amendment to Pooled Agreement	\$62,726.00	\$46,080.00	\$108,806.00	9/1/2021 - 8/31/2022	County	Request for Application	This Amendment is to increase the NTE and Purchase Order to reflect actual expenses projected to fiscal year end (08/31/2022). The average monthly spend has been \$11,520 over the last 3 months due to an increase in census. The requested increase is \$11,520 per month for the remaining 4 months which is a total increase of \$46,080 for FY22.
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
	LEASES									
	MENTAL HEALTH SERVICES									



Executive Contract Summary

Contract Section



Contractor*

Aptean

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/21/2022

Parties* (?)

Aptean & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

5/31/2023

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

6/1/2022 - 5/31/2023

Current Contract Amount*

\$ 290,771.47

Increase Not to Exceed*

\$ 36,000.00

Revised Total Not to Exceed (NTE)*

\$ 326,771.47

Fiscal Year* (?) 2022 **Amount*** (?) \$ 36,000.00

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* (?)

This Statement of Work (SOW) has been created to provide miscellaneous remote and/or on-site consulting services, to include training if needed. It provides a block of time available for small tasks or projects that do not require standalone work orders.

Contract Owner*
Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*
 Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
 Yes No Unknown

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)
The Harris Center for Mental Health IDD_(2022-05-17)Misc SOW
_Order Form.pdf 454.21KB

Vendor/Contractor Contact Person

Name*
Sammie Simpson

Address*
Street Address
4325 Alexander Drive
Address Line 2
Suite 100
City
Alpharetta
Postal / Zip Code
30022-3740

State / Province / Region
GA
Country
US

Phone Number*
678-259-8651

Email*

Sammie.Simpson@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 36,000.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

160 hours @ \$225.00 per hour = \$36,000.00

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.06 - ROSS Phase II Enhancements

Requester Name

Jones, Anthony

Submission Date

5/18/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

5/19/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

5/23/2022

Contracts Approval

Approve*

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

Approved by*

Shakyla Behn

Approval Date*

5/23/2022



Executive Contract Summary

Contract Section



Contractor*

Allen Austin Lowe & Powers, INC dba/Allen Austin

Contract ID #*

2022-0346

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/28/2022

Parties* (?)

Allen Austin Lowe and Powers Inc. dba Allen Austin Global Executive Search

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other 2254 Qualifications |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/29/2022

Contract Term End Date* (?)

7/23/2022

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

Current Contract Amount*

\$ 73,900.00

Increase Not to Exceed*

\$ 32,000.00

Revised Total Not to Exceed (NTE)*

\$ 105,900.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 105,900.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input 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* (?)

Interim Leadership and Consulting Services to continue David Wykes interim role in Human Resources

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2/7/2022 to 3/7/2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Allen Austin Lowe and Powers Inc. d/b/a Allen Austin Global
Executive Search

Address*

Street Address

4801 Woodway Drive

Address Line 2

Suite 130W

City

Houston

Postal / Zip Code

77056-1884

State / Province / Region

TX

Country

United States

Phone Number*

8326542087

Email*

acretu@allenaustin.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 32,000.00	592000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$175.00 Per Hour up to a maximum of (37) hours per week or \$5400 total spent whichever is less.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

6/15/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/15/2022

Contract Owner Approval

Approved by

[Signature]

Approval Date

6/15/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

6/15/2022

Contract Section **Contractor***

P-Substance Abuse

Contract ID #*

7277

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Pooled Vendors

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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 checked="" 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 (?)

Current Contract Amount*

\$ 62,726.00

Increase Not to Exceed*

\$ 46,080.00

Revised Total Not to Exceed (NTE)*

\$ 108,806.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 108,806.00

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 checked="" 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* (?)

Program is requesting to increase the NTE and Purchase Order closer to actual expenses projected to fiscal year end (08/31/2022). At the end of March, the program had \$8,000 of the \$46,080 contracted amount remaining. The program has averaged spending of \$11,520 over the last 3 months due to the increase in census thus, the program needs at least \$11,520 per month for the remaining 4 months for an increase of \$46,080.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Existing FY22 P.O. CT141488 as well as FY19-FY21

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Vendor Pool

Address*

Street Address

N/A

Address Line 2

N/A

City

N/A

Postal / Zip Code

N/A

State / Province / Region

N/A

Country

N/A

Phone Number*

N/A

Email*

na@notanemailaddress.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 108,806.00	543043
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Provide Rate and Rate Descriptions if applicable* (?)

No change. As dictated by RFA.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

5/27/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

5/27/2022

Contract Owner Approval

Approved by

Kim KORNMEYER

Approval Date

5/31/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Belu

Approval Date*

6/3/2022

EXHIBIT F-5

June 2022
RENEWALS OVER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS ADMINISTRATION								
1	Johnson Controls Fire Protection, LP	No	Life Safety Systems/ Inspections Services Agency Wide	\$245,802.00	\$160,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Life Safety Systems/Inspections Services Agreement.
2	Knight Security Systems, LLC	No	Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.	\$165,000.00	\$145,000.00	9/1/2021-8/31/2026	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Access Control and Other System Related Services Agreement including Pharmacy Intrusion Alarm Monitoring Services.
3	Metropolitan Landscape Management, Inc.	No	Agency-Wide Grounds Keeping Services	\$183,593.00	\$200,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Tag-On	Annual renewal of Agency-Wide Grounds Keeping Services Agreement.
4	P-Master Pool for Facility Specialty Services	No	Painting, Flooring, Restoration/Waterproofing, Glazing, Roofing, General Contractor, Door Hardware, Paving/Striping, Doors and Fencing Services.	\$790,836.00	\$300,000.00	9/1/2022-8/31/2033	General Revenue (GR)	Request for Proposal	Annual request for funding of Master Pool for Facility Specialty Services.
5	P-Master Pool RFQ Professional Services	No	Architect, Environmental, Environmental, Electrical, Plumbing and Mechanical Services	\$250,000.00	\$300,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Qualification	Annual request for funding of Master Pool for Professional Services.
6	Universal Protection Service, LP dba Allied Universal Security Services	No	Agency Wide Security Guard Services-RFP	\$814,390.28	\$814,390.28	9/1/2022-8/31/2023	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Security Guard Services Agreement.
7	PPG Global, LLC	Yes	Personal Protective Equipment (PPE) Supply Services	\$350,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue (GR)		Annual renewal of Agency-wide personal protective equipment (PPE) supply Services Agreement.
8	Right Now Termite & Pest Control, Inc.	Yes	Agency-Wide Pest Control and Bed Bug Treatment	\$118,000.00	\$118,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Proposal	Annual renewal of agency-wide pest control and bed bug treatment Agreement.
9	University of Texas Health Science Center-Houston Department of Psychiatry and Behavioral Science	No	Psychiatric Resident Training for the ACT Team	\$100,647.36	\$100,647.36	07/01/22- 06/30/23	State	Sole Source	Annual renewal of Psychiatric Resident Training for the ACT Team
	CPEP/CRISIS SERVICES								
10	Baylor College of Medicine	No	Physical Medical Evaluations	\$100,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue (GR)	N/A	Annual renewal of Physical Medical Evaluations.
	FORENSICS								
11	Amber Burks, MD d/b/a Texas Telepsychiatry Solutions, PLLC	No	Tele-Psychiatry Services	\$208,000.00	\$208,000.00	9/1/2022 - 8/31/2023	County	N/A	Annual renewal of Tele-Psychiatry Services for children and adolescents placed in Harris County placement facilities (Katy Leadership, Youth Village and BBRC).
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7213

Contractor Name*

Johnson Controls Fire Protection, LP

Service Provided* (?)

Life Safety Systems/ Inspections Services Agency Wide

Term for Off-Cycle Only*

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Please provide an explanation

N/A

Contract NTE* (?)

\$245,802.00 (includes FY22 amendments)

Rate(s)/Rate(s) Description

See Exhibit B-Rates

Unit(s) Served*

1899

G/L Code(s)*

569010

Current Fiscal Year Purchase Order Number*

CT141308

Contract Requestor*

Lisa Cantu-Espinoza

Contract Owner*

Todd McCorquodale

File Upload (?)

Exhibit B Johnson Controls Rates for FY22.pdf

61.16KB

Evaluation of Current Fiscal Year Performance**Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 160,000.00	569010

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 160,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/12/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0171

Contractor Name*

Knight Security Systems, LLC

Service Provided* (?)

Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.

Renewal Term Start Date*

9/1/2021

Renewal Term End Date*

8/31/2026

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 165,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1190, 1126

G/L Code(s)*

900040, 553001

Current Fiscal Year Purchase Order Number*

CT141423

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 145,000.00	553001
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 145,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0116

Contractor Name*

Metropolitan Landscape Management, Inc.

Service Provided* (?)

Agency-Wide Grounds Keeping Services

Term for Off-Cycle Only*

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Other Tag-on through Choice Partners Contract# 20/030MR-3 |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Please provide an explanation

N/A

Contract NTE* (?)

\$183,593.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

569003

Current Fiscal Year Purchase Order Number*

CT141457

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 200,000.00	569003

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 200,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

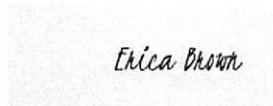
Contract Owner

Contract Owner* (?)

Todd McCorquodale

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/12/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0272

Contractor Name*

P-Master Pool for Facility Specialty Services

Service Provided* (?)

Painting, Flooring, Restoration/Waterproofing, Glazing, Roofing, General Contractor, Door Hardware, Paving/Striping, Doors and Fencing Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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 Annual Funding Only

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 790,836.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT141884

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 300,000.00	557001
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 300,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2022-0309

Contractor Name*

P-Master Pool RFQ Professional Services

Service Provided* (?)

Architect, Environmental, Environmental, Electrical, Plumbing and Mechanical Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 checked="" 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 250,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

569015, 557001

Current Fiscal Year Purchase Order Number*

CT141877

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 125,000.00	557001

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 75,000.00	569015

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 100,000.00	569008

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 300,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

300,000.00 for P-Master Pool
RFQ Professional Services

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shashyia Behn

Approval Date *

5/23/2022

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 814,390.28

Rate(s)/Rate(s) Description

Unit(s) Served*

1808, 1809, 1814, 1820, 1849, 1858, 1869, 1817

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

CT141539

Contract Requestor*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Please Explain*

Guards have not performed to par. They have not shown up to the site and did not notify anyone of their absence. Guards failed to display professional behavior

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 153,790.40	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 80,659.20	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1814	\$ 69,760.00	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 183,000.00	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1820	\$ 135,367.68	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 40,288.00	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 151,525.00	583000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 814,390.28

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Please Explain *

Rate is expected to increase from \$16.90 p/h to \$17.35 p/h and one site (1814) is expected to add another guard

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Exhibit A1 - Contracted Rates.PNG

343.28KB

The screenshot shows a spreadsheet with the following data tables:

Allied Universal Security Services					
Regular Post/Site	Base Rate	Contract # 41	Contract # 42	Contract # 43	Contract # 44
Unarmed Guard	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00
(a) Direct Labor Rate	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00
(b) Mark-up %	38%	38%	38.26%	38.54%	40.13%
(c) Billing Rate	\$16.56	\$16.90	\$17.85	\$17.79	\$18.24

Additional Post/Site	Base Rate	Contract # 41	Contract # 42	Contract # 43	Contract # 44
Armed Guard	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00
(a) Direct Labor Rate	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00
(b) Mark-up %	38%	38%	38.26%	38.54%	40.13%
(c) Billing Rate	\$16.56	\$16.90	\$17.85	\$17.79	\$18.24

Alarm Response / Patrol Services	Base Rate	Contract # 41	Contract # 42	Contract # 43	Contract # 44
Patrol Services	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Alarm Response*	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00

Total rates per site:
 *Patrol services response

OPTIONAL - REGULAR & ADDITIONAL POST/SITE					
Armed Guard	Base Rate	Contract # 41	Contract # 42	Contract # 43	Contract # 44
Armed Guard	\$14.00	\$14.00	\$14.00	\$14.75	\$15.00
(a) Direct Labor Rate	\$14.00	\$14.00	\$14.00	\$14.75	\$15.00
(b) Mark-up %	38%	38%	38.26%	38.54%	40.13%
(c) Billing Rate	\$19.32	\$19.32	\$19.32	\$19.58	\$20.00

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

6/3/2022

Current Fiscal Year Contract Information **Current Fiscal Year**

2022

Contract ID#*

2021-0127

Contractor Name*

PPG Global, LLC

Service Provided* (?)

Personal Protective Equipment (PPE) Supply Services

Term for Off-Cycle Only*

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 <input type="text" value="Emergency Use"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE* (?)

\$350,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

2379

G/L Code(s)*

549001

Current Fiscal Year Purchase Order Number*

CT141298

Contract Requestor*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 100,000.00	549001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Anthony Robinson

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

D. Anthony Robinson

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7786

Contractor Name*

Right Now Termite & Pest Control, Inc.

Service Provided* (?)

Agency-Wide Pest Control and Bed Bug Treatment

Term for Off-Cycle Only*

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE* (?)

\$118,000.00

Rate(s)/Rate(s) Description

See exhibits A1 and A2

Unit(s) Served*

1899, 9211

G/L Code(s)*

569005

Current Fiscal Year Purchase Order Number*

CT141553

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 118,000.00	569005

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 118,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Todd McCorquedale

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date *

5/11/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7209

Contractor Name*

UTHSC-Houston Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Psychiatric Resident Training for the ACT Team

Term for Off-Cycle Only*

07/01/22-06/30/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$100,647.36

Rate(s)/Rate(s) Description

63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141246

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

 Yes No

Did Contractor adhere to the contracted schedule?* (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 100,647.36	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2022	\$ 17,282.88

Fiscal Year* (?)	Amount* (?)
2023	\$ 83,364.48

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$100,647.36

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Dr. Muzquiz

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sylvia Muzquiz, M.D.

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7521

Contractor Name*

Baylor College of Medicine Department of Family and Community Medicine

Service Provided* (?)

Physical Medical Evaluations.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Contract: Physical/Medical Evaluation Services

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

\$8,333.33 per month for Physical Examination, 2-5
Estimated Physical Examinations per day

Unit(s) Served*

9209

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT141323

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 100,000.00	543011

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
100000.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

5/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7697

Contractor Name*

Amber Burks, MD d/b/a Texas Telepsychiatry Solutions, PLLC

Service Provided* (?)

Tele-Psychiatry Services to children and adolescent Harris County juveniles within the placement facilities (Katy Leadership, Youth Village and BBRC)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Professional Services |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$208,000.00

Contract NTE* (?)

\$ 208,000.00

Rate(s)/Rate(s) Description

\$200.00 per hour for a minimum of 20 hours per week.

Unit(s) Served*

6901

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT141564

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 208,000.00	540503
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Fiscal Year* (?)	Amount* (?)
2023	\$ 208,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
na

Contract Funding Source*
County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Tites

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0186

Contractor Name*

The Council on Recovery-OSAR

Service Provided* (?)

Substance Abuse Services in accordance with the OSAR Grant Program.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 OSAR Grant Program

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 793,354.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2234

G/L Code(s)*

543061

Current Fiscal Year Purchase Order Number*

CT141507

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2234	\$ 793,354.00	543061
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 793,354.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/26/2022

Current Fiscal Year Contract Information **Current Fiscal Year**

2022

Contract ID#*

7768

Contractor Name*

University of Houston, on behalf of The Center for Mental Health Research and Innovation in Treatment Engagement and Service

Service Provided* (?)

Annual evaluation of The Houston AOT (Assisted Outpatient Treatment) Program

Term for Off-Cycle Only*

7/31/2021 - 7/30/2022

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 Grant Funded |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide an explanation

N/A

Contract NTE* (?)

\$125,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2177

G/L Code(s)*

543053

Current Fiscal Year Purchase Order Number*

FY22 PO CT141267

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2177	\$ 125,000.00	543053

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Shelby, Debbie

Fiscal Year* (?)	Amount* (?)
2023	\$ 125,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Federal Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by*

Shaskyia Behn

Approval Date *

5/5/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID#*

7849

Contractor Name*

Aramark Correctional Service, LLC

Service Provided* (?)

Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 410,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9403, 9264, 9261, 9502

G/L Code(s)*

543013

Current Fiscal Year Purchase Order Number*

CT141604

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 139,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 32,800.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 94,300.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 45,100.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 32,800.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 32,800.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 32,800.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 410,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
County

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7537

Contractor Name*

The University of Texas Health Science Center at Houston-HCPC

Service Provided* (?)

Outpatient Competency Restoration ("OCR")

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$295,003.00

Contract NTE* (?)

\$ 295,003.00

Rate(s)/Rate(s) Description

\$24,583.03 per month

Unit(s) Served*

9407

G/L Code(s)*

543002

Current Fiscal Year Purchase Order Number*

CT140741

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 295,003.00	543071
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Fiscal Year* (?)	Amount* (?)
2023	\$ 295,003.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kim KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7279

Contractor Name*

Master Pool-Jail Diversion Inpatient Bed

Service Provided* (?)

Inpatient Psychiatric Bed Services for the Jail Diversion Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$54,385.00

Contract NTE* (?)

\$ 54,385.00

Rate(s)/Rate(s) Description

\$625.00 per bed day

Unit(s) Served*

9405

G/L Code(s)*

543044

Current Fiscal Year Purchase Order Number*

CT141332

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 90,000.00	543044
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 90,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
90000.00

Contract Funding Source*
County

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/25/2022

EXHIBIT F-6



Award Recommendation
REQUEST FOR PROPOSAL (RFP)
PERIMETER FENCE AT 6160 SOUTH LOOP EAST

A Proposal Opening for The Harris Center Public Website was held on Tuesday, May 10, 2022.

Twenty-five (25) vendors were contacted, and advertisements were placed in four (4) 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) HUB vendors were located. One (1) proposal was received. One (1) proposal was deemed responsive and evaluated by the project team. The vendor who submitted a responsive proposal is Ram Telecom LLC.

The Project Team consisted of the following members: Rolanda Wilkes, Procurement Data Analyst, Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, James Blunt, Buyer II, Todd McCorquodale, Director of Facility Services and Transportation, and Oscar Garcia, Facilities Manager.

Four (4) areas were evaluated: Overall Program, Experience and Capacity, Financial Condition, and Price.

Based on the project team's evaluation of response received, it is recommended to award Ram Telecom LLC to install Perimeter Fence at 6160 South Loop East. This recommendation is based on the team's belief that Ram Telecom LLC can provide the services as outlined in the RFP document. Ram Telecom LLC is a HUB vendor.

The initial contract period is anticipated to begin upon award of contract FY2022. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The first contract year will begin upon award of contract and end on August 31, 2022, subject to Fiscal Year budget approval.

The Fiscal Year 2022 budget requested is \$253,300, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested is \$253,300. The Funding Source is Capital Projects (1126), GL #900040. The project accounting code is FM22.1126.19.

**Rolanda
Wilkes**

Digitally signed by
Rolanda Wilkes
Date: 2022.05.25
10:14:16 -05'00'

Rolanda Wilkes, MBA
Procurement Data Analyst

**Sharon
Brauner**

Digitally signed by Sharon
Brauner
Date: 2022.05.25
10:23:01 -05'00'

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

Steve Evans

Digitally signed by Steve
Evans
Date: 2022.05.26
09:59:29 -05'00'

Steve Evans
Controller

Transforming Lives



Perimeter Fence Install at 6160 South Loop East



June 21, 2022

Presented By:

Steve Evans - Controller

Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	25%
Experience and Capacity	35%
Financial Condition	15%
Price	25%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A				
Evaluator 1	3.00				
Evaluator 2	4.85				
Average Evaluation Score	3.92				

RFP – Pricing and HUB/MWBE Status

	Vendor A			
Pricing Proposal*	\$253,300			
Vendor is HUB (Y/N)	Y			
HUB Subcontracting	NA			

*This pricing is Lump Sum.

Note: Pricing is included in evaluation criteria. HUB/MWBE status is for informational purposes only.

EXHIBIT F-7



Award Recommendation
REQUEST FOR PROPOSAL (RFP) – FY22-0224
MARKETING AND CONSULTING – HEALTHY MINDS, HEALTHY COMMUNITIES

A proposal opening for Marketing and Consulting – Healthy Minds, Healthy Communities was held on Thursday, April 7, 2022.

Twenty-three (23) vendors were contacted and advertisements were placed in four (4) local newspapers, The Harris Center’s website, the State of Texas ESBD website, the Houston Minority Supplier Development Council and the Women’s Business Enterprise Alliance. Sixteen (16) HUB vendors were located. Seven (7) proposals were received. Five (5) proposals were deemed responsive and evaluated by the project team. No “Notice Not to Participate” was received.

The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Sydney Mitchell, Digital Impact Lead and Janai Smith, Access Business Office Manager.

Four (4) areas were evaluated: Proposed Approach, Qualifications and Experience, Firm Capability and Cost.

Demos were requested of four vendors and held the week of April 18, 2022.

Based on the project team’s evaluation of responses received, it is recommended to award a pool of two vendors: Langrand and A Time 4 Marketing. This recommendation is based on the team’s belief that these two vendors will be the greatest value to The Harris Center. Both are HUB vendors.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with two (2) 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 with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The first contract year will begin upon award of contract and end on November 30, 2022, subject to budget approval. Subsequent contract years will begin on December 1st and end on November 30th.

The initial contract year budget requested is \$250,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the three years is \$750,000.00, funded annually. The Funding Source is HMHC ARPA (7008).

Year One NTE- \$250,000.00
Year Two NTE- \$250,000.00
Year Three NTE- \$250,000.00

Digitally signed by
Frances Otto
Date: 2022.04.29
14:42:33 -05'00'

Frances Otto, CTCD
Buyer II

Digitally signed by Nina
Cook
Date: 2022.04.29
15:22:46 -05'00'

Nina Cook, MBA, CTPM
Director of Purchasing

Digitally signed by Sean
Kim
Date: 2022.04.29
16:23:19 -05'00'

Sean Kim, MBA, CPA
Chief Financial Officer

Transforming Lives



Marketing and Consulting – Healthy Minds Healthy Communities



June 21, 2022

Presented By:

Steve Evans - Controller

Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Proposed Approach	40%
Qualifications and Experience	25%
Firm Capability	25%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	4.50	4.75	3.85	2.30	2.70
Evaluator 2	4.80	4.50	3.55	2.35	3.25
Average Evaluation Score	4.65	4.63	3.70	2.33	2.98

After the Proposals were evaluated, four (4) vendors were selected for demos. They were vendors A, B, C and E.

The next slide will be the evaluation scores after the demos.

Request for Proposal – Demo Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor E
Evaluator 1	4.65	3.00	3.85	1.50
Evaluator 2	4.80	1.85	3.80	2.10
Average Evaluation Score	4.73	2.43	3.83	1.80

RFP – Pricing and HUB/MWBE Status

	Vendor A	Vendor B	Vendor C	Vendor E
Pricing Proposal*				
Vendor is HUB (Y/N)	Y	Y	Y	Y
HUB Subcontracting	NA	NA	NA	NA

*This pricing is per hour on an as needed basis therefore amounts vary.

Note: Pricing is included in evaluation criteria. HUB/MWBE status is for informational purposes only.

EXHIBIT F-8

June 2022

NEW CONTRACTS UNDER 100k

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000.00

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22 NEW CONTRACTS								
	ADMINISTRATION								
1	Mental Health Mental Retardation Authority of Brazos Valley	No	Crisis Intervention Helpline Services to Callers		\$81,000.00	9/1/2022 - 8/31/2023	County	N/A	New contract to provide Crisis Intervention Helpline Services for consumer and community callers.
2	The Warring Group	No	New Professional Services Agreement for Marketing Services		\$10,000.00	5/15/2022 - 8/31/2022	General Revenue (GR)	Request for Proposal	A new Agreement to provide PR/Marketing Services which shall be conducted in phases. The initial phase shall include conducting an initial brand audit to identify communication opportunities for the organization.
3	BeIDT Health	No	New Professional Services Agreement for Recruiting Services.		\$70,000.00	5/20/2022 - 5/31/2025	General Revenue (GR)		A new agreement is to provide Physician Recruitment Services.
4	Waste Management of Texas, Inc.	No	Agency Wide Nonhazardous Waste Collection and Removal/Dumpster Services.		\$70,372.00	9/1/2022-8/31/2023	General Revenue (GR)	Tag-On	New Tag - On Agreement to provide Nonhazardous Waste Collection and Removal/Dumpster Services agency-wide.
5	Bonfire Interactive Ltd.	No	Automation of Procurement Process Bonfire e-Sourcing Platform		\$9,375.00	06/01/22- 08/31/22	General Revenue (GR)	Tag-On DIR-TSO-4363	A new Agreement to enhance the solicitation process for goods and or services through the Purchasing Department. Due diligence was performed to acquire an eSourcing solution that will eliminate current manual process and allow the Harris Center Purchasing Team to automate and perform the procurement process via online platform versus a manual process. Bonfire is an eProcurement System designed to help teams increase efficiency and visibility into the entire procurement workflow.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
6	Josefa Yanez Hernandez	No	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite		\$15,500.00	9/1/2022 - 8/31/2023	State	N/A	New Agreement to provide Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Services.
7	Juanita Dembo Batiste	No	Respite Services		\$14,835.00	9/1/2022-8/31/2023	State	N/A	New Agreement to provide Respite Services.
8	Katia Rubi Lemus	No	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAD) and Respite		\$25,910.00	9/1/2022-8/31/2023	State	N/A	New Agreement to provide Respite & Community First Choice (CFC)- Personal Assistance/Habilitation Service (PAS/HAB).
9	Maria Cervantes	No	CFC PAS/HAB Services and Respite		\$24,460.00	9/1/2022-8/31/2023	State	N/A	New Agreement to provide Consumers with CFC PAS/HAB and Respite Services.
10	Petra Trejo Martinez	No	Respite and/ or Community First Choice Personal Assistance/Habilitation services (CFC PAS/BAB);		\$5,950.00	8/31/2022-9/1/2023	State	N/A	New Agreement to provide Mental Health and IDD Respite and/ or Community First Choice Personal Assistance/Habilitation Services. (CFC PAS/BAB)



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6626

Contractor Name*

Mental Health Mental Retardation Authority of Brazos Valley

Service Provided* (?)

Crisis Intervention Helpline Services to Callers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

81,000

Contract NTE* (?)

\$ 81,000.00

Rate(s)/Rate(s) Description

(\$6,750.00) for call volume of 501 to 700 calls per month. If, volume of call(s) exceeds 10% of the current contracted range then said volume will be billed at Eleven Dollars (\$11.00) per call

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 81,000.00	420015
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 81,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*


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

Approved by*

Shaskeyia Behm

Approval Date*

5/26/2022

Contract Section **Contractor***

The Warring Group

Contract ID #*

2022-0422

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

The Warring Group and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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 Consultant |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/15/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 2,999.00

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 Harris Center for Mental Health and IDD seeks a PR/Marketing agency to conduct an initial brand audit (Phase 1) to identify communication opportunities for the organization

Contract Owner*

Carrie Rys

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 (?)

Statement of Work - TheHarrisCenter_April2022.pdf 146.27KB

Vendor/Contractor Contact Person

Name*

The Warring Group

Address*

Street Address

9007 Avebury Stone Circle

Address Line 2

City

Missouri City

State / Province / Region

TX

Postal / Zip Code

77459-2433

Country

US

Phone Number*

2819066420

Email*

christy@thewarringgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 2,999.00	574000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

15-20 hours of time ranging from \$2250-\$3000

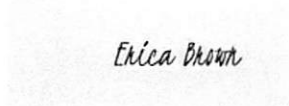
Project WBS (Work Breakdown Structure)* (?)

Identify communication opportunities for the organization

Requester Name	Submission Date
Franco, Veronica	5/5/2022

Budget Manager Approval(s)

Approved by




Approval Date
5/6/2022

Procurement Approval

File Upload (?)

Approved by

 Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date
5/18/2022

Contracts Approval


Approve*

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

Approved by*



Approval Date*
5/18/2022

Contract Section **Contractor***

BeIDT Health

Contract ID #*

2022-0420

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

The Harris Center for Mental Health IDD & BeIDT Health

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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 New Contract |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/20/2022

Contract Term End Date* (?)

5/31/2025

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 70,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 PARTNERSHIP BETWEEN THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & BEIDT.

PLEASE SEE THE ATTACHED DOCUMENTS REGARDING THE TERMS OF THE AGREEMENT.

Contract Owner*

Terence Freeman

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 (?)

Agreement 1_19_22 Updated by Jenna.docx.pdf	170.11KB
Behavioral Health Sell Sheet Update.pdf	2.75MB
Master Agreement 4_29_22 revised TH.docx	11.09KB

Vendor/Contractor Contact Person

Name*

Tom Hissong

Address*

Street Address

11811 Shaker Boulevard Suite 330

Address Line 2

City

Cleveland

State / Province / Region

OH

Postal / Zip Code

44120-1931

Country

US

Phone Number*

216-329-0312

Email*

tom.h@beidthealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 70,000.00	592000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo


Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, Jedonne	5/20/2022


Budget Manager Approval(s) 

Approved by



Approval Date

5/20/2022

Procurement Approval 

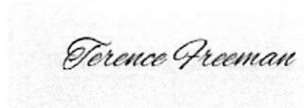
File Upload (?)

Approved by

Approval Date

Contract Owner Approval 

Approved by



Approval Date


5/20/2022

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*



Approval Date*

5/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

7776

Contractor Name*

Waste Management of Texas, Inc.

Service Provided* (?)

Agency Wide Nonhazardous Waste Collection and Removal/Dumpster Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 checked="" type="checkbox"/> Other Tag-On 18/042KC-02 -Choice Partners |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$66,178.87

Contract NTE* (?)

\$ 66,178.87

Rate(s)/Rate(s) Description

See Exhibit A2

Unit(s) Served*

1899

G/L Code(s)*

596006

Current Fiscal Year Purchase Order Number*

CT141664

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

FY22 ID 7776 Waste Mgt (quote sheet) 2021- 2022 updated.pdf

126.3KB

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 70,372.00	596006
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 70,372.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

please note any change to the Choice Partners tag-on - 22/030SG-02 Choice Partners contract that was just awarded, see new pricing - total \$60,732 with \$10,000.00 contingency

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)


Waste Management MHMRA of Harris County Renewal.docx 39.36KB

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s) 

Approved by

Erica Brown

Contract Owner Approval 

Approved by

Todd McCorquodale

Contracts Approval

Approve*


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

Approved by*

Shaskyia Behu

Approval Date*

5/31/2022

Contract Section **Contractor***

Bonfire Interactive Ltd

Contract ID #*

2022-0419

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

The Harris Center for Mental Health and IDD and Bonfire Interactive Ltd.
 Tag-on to DIR-TSO-4363, State of Texas

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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* (?)

6/1/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 9,375.00

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 type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input checked="" 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 * (?)

Purpose: To enhance the solicitation process for goods and or services, due diligence was performed to acquire an eSourcing solution that will eliminate current manual process and allow The Harris Center Purchasing team to automate and perform the procurement process via an online platform versus a manual process. Bonfire is an eProcurement System designed to help teams increase efficiency and visibility into the entire procurement workflow.

Contract Owner *

Nina Cook

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 (?)

RECOMMENDATION E-Sourcing Software.rw_REV nc FINAL 141.58KB
04202022 (003) (002).pdf

Vendor/Contractor Contact Person**Name** *

Richard Naylor, Account Executive (AE)

Address *

Street Address

121 Charles Street W.

Address Line 2

Suite C429

City

Kitchener

State / Province / Region

ON

Postal / Zip Code

N/A

Country

N/A

Phone Number *

(415) 223-8130

Email *

rnaylor@gobonfire.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 4,375.00	551003

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 5,000.00	553002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name	Submission Date
Cook, Nina	4/21/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/21/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

4/21/2022

Contract Owner Approval

Approved by

Nina Cook

Approval Date

5/13/2022

Contracts Approval

Approve *

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

Approved by*

Shaskyia Behu

Approval Date*

5/13/2022



**Recommendation for Board Approval
Automation of Procurement Process
Bonfire e-Sourcing Platform**

To enhance the solicitation process for goods and or services, due diligence was performed to acquire an eSourcing solution that will eliminate current manual process and allow The Harris Center Purchasing team to automate and perform the procurement process via an online platform versus a manual process.

Bonfire is an eProcurement System designed to help teams increase efficiency and visibility into the entire procurement workflow. Many local Texas agencies have selected Bonfire as their eProcurement System and procured Bonfire through their Department of Information Resources (DIR) contract, DIR-TSO-4363 with the State of Texas. Supporting agencies like Harris County, Harris County Metro, Houston Community College and over 100 organizations in Texas.

Bonfire covers the entire solicitation process from receiving internal customer requests, creating drafts, and leveraging templates to build solicitations, bringing internal stakeholders into the system to collaborate, setting up approval steps, advertising solicitations, receiving digital submissions, automating bid analysis, conducting Request for Proposal (RFP) evaluation, and pulling insights and reports from the entire process.

Benefits:

- Automate and improve Service delivery to the agency, purchasing and suppliers.
- Position Purchasing to identify and deliver value by better understanding and define end-user's underlying needs rather than just address the stated problems.
- Reduce costs by adopting sustainable procurement practices.
- Vendor Management System.
- Advanced analytics and reporting solutions.
- On Demand Training.

Six (6) vendors were contacted. Five (5) vendors provided demonstrations of their product.

- **Bonfire, the recommended platform** – User friendly cloud-based platform with advanced features.
- Aptean (Current Financial System) – Manual, very antiquated process.
- Performance Logic (Current Intake System) – No solicitation module only Intake.
- Public Purchase – Limited flexibility for template customization and no analytics and reporting.
- BidNet Direct/Vendor Registry – Manual processes still exist.
- PlanetBids – No response.

The Purchasing Team participated in the demos. Six (6) areas were reviewed, platform performance, user-friendly capability, template customization for complex solicitations, intake functionality, vendor management and analytics and reporting capabilities.

Based on the teams review and demonstration presented, Bonfire meets the automation requirements for the solicitation process performed by The Harris Center Purchasing team.

Board approval is requested to enter a contract with Bonfire through the State of Texas DIR program.

Contract:

DIR-TSO-4363 with the State of Texas

Vendor: Bonfire

Contract Term:

FY 2022: Initial Period NTE: June 1, 2022, to August 31, 2022 - \$ 9,375.00

FY 2023: Ongoing Annual Term NTE beginning: September 1, 2022, to August 31, 2023 - \$37,500.00 (includes eight (8) licenses).

The contract period is for an initial term in FY 2022 with an option to renew for additional years in one-year increments based upon satisfactory performance, which will be reviewed, on an annual basis. The contract shall commence with a tentative award date, and shall remain in effect unless terminated, canceled, or extended, as otherwise provided herein, based upon satisfactory performance and service.

The total NTE (Not to Exceed) amount to be funded annually subject to availability of the budget each year.

Funding Source:

Unit: 1128 Purchasing Department

Breakdown:

- 1. GL 551003 - \$4,375
- 2. GL 553002 - \$5,000

**Rolanda
Wilkes**

Digitally signed by
Rolanda Wilkes
Date: 2022.04.21
13:47:38 -05'00'

Rolanda Wilkes, MBA, MPM, SSGBC
Procurement Data Analyst

Nina Cook

Digitally signed by Nina
Cook
Date: 2022.04.21
13:51:21 -05'00'

Nina Cook, MBA, CTPM
Director of Purchasing

Sean Kim

Digitally signed by Sean
Kim
Date: 2022.04.21
13:55:44 -05'00'

Sean Kim, MBA, CPA
Chief Financial Officer



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6965

Contractor Name*

Josefa Yanez Hernandez

Service Provided* (?)

Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

15,751.00

Contract NTE* (?)

\$ 15,751.00

Rate(s)/Rate(s) Description

\$9 per hour for Individuals with LON of 1 & 5 \$10.00 per hour
for individuals w/ LON of 8 & 6

Unit(s) Served*

3585

G/L Code(s)*

543005 - Respite 543009 - CFC/PAS HAB

Current Fiscal Year Purchase Order Number*

CT140537

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,500.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

\$10/hr for CFC; \$10/hr for Respite

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6974

Contractor Name*

Juanita Dembo Batiste

Service Provided* (?)

Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$6,300

Contract NTE* (?)

\$ 12,835.00

Rate(s)/Rate(s) Description

\$10/HR LON

Unit(s) Served*

3585

G/L Code(s)*

543005 - Respite

Current Fiscal Year Purchase Order Number*

CT141430

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,417.50	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,417.50	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 14,835.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
14835.00

Contract Funding Source*
State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

\$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shashyia Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7066

Contractor Name*

Katia Rubi Lemus

Service Provided* (?)

Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAD) and Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

12,600

Contract NTE* (?)

\$ 23,910.00

Rate(s)/Rate(s) Description

\$10.00 per hour for up to 10 hours in a 24-hour period (Out of Home Respite), \$10.00 per hour for individuals with LON 1 and 5 \$10.00 per hour for individuals with LON 8 and 6

Unit(s) Served*

3585

G/L Code(s)*

543005: 543009

Current Fiscal Year Purchase Order Number*

CT141422

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 11,955.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 13,955.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 25,910.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

25,910.00

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

\$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6929

Contractor Name*

Maria Cervantes

Service Provided* (?)

The provider will be providing Consumers with CFC PAS/HAB Services and Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

18,900.00

Contract NTE* (?)

\$ 24,460.00

Rate(s)/Rate(s) Description

\$10.00 per hour for individuals with LON 1 & 5 \$10.00 per hour for individuals with LON 8 & 6

Unit(s) Served*

3585

G/L Code(s)*

543009 and 543005

Current Fiscal Year Purchase Order Number*

CT141521

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 10,230.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 14,230.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 24,460.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Pay rate increased: \$10.00 per hour for CFC and Respite

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

6975

Contractor Name*

Petra Trejo Martinez

Service Provided* (?)

The provider will provide mental health and IDD Respite and/ or
Community First Choice Personal Assistance/Habilitation services (CFC PAS/BAB);

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

2,655.00

Contract NTE* (?)

\$ 5,950.00

Rate(s)/Rate(s) Description

\$10.00 per hour for up to 10 hours in a 24-hour period (Out of Home Respite)

Unit(s) Served*

3585

G/L Code(s)*

543005

Current Fiscal Year Purchase Order Number*

CT141453

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,950.00	543005
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,950.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate change: \$10.00 per hour for Respite

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Michael D. Downey

Contracts Approval

Approve *

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

Approved by *

Shaskya Behu


Approval Date *

5/31/2022

EXHIBIT F-9

June 2022

AMENDMENTS UNDER 100k

Contract Section **Contractor***

Asset Systems

Contract ID #*

2022-0297

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

Asset Systems, Inc.

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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 <input type="text" value="On-going business"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/2/2022

Contract Term End Date* (?)

2/28/2023

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

2/1/2022 - 2/28/2023

Current Contract Amount*

\$ 6,159.00

Increase Not to Exceed*

\$ 2,500.00

Revised Total Not to Exceed (NTE)*

\$ 8,659.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 8,659.00

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 type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input checked="" 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* (?)

Upgrade existing software platform to cloud-based solution with mobile direct application. Amendment is to fund new user training and the increased cost to complete migration of existing database

Contract Owner*

Sean Kim

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

We have existing vendor client relationship for AssetWIN.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

AssetSystems Invoice - 22686.pdf 224.78KB

Vendor/Contractor Contact Person

Name*

Alden Snyder

Address*

Street Address

24W500 Maple Avenue

Address Line 2

#216

City

Naperville

Postal / Zip Code

60540

State / Province / Region

IL

Country

US

Phone Number*

630-428-8594

Email*

asnyder@assetsystems.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 2,500.00	551002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Paick, Daniel

Submission Date

5/17/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/17/2022

Contract Owner Approval

Approved by

Sean Kim

Approval Date

5/17/2022

Contracts Approval

Approve*


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

Approved by*

Shaskyia Behn

Approval Date*

5/20/2022

Contract Section **Contractor***

Cardinal Health

Contract ID #*

7828

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

Cardinal Health and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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* (?)

4/1/2022

Contract Term End Date* (?)

3/31/2023

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

Current Contract Amount*

\$ 72,000.00

Increase Not to Exceed*

\$ 24,000.00

Revised Total Not to Exceed (NTE)*

\$ 96,000.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 96,000.00

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* (?)

And to allow for access to 4 ambulatory clinic pharmacy site data in Epic Willow ambulatory to answer after hours questions from patients as an on call pharmacist resource. On call pharmacist resource is a requirement from our Pharmacy Benefit Manager partners to our patients for the Pharmacy Billing Go-Live Project. We expect a very low number of calls for this purpose. Charging \$3.25 per patient phone call, same as per order over 730 line items.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Pharmacy after hours order verification and resource to CPEP services inpatient areas.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Conroy Whitely

Address*

Street Address

13651 Dublin Court

Address Line 2

City

Stafford

Postal / Zip Code

77477-4317

State / Province / Region

TX

Country

United States

Phone Number*

18478871258

Email*

Conroy.Whitely@cardinalhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 24,000.00	553002
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

Charging \$3.25 per patient phone call, same as per order over 730 line items.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Gleason, Teri

Submission Date

5/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/19/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Angela Babin

Approval Date

5/19/2022

Contracts Approval

Approve*

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

Approved by*

Shaslyia Belm

Approval Date*

5/19/2022

Contract Section **Contractor***

PINGBOARD, INC.

Contract ID #*

7323

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

THE HARRIS CENTER, PINGBOARD, INC.

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other **CONTRACT AMENDMENT**

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 checked="" 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 19,034.28

Increase Not to Exceed*

\$ 1,500.00

Revised Total Not to Exceed (NTE)*

\$ 20,534.28

Fiscal Year* (?)	Amount* (?)
2022	\$ 20,534.28

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* (?)

ACCOUNT BALANCE \$71.34. NEED TO PAY A 283.07 INVOICE DUE TO INCREASE IN EMPLOYEES

Contract Owner*

Kip Baughman

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***

PINGBOARD, INC.

Address*

Street Address

608 WEST MONROE ST

Address Line 2

SUITE A

City

AUSTIN

State / Province / Region

TX

Postal / Zip Code

78704

Country

US

Phone Number*

8777335157

Email*

BILLING@PINGBOARD.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 1,500.00	553002
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Gerner, Valinda

Submission Date

5/16/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

5/17/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kip Baughman

Approval Date

5/17/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

5/17/2022





Executive Contract Summary

Contract Section



Contractor*

TEJAS Behavioral Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/21/2022

Parties* (?)

TEJAS Behavioral Health Management Association and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 7,200.00

Increase Not to Exceed*

\$ 3,600.00

Revised Total Not to Exceed (NTE)*

\$ 10,800.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 10,800.00

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 <input type="text"/> |

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

Utilization of service increased

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor* Yes No Unknown**Please add previous contract dates and what services were provided***

current; 09-01-20 to 08-31-21

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

893 North Interstate Highway 35

Address Line 2

City

Round Rock

State / Province / Region

TX

Postal / Zip Code

78664-4310

Country

US

Phone Number*

512.279.9371

Email*

paige.morris@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	\$ 3,600.00	553003
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

5/12/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

5/12/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

5/12/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behn

Approval Date*

5/13/2022

Contract Section **Contractor***

Kristin N. Smith, MD

Contract ID #*

2022-0342

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

Kristin N. Smith, MD and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

- | | |
|--|---|
| <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 <input type="text" value="1099"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/2/2022

Contract Term End Date* (?)

8/31/2022

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

2022

Current Contract Amount*

\$ 25,000.00

Increase Not to Exceed*

\$ 47,520.00

Revised Total Not to Exceed (NTE)*

\$ 72,520.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 72,520.00

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 checked="" type="checkbox"/> Other 1099 |

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

Telemedicine Behavioral Health Services for Child and Adolescents at Co-location and Southeast CAS clinics

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor* Yes No Unknown**Please add previous contract dates and what services were provided***

3/1/22-4/29/22; FY22 Contract ID 2022-0342

Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown**Community Partnership*** (?) Yes No Unknown**Supporting Documentation Upload** (?)**Vendor/Contractor Contact Person****Name***

Kristin N. Smith, MD

Address*

6113 Greyswalls Drive

Mckinney

TX

75070-7268

US

Phone Number*

3122825292

Email*

ksmithmd@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 47,520.00	540503

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)

12 hours/wk @ \$220/hr for 18 weeks

Project WBS (Work Breakdown Structure)* (?)

0

Requester Name	Submission Date
Williams-Brooks, Tiffanie	4/29/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

5/6/2022

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks

Approval Date

5/6/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behn

Approval Date*

5/6/2022

EXHIBIT F-10

June 2022

RENEWALS UNDER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS								
	ADMINISTRATION								
1	Community Health Choice, Inc.	No	Telephonic Crisis Line Services to provide MH and IDD resources and support.	\$0.00	\$28,800.00	8/9/2022 - 8/8/2023	Private Pay Source	N/A	Annual renewal of Telephonic Crisis Line Services Agreement that provides MH and IDD resources and support.
2	The Burke Center	No	Crisis Intervention Helpline Services to Callers	\$66,000.00	\$66,000.00	9/1/2022 - 8/31/2023	County	N/A	Annual renewal of Crisis Intervention Helpline Services Agreement.
3	Gulf Bend Center	No	Providing crisis intervention helpline services to consumer callers and community to the Agency	\$66,000.00	\$66,000.00	9/1/2022 - 8/31/2023	County	N/A	Annual renewal of Crisis Intervention Helpline Services Agreement for consumer and community callers.
4	Dixie Safe and Lock, Inc. d/b/a Dixie Security Solutions	No	General Locksmith Services for Agency's MEDCO Key System	\$20,000.00	\$20,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of General Locksmith Services Agreement for Agency's MEDCO Key System.
5	Garratt-Callahan Company	No	Emergency Repair, Water Treatment and routine services at 9401 Southwest Freeway, Houston, Texas 77074 location.	\$15,000.00	\$17,500.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of Emergency Repair, Water Treatment and routine Services Agreement at the 9401 Southwest Freeway, Houston, Texas 77074 location.
6	GenSolutions, LLC	No	Generator Maintenance, Inspection, and Support Services	\$26,521.13	\$27,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of Generator Maintenance, Inspection, and Support Services Agreement.
7	Legal Files Software, Inc.	No	Software for Legal and Contracts Case Management.	\$7,765.00	\$8,154.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of Legal and Contracts Case Management Software.
8	Snappy App, Inc.	No	Gifts for employees of the Agency for Spot Rewards.	\$42,000.00	\$42,000.00	1/28/2019-8/31/2022	General Revenue (GR)	Competitive Proposal	Annual renewal of Employee Spot Rewards Agreement.
9	Sun Coast Resources, Inc.	No	Maintenance for generators at 3737 Dacoma Rd (1), 5901 Long Drive (1), and 9401 Southwest Freeway (2)	\$20,000.00	\$20,000.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of generator maintenance Agreement for the 3737 Dacoma Rd (1), 5901 Long Drive (1), and 9401 Southwest Freeway (2) locations.
10	Applied Technical Services, Inc.	No	Annual Roof Anchor Inspections	\$3,300.00	\$750.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Proposal	Annual renewal of roof anchor inspection Agreement.
11	CU Solutions Group, Inc. dba HR Performance Solutions	No	HR Performance Management software to support documentation for employee performance.	\$19,100.00	\$20,000.00	1/25/2011 - 8/31/2022	General Revenue (GR)	Request for Quotes	Annual renewal of HR Performance Management Software Agreement to support documentation for employee performance.
12	Daniel Snare	No	Assessment of the Agency's Board Operations and Training Services	\$15,000.00	\$15,000.00	01/10/22- 01/10/23	General Revenue (GR)	Request for Quotes	Renewal of agreement to perform assessment of Agency's Board Operations and Trainings.
13	Feedtrail Inc.	No	Consumer Satisfaction Survey Software	\$22,387.00	\$22,387.00	6/1/2022 - 5/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of Consumer Satisfaction Survey Software Agreement.
14	Humble Elevator Services	No	Elevator Inspection, Maintenance and Support Services for the Northeast, Bristow and Jail Diversion locations.	\$20,000.00	\$20,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of elevator inspection, maintenance and support services Agreement for the Northeast, Bristow and Jail Diversion sites.
15	Leafhouse Financial Advisors Inc.	No	Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans.	\$46,000.00	\$46,000.00	9/16/2022 - 9/15/2023	State	Outside RFP process.	Annual renewal of Non-Erisa Investment Fiduciary Services Agreement for 457(b), 401(a) and 403(b) plans.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
27	Gulf Coast Community Services Association	No	ECI Head Start Services	\$0.00	\$0.00	9/1/2022 - 8/31/2023	State	N/A	Annual renewal of ECI Head Start Services Agreement.
28	Tracy Smith	No	The provider will provide mental health and IDD Respite and/ or Community First Choice Personal Assistance/Habilitation services (CFC PAS/HAD)	\$22,100.00	\$19,000.00	9/1/2022 - 8/31/2023	State	N/A	Annual renewal of Mental Health and IDD Respite and/ or Community First Choice Personal Assistance/Habilitation services (CFC PAS/HAD) Agreement.
29	Nixon Home Care, Inc. d/b/a Nixon Adult Day Center	No	Site-Based Day Habilitation and Respite	\$2,765,000.00	\$82,000.00	9/1/2022-8/31/2023	State	Request for Application	Annual renewal of agreement for Site-Based Day Habilitation and Respite Services.
30	P-Emergency Evacuation Services	No	Emergency Evacuation Lodging Services.	\$45,150.00	\$45,150.00	9/1/2022-8/31/2023	General Revenue (GR)	Request for Quote	Annual renewal of the master pool agreement for Emergency Evacuation Lodging Services.
31	Thomas H. Mann	No	Psychological Services	\$12,000.00	\$12,000.00	9/1/2022-8/31/2023	Federal	N/A	Annual renewal of agreement providing Psychological Services.
32	Annie Vu	No	Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)	\$28,080.00	\$28,080.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of agreement to continue providing Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB).
33	Bloom Community	No	To promote health, building self esteem and be part of a fitness community for individuals with IDD	\$0.00	\$0.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of agreement to continue promoting health, building self esteem and be part of a fitness community for individuals with IDD.
34	Brandon D. Smith	No	CFC/Respite	\$17,540.00	\$10,000.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB) Agreement.
35	Elsa Almanza	No	Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)	\$22,690.00	\$18,000.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB).
36	Elsa Lozana - Tello	No	Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)	\$17,230.00	\$17,230.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB).
37	Haneef Abdullah	No	Community First Choice & Respite	\$10,635.00	\$10,500.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB).
38	Jordan Barden	No	Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)	\$18,440.00	\$12,000.00	9/1/2022-8/31/2023	State	N/A	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)
LEASES									
39	Harris County Facilities Property Management Department	No	Lease for Property located at 5518 Jackson Street, Houston, Texas.	\$50.00	\$50.00	4/30/2018 - 4/30/2028	General Revenue (GR)	Interlocal	Annual renewal of lease agreement for the 5518 Jackson Street, Houston, Texas location.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
40	NAMI Greater Houston	No	Lease Agreement: The Harris Center provides space to NAMI in exchange for educational and support services to consumers and their families.	\$0.00	\$0.00	9/1/2022 - 8/31/2023	Private Pay Source	N/A	This contract allows Nami to provide Services to the Harris Center in exchange for the use and access to office Space on the 12th floor. The amount of space and exchange were derived from an evaluation of FMR for like or similar space.
41	The Network of Behavioral Health Providers	No	Lease of 450 square feet of office space located at 9401 Southwest Freeway, 12th Floor, Houston, Texas 77074.	\$0.00	\$0.00	9/1/2022 - 8/31/2023	General Revenue (GR)	N/A	This contract allows NTBH to provide Services to the Harris Center in exchange for the use and access to office Space on the 12th floor. The amount of space and exchange were derived from an evaluation of FMR for like or similar space.
42	The Bill Clair Family Mortuary, Inc.	No	Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas.	\$8,640.00	\$8,640.00	9/1/2022 - 8/31/2023	General Revenue (GR)	N/A	Annual renewal leased parking Agreement at 2603 Southmore Street, Houston, Texas.
43	The ARC of Greater Houston	No	In-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.	\$0.00	\$0.00	9/1/2022 - 9/1/2023	General Revenue (GR)	N/A	This contract allows the ARK to provide Services to the Harris Center in exchange for the use and access to office Space on the 12th floor. The amount of space and exchange were derived from an evaluation of FMR for like or similar space.
MENTAL HEALTH SERVICES									
44	Coalition for the Homeless of Houston/Harris County, Inc.	No	Care Coordination-Information and referral to the Coordinated Access system which will provide homeless individuals with a direct link to housing services.	\$20,000.00	\$20,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	N/A	Annual renewal of Care Coordination Agreement to provide information and referral through the Coordinated Access system to assist homeless individuals with a direct link to housing services.
45	MyStrength, Inc.	No	Mental Health Web Based Mobile Application Software for a Consumer behavioral health and wellness program.	\$40,000.00	\$40,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	N/A	Annual renewal of the Mental Health Web Based Mobile Application Software Agreement for the Behavioral Health and Wellness Program.
46	Prosumers	No	Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County.	\$18,000.00	\$18,000.00	9/1/2021 - 8/31/2022	General Revenue (GR)	N/A	Annual renewal of Consultation and Training Services Agreement for the Development and Implementation of a Consumer Empowerment Group in Harris County.
47	Tejas Behavioral Health Management Association	No	MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations.	\$7,200.00	\$7,200.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Sole Source	Annual renewal of MCO Managed Care Generator Agreement that automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations.



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7535

Contractor Name*

Community Health Choice, Inc.

Service Provided* (?)

Telephonic Crisis Line Services to provide MH and IDD resources and support.

Renewal Term Start Date*

8/9/2022

Renewal Term End Date*

8/8/2023

Term for Off-Cycle Only (For Reference Only)

8/9/2021 - 8/8/2022

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 28,800.00	420015
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 28,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ilejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shaseyia Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6625

Contractor Name*

The Burke Center

Service Provided* (?)

Crisis Intervention Helpline Services to Callers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

66,000

Contract NTE* (?)

\$ 66,000.00

Rate(s)/Rate(s) Description

(\$5,000.00) for call volume of 301 to 500 calls per month. If, volume of call(s) exceeds 10% of the current contracted range then said volume will be billed at Twelve Dollars (\$12.00) per call.0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 66,000.00	420015
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Itejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6627

Contractor Name*

Gulf Bend Center

Service Provided* (?)

Providing crisis intervention helpline services to consumer callers and community to the Agency

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

66,000

Contract NTE* (?)

\$ 66,000.00

Rate(s)/Rate(s) Description

(\$5,500.00) for a call volume of 30 l to 500 calls per month.
If, volume of call(s) exceed 10% of current contracted range
the said volume will be billed at Twelve Dollars (\$12) per call

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 66,000.00	420015
Budget Manager *	Secondary Budget Manager *	
Ilejay, Kevin	Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2023	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shaskya Belu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0347

Contractor Name*

Dixie Safe and Lock, Inc. d/b/a Dixie Security Solutions

Service Provided* (?)

General Locksmith Services for Agency's MEDCO Key System

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Propriety and Business Continuity |

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$20,000.00

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT141906

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	569012

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6159

Contractor Name*

Garratt-Callahan Company

Service Provided* (?)

Emergency Repair, Water Treatment and routine services at 9401 Southwest Freeway, Houston, Texas 77074 location.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

- | | |
|--|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other Requires new contract. |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$15,00.00

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

\$1.250.00 per month

Unit(s) Served*

1817

G/L Code(s)*

569024

Current Fiscal Year Purchase Order Number*

CT141327

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 17,500.00	569024

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 17,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behn

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

7385

Contractor Name*

GenSolutions, LLC

Service Provided* (?)

Generator Maintenance, Inspection, and Support Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$26,521.13

Contract NTE* (?)

\$ 26,521.13

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

569021

Current Fiscal Year Purchase Order Number*

CT141322

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 27,000.00	569021

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 27,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6298

Contractor Name*

Legal Files Software, Inc.

Service Provided* (?)

Software for Legal and Contracts Case Management.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Legal Software |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 7,765.00

Rate(s)/Rate(s) Description

Unit 1110 - \$4,486; Unit 1119 - \$3,279

Unit(s) Served*

1110 and 1119

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141391 (Legal) and CT141375 (Contracts)

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 4,711.00	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 3,443.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 8,154.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)



Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra D. Thomas

Contracts Approval

Approve*

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

Approved by*

Shakeya Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7362

Contractor Name*

Snappy App, Inc.

Service Provided* (?)

Gifts for employees of the Agency for Spot Rewards.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1108

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT141406

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 42,000.00	549009

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 42,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip Baughman

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

6/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6475

Contractor Name*

Sun Coast Resources, Inc.

Service Provided* (?)

Maintenance for generators at 3737 Dacoma Rd (1), 5901 Long Drive (1), and 9401 Southwest Freeway (2)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$20,000

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Rate: \$250.00 per generator, per month

Unit(s) Served*

1899

G/L Code(s)*

569022

Current Fiscal Year Purchase Order Number*

CT141310

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	569022
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0103

Contractor Name*

Applied Technical Services, Inc.

Service Provided* (?)

Annual Roof Anchor Inspections

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$3,300

Contract NTE* (?)

\$ 3,300.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1817

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT141316

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 750.00	557001
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 750.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

5/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7160

Contractor Name*

CU Solutions Group, Inc. dba HR Performance Solutions

Service Provided* (?)

HR Performance Management software to support documentation for employee performance.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 <input type="text" value="Unknown"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 19,100.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141405

Contract Requestor*

Anthony Jones

Contract Owner*

Terence Freeman

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 20,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0290

Contractor Name*

Daniel Snare

Service Provided* (?)

Assessment of the Agency's Board Operations and Training Services

Renewal Term Start Date*

1/10/2022

Renewal Term End Date*

1/10/2023

Term for Off-Cycle Only (For Reference Only)

01/10/2022-01/10/2023

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Requested by Agency Board |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$15,000.00

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

\$150.00 per hour based on estimate number billable hours

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141741

Contract Requestor*

Veronica Franco

Contract Owner*

Wayne Young

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 15,000.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Contracts Approval

Approve*

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

Approved by*

Approval Date*

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7741

Contractor Name*

Feedtrail Inc.

Service Provided* (?)

Consumer Satisfaction Survey Software

Renewal Term Start Date*

6/1/2022

Renewal Term End Date*

5/31/2023

Term for Off-Cycle Only (For Reference Only)

6/1/2020 - 5/31/2021

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$22,387.00

Contract NTE* (?)

\$ 22,387.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT140577

Contract Requestor*

Frederic Edgar

Contract Owner*

Frederic Edgar

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 22,387.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 22,387.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Frederic Edgar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Frederic W. Edgar II

Contracts Approval

Approve *

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

Approved by *

Shakeya Behm

Approval Date *

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

7531

Contractor Name*

Humble Elevator Services

Service Provided* (?)

Elevator Inspection, Maintenance and Support Services for the Northeast, Bristow and Jail Diversion locations.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$16,121.56

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1899

G/L Code(s)*

569009

Current Fiscal Year Purchase Order Number*

CT141307

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	569009
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/16/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID#*

7419

Contractor Name*

Leafhouse Financial Advisors Inc.

Service Provided* (?)

Non-Erisa Investment Fiduciary Services for 457(b), 401(a) and 403(b) plans.

Renewal Term Start Date*

9/16/2022

Renewal Term End Date*

9/15/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 46,000.00

Rate(s)/Rate(s) Description

Fixed Annual Fee Payment

Unit(s) Served*

1108

G/L Code(s)*

543068

Current Fiscal Year Purchase Order Number*

CT141543

Contract Requestor*

Steve Evans

Contract Owner*

Steve Evans

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 46,000.00	543068
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 46,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
2023

Contract Funding Source*
State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Steve Evans

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Steve Evans

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

5/24/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6093

Contractor Name*

Otis Elevator Company

Service Provided* (?)

Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX property.

Renewal Term Start Date*

11/1/2022

Renewal Term End Date*

10/31/2023

Term for Off-Cycle Only (For Reference Only)

11/01/22-10/31/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 By assignment-9401 SW property acquisition. |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$81,000.00

Contract NTE* (?)

\$ 66,000.00

Rate(s)/Rate(s) Description

\$2,375.00 per month

Unit(s) Served*

1817

G/L Code(s)*

569009

Current Fiscal Year Purchase Order Number*

CT146083

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 66,000.00	569009

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shasthya Behn

Approval Date *

5/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6638

Contractor Name*

Performance Logic, Inc.

Service Provided* (?)

Project Management Software to Track Agency Project Performance.

Renewal Term Start Date*

11/1/2022

Renewal Term End Date*

10/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 Software Agreement |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 12,218.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1128, 1130 and 1177

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141305

Contract Requestor*

Maria Richardson

Contract Owner*

Luming Li

File Upload (?)

Performance Logic Price Quote 05-10-2022.pdf

680.71KB

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1177	\$ 492.00	553002

Budget Manager *	Secondary Budget Manager *
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 7,790.00	553002

Budget Manager *	Secondary Budget Manager *
Campbell, Ricardo	Brown, Erica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 3,444.00	553002

Budget Manager *	Secondary Budget Manager *
Campbell, Ricardo	Brown, Erica

Fiscal Year * (?)	Amount * (?)
2023	\$ 11,726.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

11,726.00

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Performance Logic Quote.pdf

678.35KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)



Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Carrie Rys

Contracts Approval

Approve*

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

Approved by*

Shasteyia Belu

Approval Date*

5/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7797

Contractor Name*

UpKeep Technologies, Inc.

Service Provided* (?)

Computerized Maintenance Asset Collection/ Preventative Maintenance Scheduling
Services for Facilities Services Department

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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 |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

\$14,000.00

Contract NTE* (?)

\$ 14,400.00

Rate(s)/Rate(s) Description

See exhibit A1

Unit(s) Served*

1124

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT141311

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Exhibit A2 UpKeep Tech Ex. A2. (investment summary).pdf

673.49KB

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 14,400.00	551002
Budget Manager* Brown, Erica	Secondary Budget Manager* Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 14,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7852

Contractor Name*

Vector Solution/Convergence Training, LLC

Service Provided* (?)

Learning Management System for Facility Maintenance Scheduling Services

Renewal Term Start Date*

12/30/2020

Renewal Term End Date*

12/30/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

- | | |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 10,764.00

Rate(s)/Rate(s) Description

\$10,764.00 (Paid in Full for 3 year term)

Unit(s) Served*

1124

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT140825

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 3,888.00	551002
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,888.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0138

Contractor Name*

A-Rocket Moving & Storage, Inc.

Service Provided* (?)

Agency Moving and Relocation Services

Term for Off-Cycle Only*

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 checked="" type="checkbox"/> Other Harris County Department of Education
Tag-On CSD #17/019JN-01 |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE* (?)

\$70,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1124, 1899

G/L Code(s)*

571000

Current Fiscal Year Purchase Order Number*

CT141483

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager* Brown, Erica	Secondary Budget Manager* Campbell, Ricardo
--	---

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

Budget Manager* Brown, Erica	Secondary Budget Manager* Campbell, Ricardo
--	---

Fiscal Year* (?) 2023	Amount* (?) \$ 70,000.00
---------------------------------	------------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/11/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0105

Contractor Name*

SHI Government Solutions

Service Provided* (?)

EnergyCap Management Software for all utilities.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 checked="" type="checkbox"/> Other Tag-On to BuyBoard Cooperative Purchasing Contract ID#579-19 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 4,801.00

Rate(s)/Rate(s) Description

Annual license fee \$2,448.00

Unit(s) Served*

1124

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT141194

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 5,500.00	551002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shasthya Behn

Approval Date *

5/24/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7603

Contractor Name*

Autoclear, LLC

Service Provided* (?)

Security X-Ray Screening Equipment Order and Maintenance Service.

Renewal Term Start Date*

8/18/2022

Renewal Term End Date*

8/18/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 <input type="text"/> Maintenance Agreement |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1126

G/L Code(s)*

551000

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 4,900.00	553001
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 4,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Kim KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shashyia Behn

Approval Date *

5/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7860

Contractor Name*

HOUSTON RECOVERY CENTER, LGC

Service Provided* (?)

HOUSTON RECOVERY CENTER WILL PROVIDE OPIOID PREVENTION AND NARCAN ADMINISTRATION TRAINING FOR AGENCY'S SUDOP, CCSI, CCA AND BHRT PROGRAM STAFF.

Term for Off-Cycle Only*

N/A.

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

- | | |
|--|--|
| <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 TRAINING CONTRACT. |

Contract Description / Type*

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

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

- Yes
 No
 Unknown

Please provide an explanation *

N/A.

Contract NTE* (?)

\$2,000.00

Rate(s)/Rate(s) Description

\$1000.00 PER TRAINING. TWO (2) TRAININGS ANNUALLY.

Unit(s) Served*

9263

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT140792

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9263	\$ 2,000.00	549005
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Macleod, Ann	

Fiscal Year * (?)	Amount * (?)
2023	\$ 2,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

Private Grant

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Please Explain *

Add the following programs to the contract:
 Substance Use Recovery Services Detoxification Program
 (Detox)
 The Navigation Center: Harris Center Support Team

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Kim Kornmayer

Budget Manager Approval(s) 

Approved by

Jodel Osman

Contract Owner Approval 

Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shakeya Behm

Approval Date *

5/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7848

Contractor Name*

X-Ray Mobile Texas, Inc.

Service Provided* (?)

Mobile X-Ray Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 9,999.99

Rate(s)/Rate(s) Description

Total cost of x-ray: \$150.00; Cost of x-ray interpretation: \$0.00; stat fee: \$25.00; afterhours/weekend/holiday fee: \$50.00; Set-up fee per procedure: \$0.00.

Unit(s) Served*

9205, 9209 and 9403

G/L Code(s)*

543031

Current Fiscal Year Purchase Order Number*

CT1141325

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9205	\$ 6,999.99	543031

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 1,000.00	593031

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 500.00	543031

Budget Manager *	Secondary Budget Manager *
Ramirez, Priscilla	Oshman, Jodel

Fiscal Year * (?)	Amount * (?)
2023	\$ 8,499.99

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Approved by

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

5/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6781

Contractor Name*

P-Therapy Services

Service Provided* (?)

Speech/Language Therapy Services
Occupational/Physical Therapy Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3360

G/L Code(s)*

543012

Current Fiscal Year Purchase Order Number*

CT141320

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 25,000.00	543012
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$25,000.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate(s)/Rate(s) Description:

\$86.01/45 minutes - Speech/Language Therapy

\$97.86/45 minutes - Occupational/Physical Therapy

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Tiffanie Williams-Brakes

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7082

Contractor Name*

BakerRipley

Service Provided* (?)

Early Head Start and Head Start Program

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

00

G/L Code(s)*

00

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	n/a
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
n/a

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Shakeya Behn

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5751

Contractor Name*

Gulf Coast Community Services Association

Service Provided* (?)

ECI Head Start Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Tiffany Williams-Brooks

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Tiffanie Williams-Brooks

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6936

Contractor Name*

Tracy Smith

Service Provided* (?)

The provider will provide mental health and IDD Respite and/ or Community First Choice Personal Assistance/Habilitation services (CFC PAS/HAD)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

19,890

Contract NTE* (?)

\$ 22,100.00

Rate(s)/Rate(s) Description

\$9/hr for LON 1 & 5; \$10/hr for LON 8 & 6 \$9/hr for Respite

Unit(s) Served*

3585

G/L Code(s)*

543005 - Respite 543009 - CFC/PAS HAB

Current Fiscal Year Purchase Order Number*

CT139704

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 13,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Please Explain*

\$10/hr for CFC

\$10/hr for Respite

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behu

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7244

Contractor Name*

Nixon Home Care, Inc. d/b/a Nixon Adult Day Center

Service Provided* (?)

Site-Based Day Habilitation and Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 checked="" 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$2,765,000.00

Contract NTE* (?)

\$ 2,765,000.00

Rate(s)/Rate(s) Description

\$25.95 per day for day habilitation; \$12.00 per hour for respite

Unit(s) Served*

3585

G/L Code(s)*

543008, 543005

Current Fiscal Year Purchase Order Number*

CT141370

Contract Requestor*

Lily Pan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 72,000.00	543008

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 10,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 82,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
NTE \$2,765,000.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No


Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)
05_27_22_11_20_54.pdf 14.65KB


Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lance Britt

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0215

Contractor Name*

P-Emergency Evacuation Services

Service Provided* (?)

Emergency Evacuation Lodging Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 45,150.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

3390, 9210, 9810, 9247, 9403, 9407, 9261, 9264

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

CT141501

Contract Requestor*

Egglia MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3390	\$ 12,900.00	595031
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 4,128.00	595031
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 5,160.00	595031
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 1,548.00	595031
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 7,998.00	595031
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 2,064.00	595031
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 6,192.00	595031
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 5,160.00	595031
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 45,150.00	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

45150

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve *

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

Approved by *

Shasthya Bahu

Approval Date *

5/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7514

Contractor Name*

Thomas H. Mann

Service Provided* (?)

Psychological Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$12,000.00

Contract NTE* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

\$75,000.00

Unit(s) Served*

3350,3579,3609,3611,3692

G/L Code(s)*

543021

Current Fiscal Year Purchase Order Number*

CT141372

Contract Requestor*

Lily Pan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 2,400.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 2,400.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 2,400.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 2,400.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 2,400.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

rate is \$75.00 per hour

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6935

Contractor Name*

Annie Vu

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$21,258.00

Contract NTE* (?)

\$ 28,080.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3585

G/L Code(s)*

534005 \$7,960.00, 534009 \$20,120.00

Current Fiscal Year Purchase Order Number*

CT141413

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 11,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 17,080.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 28,080.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Michael D Donney

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7393

Contractor Name*

Bloom Community

Service Provided* (?)

Provides Fitness Exercise Equipment to Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE * (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served *

N/A

G/L Code(s) *

N/A

Current Fiscal Year Purchase Order Number *

N/A

Contract Requestor *

Margo Childs

Contract Owner *

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Please Explain *

Payment reimbursement are not required for services rendered under this MOU

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
n/a

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Janice Baines

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/9/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7125

Contractor Name*

Brandon D. Smith

Service Provided* (?)

CFC/Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$9,270.00

Contract NTE* (?)

\$ 17,540.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$6,980.00, 543009 \$10,560.00

Current Fiscal Year Purchase Order Number*

CT141414

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543009


Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes 

Are there any required changes to the contract language?* (?)

 Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No


Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No


File Upload (?)

Contract Owner 

Contract Owner* (?)


Please Select Contract Owner

Mike Downey

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Michael D Downey

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6945

Contractor Name*

Elsa Almanza

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$15,507.00

Contract NTE* (?)

\$ 22,690.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$8,390.00, 543009 \$14,300.00

Current Fiscal Year Purchase Order Number*

CT141474

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,000.00	543005
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,000.00	543009
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Mike Downey

Budget Manager Approval(s)



Approved by

Manice Adams-Austin

Contract Owner Approval



Approved by

Michael D Donney

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6964

Contractor Name*

Elsa Lozana - Tello

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$15,507

Contract NTE* (?)

\$ 17,230.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$8,390.00, 543009 \$8,840.00

Current Fiscal Year Purchase Order Number*

CT141429

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,615.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,615.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 17,230.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No


File Upload (?)

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Mike Downey

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6960

Contractor Name*

Haneef Abdullah

Service Provided* (?)

Community First Choice & Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$6,379.00

Contract NTE* (?)

\$ 10,635.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$3875.00, 543009 \$6760.00

Current Fiscal Year Purchase Order Number*

CT141431

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,500.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 10,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Michael D Donney

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6981

Contractor Name*

Jordan Barden

Service Provided* (?)

Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$14,400.00

Contract NTE* (?)

\$ 18,440.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005: \$7,000.00, 543009: \$11,440.00

Current Fiscal Year Purchase Order Number*

CT141433

Contract Requestor*

Patrina Anthony

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)


Contract Owner



Contract Owner* (?)


Please Select Contract Owner

Mike Downey

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Lily Pan

Contracts Approval

Approve *

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

Approved by *

Shakeyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5159

Contractor Name*

Harris County Facilities Property Management Department

Service Provided* (?)

Lease for Property located at 5518 Jackson Street, Houston, Texas.

Renewal Term Start Date*

4/30/2018

Renewal Term End Date*

4/30/2028

Term for Off-Cycle Only (For Reference Only)

4/30/2018 - 4/30/2028

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$50

Contract NTE* (?)

\$ 50.00

Rate(s)/Rate(s) Description

\$50 annually

Unit(s) Served*

1850

G/L Code(s)*

555000

Current Fiscal Year Purchase Order Number*

CT141410

Contract Requestor*

Karen Hurst

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1850	\$ 50.00	555000
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 50.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7522

Contractor Name*

NAMI Greater Houston

Service Provided* (?)

Lease Agreement: The Harris Center provides space to NAMI in exchange for educational and support services to consumers and their families.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1119

G/L Code(s)*

00000

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Shaskyia Behn

Contract Owner*

Silvia Tiller

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	408000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Silvia Tiller

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Silvia Tiller

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7595

Contractor Name*

The Network of Behavioral Health Providers

Service Provided* (?)

Lease of 450 square feet of office space located at 9401 Southwest Freeway, 12th Floor, Houston, Texas 77074.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Shaskyia Behn

Contract Owner*

Silvia Tiller

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	408000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Silvia Tiller

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Silvia Tiller

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6541

Contractor Name*

The Bill Clair Family Mortuary, Inc.

Service Provided* (?)

Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 <input type="text" value="Parking Agreement"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 8,640.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT141276

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 8,640.00	126006
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 8,640.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kopnmayer

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

5/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7556

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

In-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

9/1/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Shaskyia Behn

Contract Owner*

Silvia Tiller

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	408000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Silvia Tiller

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Silvia Tiller

Contracts Approval

Approve *

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

Approved by *

Shaskya Behu

Approval Date *

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7578

Contractor Name*

Coalition for the Homeless of Houston/Harris County, Inc.

Service Provided* (?)

Care Coordination-Information and referral to the Coordinated Access system which will provide homeless individuals with a direct link to housing services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

543022

Current Fiscal Year Purchase Order Number*

CT141283

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 20,000.00	543022
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6536

Contractor Name*

MyStrength, Inc.

Service Provided* (?)

Mental Health Web Based Mobile Application Software for a Consumer behavioral health and wellness program.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 40,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2212

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141286

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 40,000.00	553002

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 40,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0170

Contractor Name*

Prosumers

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 18,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141264

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 18,000.00	542000

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7739

Contractor Name*

Tejas Behavioral Health Management Association

Service Provided* (?)

MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 7,200.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

CT141467

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 7,200.00	553003

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 7,200.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7840

Contractor Name*

Treatment Advocacy Center

Service Provided* (?)

Provide training, technical, and collaborative assistance to The Agency staff for one year to establish and maintain a successful and sustainable AOT program.

Term for Off-Cycle Only*

8/1/2021 - 7/31/2022

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|---|
| <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 State Grant Related Agreement |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide an explanation

N/A.

Contract NTE* (?)

\$5,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

FY22 PO CT141258

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 5,000.00	549005

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/6/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7497

Contractor Name*

Baylor College of Medicine

Service Provided* (?)

Psychiatric Resident Educational Rotaton for Child/Adolescent Psychiatry

Term for Off-Cycle Only*

07/01/22-06/30/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$24,907.68

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141254

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

 Yes No

Did Contractor adhere to the contracted schedule?* (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 25,416.00	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2022	\$ 4,574.88

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,841.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
25,416.00

Contract Funding Source*
State

Contract Content Changes 

Are there any required changes to the contract language? * (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Please provide the net days *
30

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)
Dr. Muzquiz

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sylvia Mazquiz, M.D.

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

2021-0147

Contractor Name*

Baylor College of Medicine

Service Provided* (?)

Forensic Psychiatry Residency Rotation Evaluation Services at the Harris County Jail.

Term for Off-Cycle Only*

07/01/22-06/30/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|---|
| <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"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$63,794.16

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141249

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

 Yes No

Did Contractor adhere to the contracted schedule?* (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 60,998.40	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2022	\$ 10,674.72
Fiscal Year* (?)	Amount* (?)
2023	\$ 50,323.68

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
60,998.40

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Please provide the net days *

30

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Dr. Muzquiz

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sylvia Marquez, M.D.

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7208

Contractor Name*

UTHSC-Houston Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Forensic Residency Rotation at the Harris County Jail

Term for Off-Cycle Only*

07/01/22-06/30/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|--|
| <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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$50,323.68

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141244

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

 Yes No

Did Contractor adhere to the contracted schedule?* (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 64,556.64	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2022	\$ 11,437.20
Fiscal Year* (?)	Amount* (?)
2023	\$ 53,119.44

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$64,556.64

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Dr. Muzquiz

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sylvia Muzquiz, M.D.

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0071

Contractor Name*

Emergency Temporary Housing (ETH) Master Pool

Service Provided* (?)

Emergency Temporary Housing Pool

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 6,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9238

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

CT141270

Contract Requestor*

Amber Honsinger

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 6,000.00	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
6000.00

Contract Funding Source*

Private Grant

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

5/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7262

Contractor Name*

P-Housing & Transition (CCAP)

Service Provided* (?)

Master Pool: One(1) vendor will provide Transitional Housing Services for CCAP Consumers (formerly HDMD).

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 18,803.74

Rate(s)/Rate(s) Description

Unit(s) Served*

9238

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

CT141269

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 18,803.74	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,803.74

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
18803.74

Contract Funding Source*
Private Grant

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Kim KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Bohu

Approval Date *

5/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7300

Contractor Name*

Health Care for Special Populations DBA Patient Care Intervention Center

Service Provided* (?)

Unified Care Continuum Platform Community Data Exchange (CDX) Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 21,794.00

Rate(s)/Rate(s) Description

\$21,794 for data system user licenses, support and maintenance

Unit(s) Served*

9261

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

CT141262

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 21,794.00	574000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Fiscal Year* (?)	Amount* (?)
2023	\$ 21,794.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shasthya Benu

Approval Date*

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7256

Contractor Name*

P-Temporary Housing for Jail Diversion

Service Provided* (?)

Master Pool: Nine (9) possible vendors provide temporary housing services for jail diversion.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$22,901.00

Contract NTE* (?)

\$ 22,901.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9405

G/L Code(s)*

543004

Current Fiscal Year Purchase Order Number*

CT141333

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 19,728.00	543004
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,728.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

19728

Contract Funding Source*

County

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kim KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0078

Contractor Name*

Angelica Padilla dba Lice Care Solutions, LLC

Service Provided* (?)

Lice Removal Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9261

G/L Code(s)*

543053

Current Fiscal Year Purchase Order Number*

CT141520

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 5,000.00	543053
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
5000.00

Contract Funding Source*
State Grant

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kim KORNMAIER

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

5/27/2022

EXHIBIT F-11

June 2022

**Affiliation Agreements, Grants,
MOU's and Revenues
Information Only**

SNAPSHOT SUMMARY
AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
FY22 CONTRACTS							
AFFILIATION AGREEMENTS							
1	University of North Texas Health Science System	No	Clinical Field Placements	New	05/10/22- 05/31/25	General Revenue (GR)	This Agreement will allow students enrolled at the University of North Texas Science System-Fort Worth to complete Psychiatric clinical field placements as part of their degree requirements.
MOU							
2	Spring Branch Community Health Center	No	Memorandum of Understanding	New	6/1/2022 - 6/30/2023	General Revenue (GR)	This agreement will allow Spring Branch Community Health Center to collaborate with Substance Use Disorder Outreach Program (SUDOP) and Harris Center by allowing SUDOP to provide outreach and engagement services to individuals with a substance use disorders or substance use problems that will help clients maintain retention in recovery. SUDOP will also provide Mental Health services and referrals to medical care on an as needed basis.
3	University of Texas Health Science Center@Houston ER Opioid Engagement System (HEROES)	No	Memorandum of Understanding	New	7/1/2022 - 7/31/2023	General Revenue (GR)	This new MOU is a collaboration between SUDOP and The Harris Center wherein SUDOP will provide outreach and engagement service to individuals with a substance and/or alcohol use disorders to help clients have stabilization in recovery. SUDOP will also provide Mental Health Services and referrals to medical care on an as needed basis.
4	The Council on Recovery - Discovery Choices MOU	No	Discovering Choices Outpatient Treatment MOU	FY23 Renewal	9/1/2022 - 8/31/2023	General Revenue (GR)	Annual renewal of the Discovering Choices Outpatient Treatment MOU
REVENUE							
5	Indigo House, Inc.	No	Consumer Driven Contract	New	6/1/2022 - 8/31/2023	State	New Provider Agreement to provide Day Habilitation Services for Consumer at one of the following locations. (Hillcroft Empowerment Center, Humble Service Center, Pasadena Day Program).
6	The Essentials HCS	No	Consumer Driven Contract	New	6/1/2022 - 8/31/2022	State Grant	New Provider Agreement to provide Day Habilitation Services ffor Consumer at one of the following locations. (Hillcroft Empowerment Center, Humble Service Center, Pasadena Day Program).
7	NGC Healthcare Services, Inc.	No	Consumer Driven Contract	FY23 Renewal	09/01/22- 08/31/23	Revenue	Annual renewal of Revenue Agreement to provide Day Habilitation Services as requested by Consumer.
8	Divine Embrace Health Services	No	Consumer Driven Contract	FY23 Renewal	09/01/22- 08/31/23	Revenue	Annual renewal of Revenue Agreement to provide Day Habilitation Services as requested by Consumer.
9	Assured Quality Care Services, LLC	No	Consumer Driven Contract	FY23 Renewal	09/01/22- 08/31/23	Revenue	Annual renewal of Revenue Agreement to provide Day Habilitation Services as requested by Consumer.
10	Citi Health Group, Inc.	No	Consumer Driven Contract	FY23 Renewal	09/01/22- 08/31/23	Revenue	Annual renewal of Revenue Agreement to provide Day Habilitation Services as requested by Consumer.
11	Weathers & Associates	No	Consumer Driven Contract	FY23 Renewal	09/01/22- 08/31/23	Revenue	Annual renewal of Revenue Day Habilitation Services as requested by Consumer.
12	Weathers & Associates	No	Consumer Driven Contract	FY23 Renewal	09/01/22-08/31/23	Revenue	Annual renewal of Revenue Agreement to provide Behavioral and Community Support Services through the STARS Clinic.



Executive Contract Summary

Contract Section

Contractor*

UNIVERSITY OF NORTH TEXAS SCIENCE CENTER

Contract ID #*

2022-0418

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & THE UNIVERSITY OF NORTH TEXAS SCIENCE CENTER SYSTEM-FORT WORTH

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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* (?)

5/10/2022

Contract Term End Date* (?)

5/31/2025

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT THE UNIVERSITY OF NORTH TEXAS SCIENCE SYSTEM-FORT WORTH TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY POLICY AND PROCEDURES.

Contract Owner*

Terence Freeman

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

UNIVERSITY OF NORTH TEXAS SCIENCE CENTER
SYSTEM-FORT WORTH

Supporting Documentation Upload (?)

Learning Objectives PSYC 4040 21-22.doc	56.5KB
---	--------

Vendor/Contractor Contact Person ^

Name*

KENDRA HAAS

Address*

Street Address

3500 Camp Bowie Boulevard

Address Line 2

City

Fort Worth

State / Province / Region

TX

Postal / Zip Code

76107-2644

Country

US

Phone Number*

817-735-5470

Email*

Kendra.Haas@unthsc.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	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo


Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, Jedonne	5/10/2022


Budget Manager Approval(s) 

Approved by



Approval Date

5/10/2022


Procurement Approval 

File Upload (?)

Approved by

 Sign

Approval Date

Contract Owner Approval 

Approved by



Approval Date

5/11/2022

Contracts Approval

Approve*

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

Approved by*



Approval Date*

5/13/2022

Contract Section **Contractor***

Spring Branch Community Health Center

Contract ID #*

2022-0409

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

Spring Branch Community Health Center and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

6/30/2023

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

Fiscal Year* (?)

2023

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

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

This agreement will allow Spring Branch Community Health Center to collaborate with Substance Use Disorder Outreach Program (SUDOP) and Harris Center by allowing SUDOP to provide outreach and engagement services to individuals with a substance use disorders or substance use problems that will help clients maintain retention in recovery. SUDOP will also provide Mental Health services and referrals to medical care on an as needed basis.

Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Spring Branch Community Health Center

Supporting Documentation Upload (?)

Spring Branch Community Health Center attachment 1.docx	68.66KB
Spring Branch Community Health Center attachment 2.docx	22.66KB

Vendor/Contractor Contact Person

Name*

Yandeh Jallow, Director of Supportive Housing

Address*

800 W Sam Houston Pkwy S

Suite 200

Houston

TX

77042-1908

US

Phone Number*

Office:(713) 462-6565 Ext: 287

Email*

yjallow@sbchc.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Macleod, Ann	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

5/4/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

5/4/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

5/5/2022

Contracts Approval

Approve*

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

Approved by*

Shashya Behu

Approval Date*

5/5/2022



Executive Contract Summary

Contract Section ^

Contractor*

UT Health Houston ER Opioid Engagement System (HEROES)

Contract ID #*

2022-0423

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

UT Health Houston ER Opioid Engagement System (HEROES) and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 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* (?)

7/1/2022

Contract Term End Date* (?)

7/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow UT Health Houston ER Opioid Engagement System (HEROES) to collaborate with SUDOP and Harris Center by allowing SUDOP to provide outreach and engagement service to individuals with a substance use disorders or alcohol use disorder problems that will help clients maintain retention in recovery. SUDOP will also provide Mental Health services and referrals to medical care on an as needed basis.

The agreement would need to include the following:

1. Mental Health, SUD and AUD referrals to be accommodated between the HEROES and SUDOP for MAT, SUD, AUD, OUD and MH Clients
2. HEROES providing Medication Management for OUD clients ages 16-17
3. Access to HEROS help for First Responders with MH/SUD
4. MAT for OUD and AUD
5. Additional Justice System support for SUD, AUD and MH clients

Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

UT Health Houston ER Opioid Engagement System (HEROES)

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Andrea J Yatsco, Associate Director / Assistant Research Professor

Address *

Street Address

7000 Fannin Street

Address Line 2

Suite 190

City

Houston

Postal / Zip Code

77030-5400

State / Province / Region

TX

Country

US

Phone Number *

713.500.3581

Email *

Andrea.J.Yatsco@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9263	\$ 0.00	0000

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

5/18/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

5/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

5/19/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

5/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0228

Contractor Name*

The Council on Recovery - Discovery Choices MOU

Service Provided* (?)

Discovering Choices Outpatient Treatment MOU

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager* Shelby, Debbie	Secondary Budget Manager* Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

5/26/2022

Contract Section **Contractor ***

Indigo House, Inc.

Contract ID # *

2022-0425

Presented To *

- Resource Committee
- Full Board

Date Presented *

6/21/2022

Parties * (?)

The Harris Center for Mental Health and IDD and Indigo House, Inc.

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

6/1/2022

Contract Term End Date * (?)

8/31/2023

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

06-01-2022 through 08-31-2023

Fiscal Year * (?)

2022

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* (?)

The consumers from this provider has requested to receive Day Habilitation services from one of our Day Program locations. (Hillcroft Empowerment Center, Humble Service Center, Pasadena Day Program0.

Contract Owner*

Lily Pan

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-2020 through 08-31-2021.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx	12.93KB
--	---------

Vendor/Contractor Contact Person 

Name*

Donald Smothers

Address*

Street Address

6423 Indigo Street

Address Line 2

Same as above

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074-7202

Country


US

Phone Number*

832.382.4267

Email*

indigohouseinc@msn.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	0000
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Downey, Michael

Provide Rate and Rate Descriptions if applicable* (?)
See supporting data uploaded.

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

Requester Name Wills, Thomas	Submission Date 5/27/2022
--	-------------------------------------

Budget Manager Approval(s)

Approved by 	Approval Date 5/27/2022
---	-----------------------------------

Procurement Approval

File Upload (?)

Approved by 	Approval Date
---	----------------------

Contract Owner Approval

Approved by 	Approval Date 5/27/2022
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 6/1/2022
--	-----------------------------------



Executive Contract Summary

Contract Section


Contractor *

The Essentials HCS

Contract ID # *

2022-0416

Presented To *

- Resource Committee
 Full Board

Date Presented *

6/21/2022

Parties * (?)

The Harris Center for Mental Health and IDD and The Essentials HCS Program.

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s) *

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

6/1/2022

Contract Term End Date * (?)

8/31/2022

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

NA

Fiscal Year * (?)

2022

Funding Source *

State Grant

Contract Description / Type* (?)

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

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

The consumers from this provider has requested to receive Day Habilitation services for one of our Day Program locations.

Contract Owner*

Mike 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*

Sandra Cornelius

Address*

PO Box

300809

Texas

77230

Houston

PO Box

Phone Number*

713.598.2424

Email*

essentialshcs@gamil.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Downey, Michael	

Provide Rate and Rate Descriptions if applicable* (?)

See attached.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wills, Thomas	5/9/2022

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

5/9/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Michael D Downey

Approval Date

5/10/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6403

Contractor Name*

NGC Healthcare Services, Inc.

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (BCS) Extensive
· (TON 8) (HCS) Pervasive (LON 6) (HCS) TxHmL
(DAYHAB)* Employment Assistance Supportive Employment
Ba.U · \$25.32/day per consumer \$27.86/day pereonsumer
\$32.91/day per consumer \$41.11/day per consumer \$25.57
/day per consumer \$25.00 per hour \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6410

Contractor Name*

Divine Embrace Health Services

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (HCS) Extensive (LON 8) (HCS) Pervasive (LON 6) (HCS) TxHmL (DAY BAB)* Employment Assistance Supportive Employment Bak
 \$25.32/day per consumer \$27 .86/day per consumer
 \$32.91/day per consumer \$41.11/day per consumer \$25.57 /day per consumer \$25.00 per hour \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0141

Contractor Name*

Assured Quality Care Services, LLC

Service Provided* (?)

Day Hab Contract

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Revenue Agreement

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

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

Approved by*

Shashya Behn

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0368

Contractor Name*

Citi Health Group Inc.

Service Provided* (?)

The consumers assigned to this provider has chosen to attend the Hillcroft Empowerment Center

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

3585

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6618

Contractor Name*

Weathers & Associates

Service Provided* (?)

The Contractor shall provide day habilitation services for designated, agreed upon consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (HCS) \$22.05/day per consumer Limited (HCS) \$24.10/day per consumer Extensive (HCS) \$31.78/day per consumer Pervasive (HCS) \$39.63/day per consumer TxHmL (DAY HAB)* \$21.08/day per consumer Employment Assistance \$25.00 per hour Supportive Employment \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

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

Approved by *

Shasthya Behn

Approval Date *

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6628

Contractor Name*

Weathers & Associates

Service Provided* (?)

DayHab Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- 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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Behavioral Support Services @ a rate of \$72.12/ hour

Community Support Services@ a rate of \$29.96/hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Margo Childs

Contract Owner*

Tifanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3638	\$ 0.00	n/a
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behm

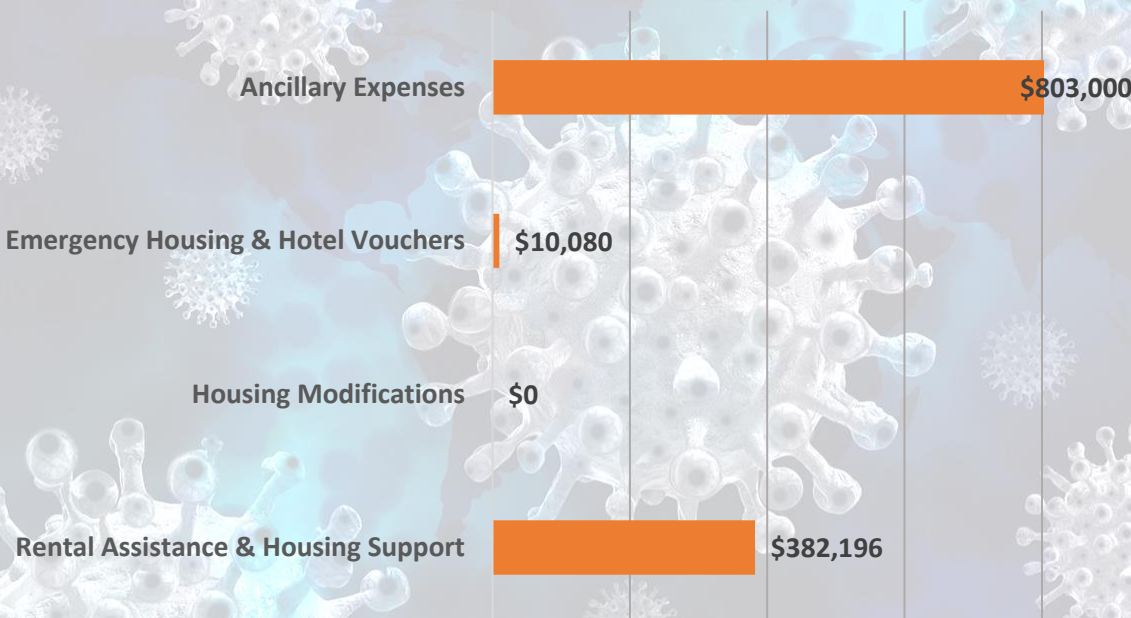
Approval Date *

5/16/2022

EXHIBIT F-12

TANF Pandemic Emergency Assistance Funds

CUMMULATIVE EXEPNSES YTD (MARCH – MAY)*: \$1,374,567



Most reported cause for TANF assistance:

- Loss of job or lower income due to COVID
- Recent accident hospitalization, or medical condition

Most requested ancillary expenses:

- Food
- Utilities
- Clothing/Shoes
- Diapers
- Hygiene (deodorant, toilet paper, cleaning supplies, feminine hygiene, paper towels)

* Total figure includes 15% administrative overhead, \$179,291. Total FY22 allocation from HHSC \$2,932,582 with a 15% allowance for administrative overhead. Contract terminates 9/30/22.

DEMOGRAPHICS

UNDUPLICATED # OF FAMILIES SERVED: 705

- **AVERAGE AGE: 19 YEARS**
Range 1 year – 63 years
- **AVERAGE # OF ADULTS IN HOUSEHOLD: 2**
Range 1 – 8 adults
- **AVERAGE # OF MINORS IN HOUSEHOLD: 3**
Range 1 – 10 minors
- **PRIMARY SERVICE DIVISION**
444 - Children’s Mental Health
175 – Adult Mental Health
49 – IDD/ECI
30 – Forensics
7 – CPEP
- **PRIMARY DIAGNOSIS**
209 – ADHD
148 – Major Depressive Disorder
81 – Bipolar Disorder
77 – DMDD
48 – Conduct Disorder

ZIP CODES WITH MOST FREQUENCY

(11+ CLIENTS PER ZIP CODE)

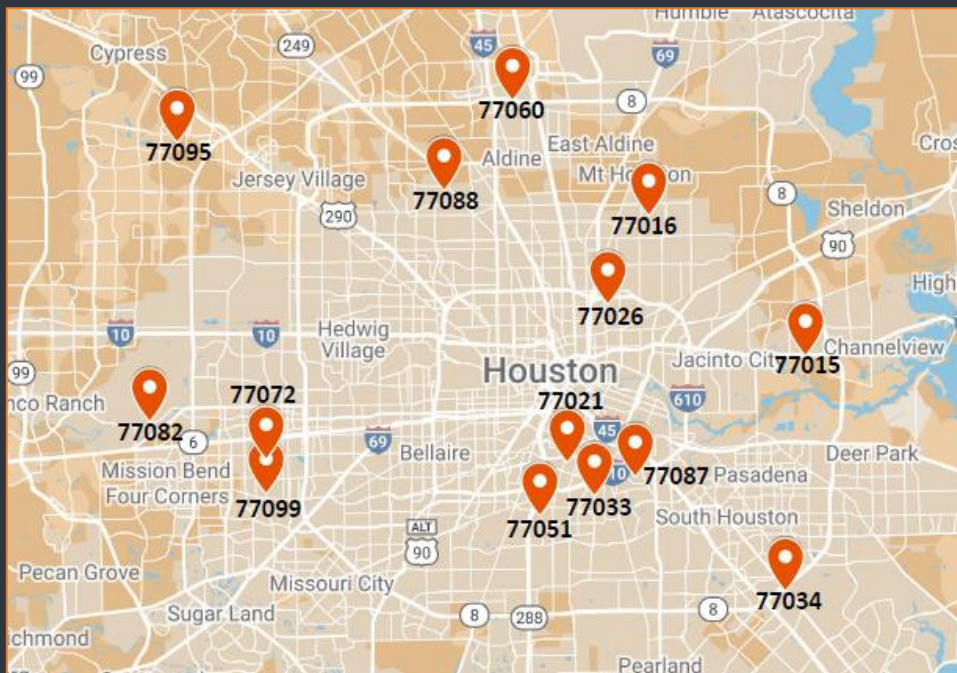


EXHIBIT F-13



Moving From A Compliance Focus Program To A Culture Of Quality: The Harris Center Case Study

May 12, 2022 – 1:00 p.m. ET



Luming Li, MD, MHS
Chief Medical Officer
The Harris Center



Wayne Young
Chief Executive Officer
The Harris Center

Key Objectives & Purpose

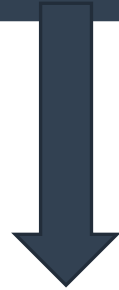
- Understand the “*Why Now*” for embedding a continuous quality improvement culture
- Understand the key difference between a compliance culture and a continuous quality improvement culture
- Understand the conflicts and challenges between performance requirements and continuous quality improvement
- Hear about one agency’s evolution and steps for implementing a continuous learning culture

Organizations must embrace a culture of nimbleness, evolution, and learning to respond to constant change. This session will focus on how organizations can evolve into a learning culture - one that supports continuous learning and improvement while balancing the need for high levels of performance.

Compliance Versus Continuous Quality Improvement & Learning Cultures: Key Differences

Continuous Quality Improvement Strategic Vision

Move from a Quality
Assurance/Compliance *Program*



To a Quality Improvement
Centric *Organization* embedded
in a continuous improvement-
driven culture

Summary Of Findings: Key Elements Of Compliance Culture

Regulatory Requirements

Required Reporting/Compliance Measure Reporting

Six Sigma Tools

Minimum Focus on Training/Learning/Research

Health and Safety/Adverse Incidents

Quality Assurance

Summary Of Findings: Key Elements Of A CQI Culture

COMMUNICATION — prominent language about continuous improvement; striving for excellence

ACCOUNTABILITY — focus on everyone accountable; all levels involved

COLLABORATION — systemically cross matrixed

IMPROVEMENT — focus on what can be learned; what can be improved

INNOVATION — significant commitment of time and money to evaluation and research; iterations

PERSONNEL — linking personal growth to company mission

Key Challenges & Inherent Conflicts

1. Investment of Money, People and Time
2. Conflict Between What is Externally Required vs. What is Internally Desired
3. Balance of Compliance/Regulatory with Continuous Learning Model
4. Inefficiency of Continuous Learning
 - Billable Time vs. Unbillable Time
5. Hierarchical vs. Cross Matrixed Organizations

EXHIBIT F-14

Transforming Lives



Moving from a Compliance Focus Program To a Culture of Quality: The Harris Center Case Study



May 2022

Presented By: Luming Li, MD (CMO) and Wayne Young, LPC, FACHE (CEO)

- **Mission:** Transform the lives of people with behavioral health and IDD needs
- **Vision:** Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care

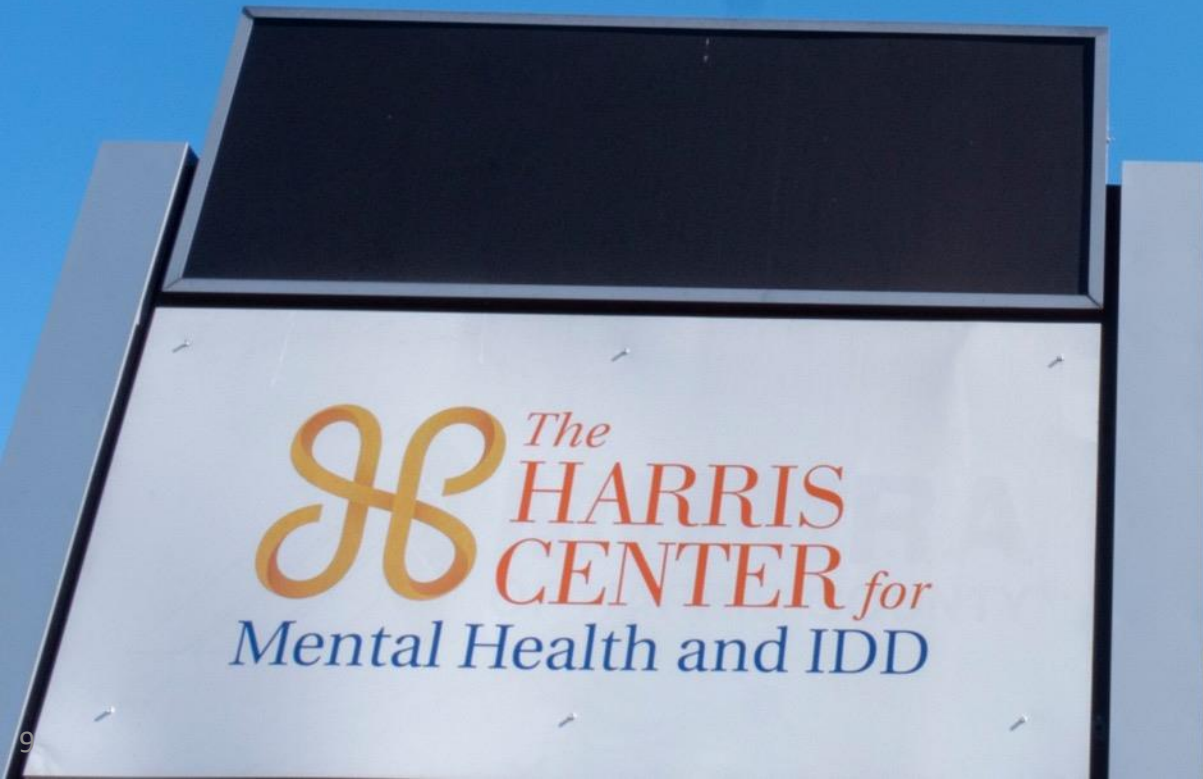
The Harris Center

Houston, TX

As the largest behavioral and developmental disability care center in Texas, The Harris Center provides a full continuum of services to 88 sites across Harris County and serves over 80,000 individuals annually.

Services are offered in over 40+ languages to better serve one of the most diverse and multi-cultural communities in the nation.

The Harris Center is the state-designated Local Mental Health Authority and the Local Intellectual and Developmental Disability Authority serving Harris County, Texas.



Full Continuum of Services in 88 Service Locations in Harris County



**Mental Health and Substance Use
Disorders**



**Intellectual and Developmental
Disabilities**



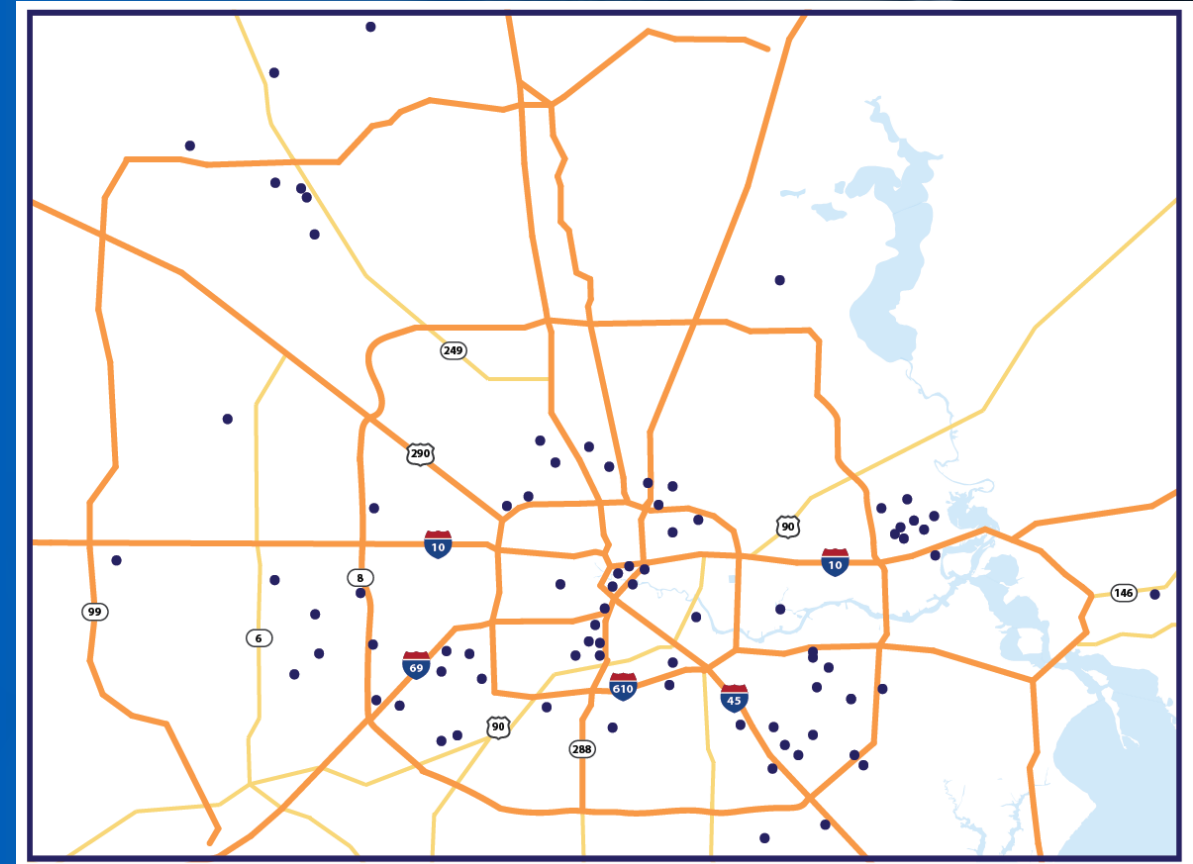
Forensic



Access/Crisis Line



**Comprehensive Psychiatric
Emergency Program**



Reach of Services



80K+
Individuals
Served



24.3K
Adult Mental Health



6.8K
Children/Adolescent
Mental Health



20.8K
IDD & Autism
Services



155K
Crisis Line Calls



20K
COVID-19 Support
Calls



1.9K
911 Calls Diverted



16.2K
Psychiatric Crisis



3.4K
Forensic Mental
Health



Key Features of The Harris Center

- Unique structural factors
 - Scope/Scale
 - Our organizational size allows us a bit of room try things that others might not be able to try
 - DSRIP
 - Brought focus on “outcome” or impact measures
 - Aligned funding to improvement in measures
 - Created real synergy with quality measures and revenue for those programs
 - Strong external partnerships
 - County/State/City
 - Academic institutions
 - Other healthcare organizations
 - Law enforcement
- EHR enhancement and investment
 - Adopted **Epic** in April 2021
 - Impact on partnership (hospital district and academic/hospital partnership)

Organizational Journey on Quality/Safety

- Context leading up to present day:

External scrutiny

- External Agency Assessments
- Featured news article
- Board focus on quality/safety – creation of monthly Board Quality Committee
- State Performance Measures – different stakeholders / different perspectives



Formation of PI department

- Identified as strategic priority on strategic plan
- Expanded personnel to include Director role
- Investment in resource/training: Six Sigma certification for PI Specialists



Enhancement in Quality Standards

- Pursuit of accreditation standards through CARF / CCBHC
- Pilot with Optum: Movement toward Value-based Care – focused on quality measures & cost

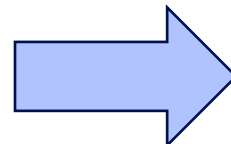
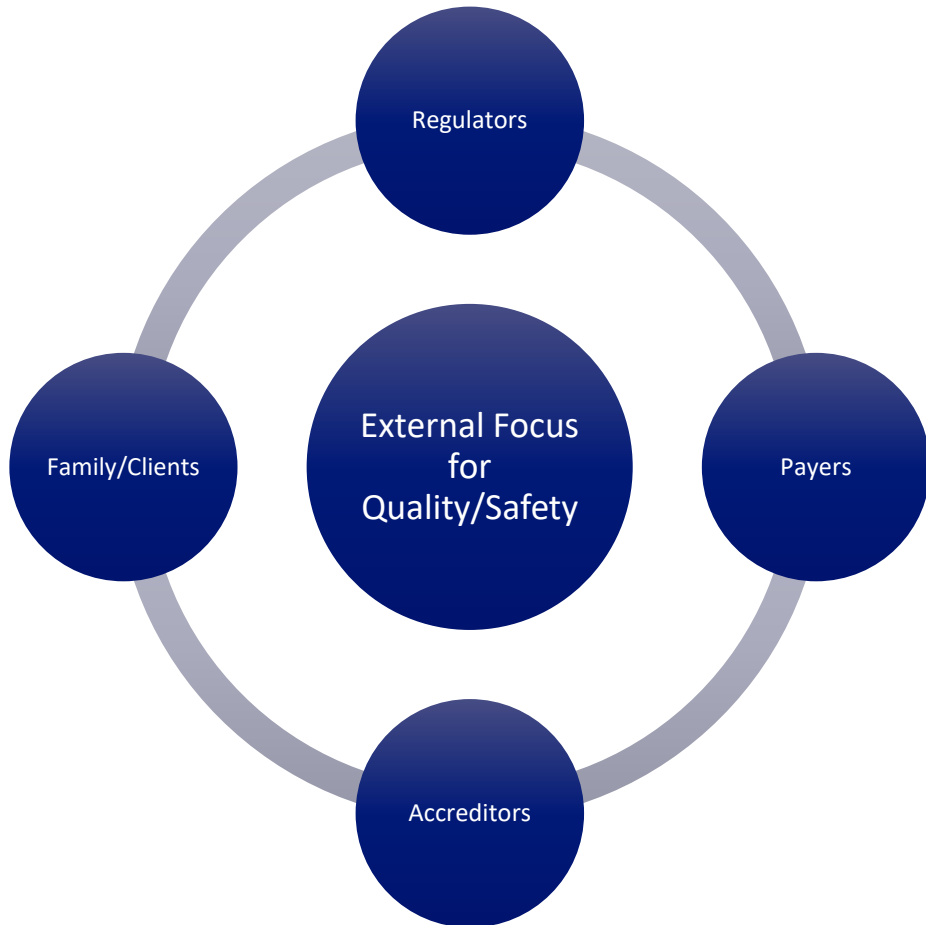


The Harris Center

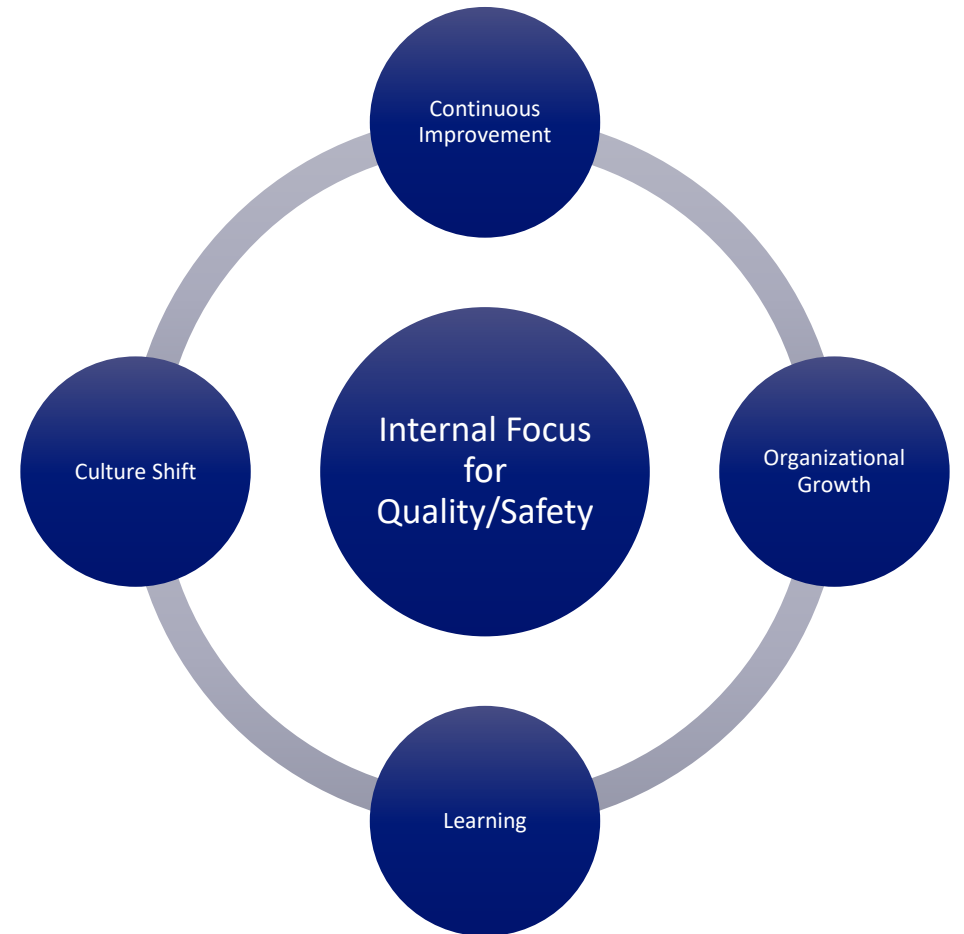
Case Study

What's the shift in mindset?

Compliance Mindset:
Do what's expected by
others to not get in trouble

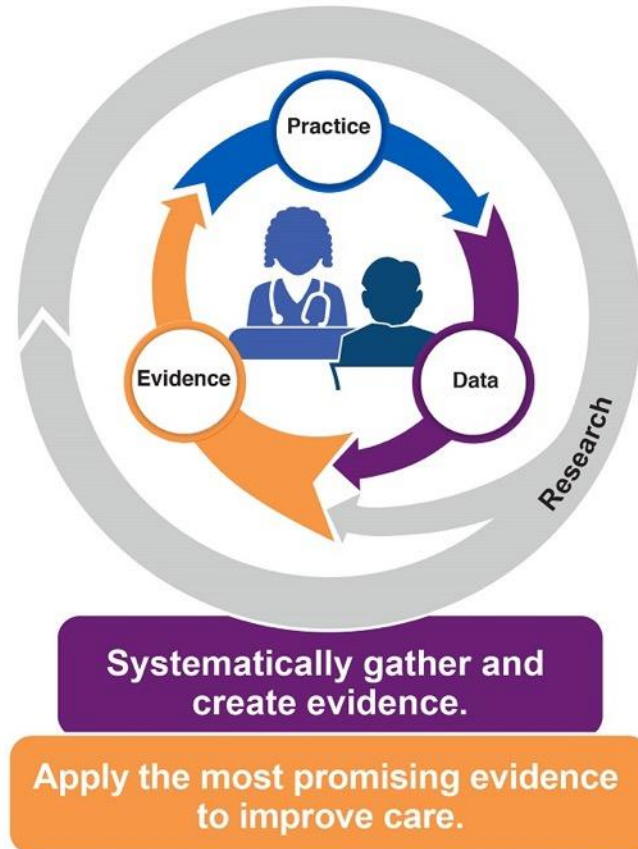


Growth/Improvement Mindset:
Always learning to provide the
best possible care



How does learning play a role?

Learning Health Systems



- **Leadership commitment** to a culture of continuous learning and improvement
- **Evidence** is used in real-time to guide care
 - IT methods employed to share new evidence with clinicians to improve decision-making
- Include patients as vital members of the learning team
- **Data and care experiences** used to improve care
- **Continually assess outcomes refine processes and training to create a feedback cycle for learning and improvement**

<https://www.ahrq.gov/learning-health-systems/about.html>

Strategic Plan Domains

2022 - 2024 Strategic Plan Focus Areas



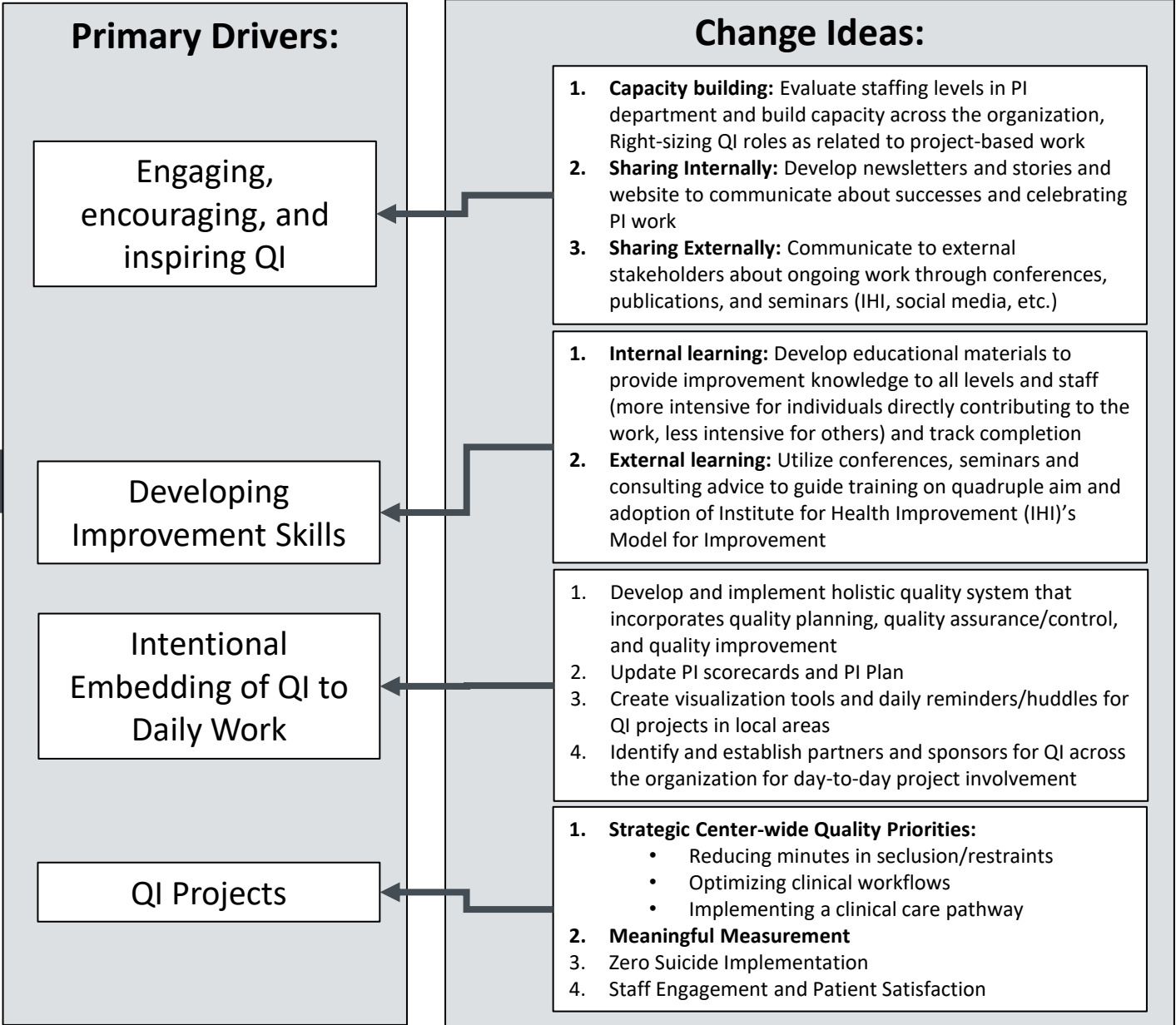
- **Quality** as a key focus:

**Develop and Implement Robust
Quality Improvement Infrastructure
Consistent with Industry Standards**

Quality Improvement at The Harris Center: Key Drivers

Global Aim: To Transform the Lives of People with Behavioral Health and IDD Needs

SMART Aim: Develop and Implement Robust Quality Improvement (QI) Infrastructure Consistent with Industry Standards (by August 31, 2022)



Key Elements to Building a Robust QI Infrastructure



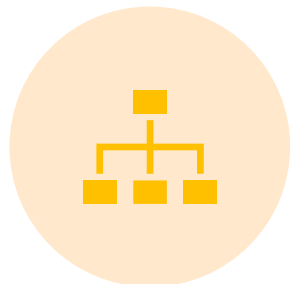
People: Expanding the Team to Deepen Expertise and Commitment



Executive Oversight
(Creating a VP-Level Position)



Clinical Project Management Team
(Creating New Team of 5, including a Director)



Analytics Team (Realigning existing data analyst positions)



External Learning (Relief Performance Improvement Position & Consulting with Quality Experts)

Data/Measures: Moving from Numbers to Trend Analysis and Focusing on Real-time Dashboard Building

Page 5 of 67

Board of Trustee's PI Scorecard



Target Status: Red = Target Not Met Green = Target Met Yellow = Data to Follow No Data Available

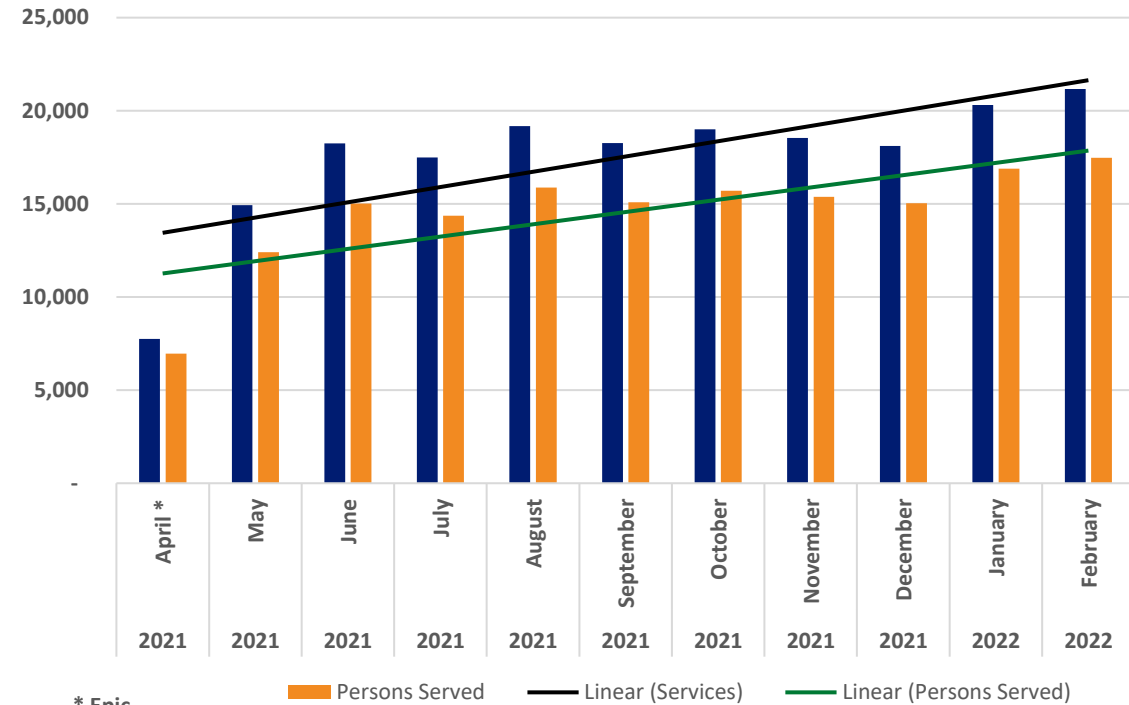
Data Validation Status: Data Validation Completed Data Validation In-Progress

	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FY22 AVG	FY22 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target ¹	14,225	14,361	13,717	13,283	13,256	13,339	12,866	12,487	12,503	13,085	13,162	13,288	12,905	13,764	C	MBOW
AMH Actual Service Target %	103.35%	104.34%	99.66%	96.51%	96.31%	96.91%	93.48%	90.72%	90.84%	95.07%	95.63%	96.54%	93.76%	100.00%	C	MBOW
AMH Serv. Provision (Monthly) ²	35.80%	41.70%	26.20%	27.60%	43.80%	45.20%	45.80%	45.90%	44.20%	44.60%	43.60%	44.80%	44.62%	> 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target ¹	3,230	3,279	3,222	3,138	3,171	3,196	3,326	3,374	3,377	3,366	3,413	3,432	3,392	3,481	C	MBOW
CAS Actual Service Target %	92.79%	94.20%	92.56%	90.15%	91.09%	91.81%	95.55%	96.93%	97.01%	96.70%	98.05%	98.59%	97.46%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	52.10%	62.90%	40.30%	40.10%	73.20%	71.90%	73.80%	74.00%	74.20%	76.20%	69.80%	70.40%	72.92%	> 65.00%	C	MBOW
DID Assessment Waitlist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	IDD-BO
IDD Service Target	835	863	747	755	724	762	803	792	851	799	822	798	812	854	SP	MBOW
IDD Actual Service Target %	97.78%	101.05%	87.47%	88.41%	84.78%	89.23%	94.03%	92.74%	99.65%	93.56%	96.25%	93.44%	95.13%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.48	0.64			6.08	7.97	10.35	3.12	4.36	7.49	12.18	12.03	7.84	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.53	0.79			10.17	2.24	1.42	0.99	1.09	1.10	1.19	2.35	1.34	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA ³	1.52	0.77			9.53	3.31	3.24	1.37	1.67	2.39	3.42	4.79	2.73	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC ³	6.88	7.8			7.85	3.07	3.00	4.89	11.89	7.59	4.78	6.64	7.16	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	16.25	17.90			10.58	10.76	13.63	16.57	16.39	20.60	22.89	22.36	19.76	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days ¹	1	4			27	27	33	23	32	50	36	47	37.60	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0			0	0	7	18	19	26	27	38	25.60	0	IOS	Epic

¹ - AMH and CAS Service Targets continue to trend up. Presentation will provide a more in-depth look.
² - State service provision data reporting includes only face to face and tele-video, and excludes telephone encounters. The state authorized the use of telephone encounters as a response to the COVID-19 pandemic and holds all LMHA's harmless for this measure. AMH would meet the target if telephone encounters were included in the data.
³ - Pre-Epic reporting for these measures AMH and CAS limited the data capture for patient seen in 60+ days category (the timing of when the report was run impacted the counts for individual appointments as the measure was captured prospectively). New data reporting for these measures are retrospectively captured based on all completed appointments and more accurately reflects total appointment counts.

Page 1

AMH - Unduplicated Individuals Served & Services



* Epic

Persons Served (Orange bar), Linear (Services) (Blue line), Linear (Persons Served) (Green line)

Data/Measures: Moving from Numbers to Trend Analysis and Focusing on Real-time Dashboard Building



Data/Measures: Moving from Numbers to Trend Analysis and Focusing on Real-time Dashboard Building



Organizational Supports: Enhancing Supports for Learning and Quality/Safety for Managers and Frontline Staff

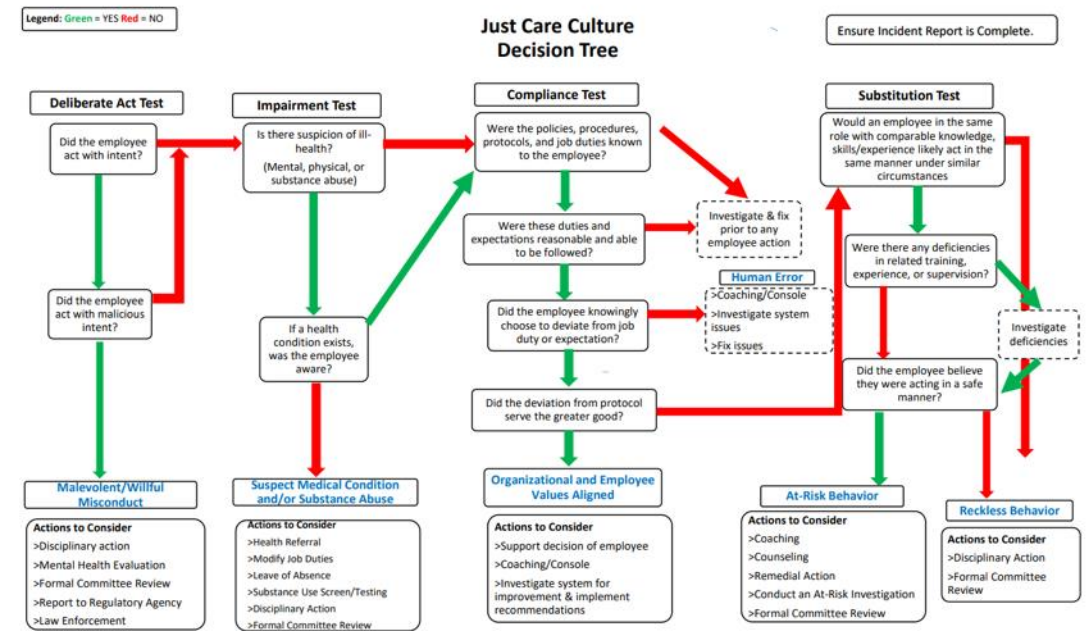
Event Reporting:

Launch better technology for event review



Just Culture:

Build decision support tool for managers



Training/Education

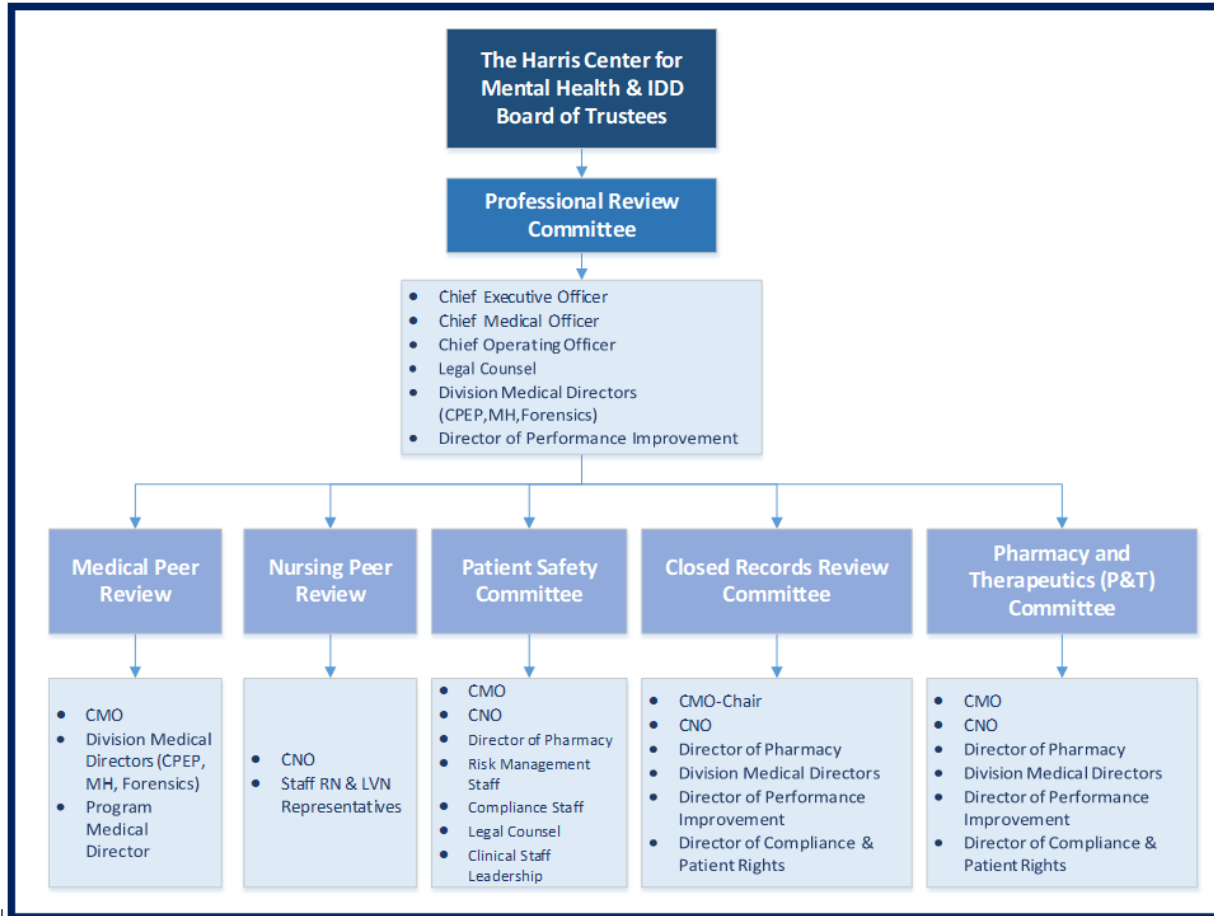
General Trainings: Trainings for staff members throughout the organization

- Key topics in behavioral health care
 - MH First Aid
 - Suicide safety planning
 - Handle with Care
- Topics: Suicide risk assessment, safety event reporting

Targeted Training for Specific Stakeholder Groups: Example – Medical Staff

- Learning from other organizations
 - Invited speakers to share about workflow and operational processes
 - Leveraging EMR to enhance suicide care and ease of use
- Enhanced CME offerings
 - Topics have included case discussions, advanced discussion on suicide/violence risk assessment

Learning Processes: Aligning Committee Structures to Enhance Engagement and Learning Focus



- Define each committee's function
- Incorporate apparent cause analysis tool to review cases
- Include Just Culture approach to case review
- Expand stakeholder engagement
 - Create pharmacy peer review committee
 - Include interdisciplinary engagement on systems improvements

Clinical Redesign: Advancing Suicide Care

Zero Suicide (ZS) Main Implementation Team:
 Oversight Zero Suicide Implementation Activities/Initiatives
 Reports to Executive Leadership



Subcommittees (ZS Implementation Components):
 Develop Work Products and Action Steps
 Reports back to ZS Main Implementation Team



ZS Implementation Team			
Executive Leader / ZS Chair			
ZS Initiative Leader			
ZS Implementation Coordinator			
Communications and Education Leads			
Peer Leader			
Department Leaders:			
PI			
Health Analytics			
Pharmacy			
Nursing			
IT			
Special Projects			
Outpatient	Emergency Services	IDD	Forensic

Train

Identify

Engage

Treat

Transition

Improve

- ZS Subcommittee Projects:**
- Improve transitions of care and enhance communication across settings
 - Develop a standardized suicide risk assessment across clinic locations
 - Enhance agency focus on Zero Suicide

Summary & Future Directions

Summary

- Quality is a critical focus and commitment for The Harris Center
- We are taking several tactical steps in key domains to deep our commitment: **People, Data/Measures, Organizational Supports, Training/Education, and Learning Processes (Committees)**
- We have evolved our approach to data and reporting to support quality projects
- We have enhanced multiple quality and safety supports and committee structures within our organization
- Several projects showcase the positive impact of our approach

Future Directions

- Fully staff for proposed positions/team expansions
- Sustain ongoing efforts culture of improvement and quality focus
- Evaluate progress and outcomes for quality/safety
- Move further toward value-based care opportunities with emphasis on quality

Appendix

Adult Outpatient Behavioral Health Services

Crisis Diversion

- Crisis Call Diversion Program
- Crisis Intervention Response Teams with HPD and Sheriff's Office
- Homeless Outreach Team (HOT) – Collaboration with HPD
- Chronic Consumer Stabilization Initiative (CCSI) – Collaboration with HPD
- Mobile Crisis Outreach Team (MCOT)
- Harris County Mental Health Jail Diversion Program

Ongoing Services

- Case management and referrals
- Peer-to-Peer counseling
- Mental illness/Substance use disorder assessments and eligibility
- Psychosocial and rehab services
- Psychiatric services
- Job training assistance and supports
- Housing-related services
- Dual diagnosis services
- Texans Recovering Together – Crisis Counseling Program
- Cognitive Behavioral Therapy and COBALT web-based therapy
- Integrated care / CCBHC model of care
- Coordination/Eligibility Assistance with Harris Health

Intensive Services

- Continuity of care for those leaving state hospitals
- New START re-entry services (TCOOMMI)
- Assertive Community Treatment
- Early Onset Psychosis Program
- Mental Health Jail Diversion Program community-based services and supports
- Reintegration Court Re-Entry services
- Supportive Housing

Crisis Services

Crisis Intervention

- Crisis Line
- Mobile Crisis Outreach Teams (MCOT)
- Crisis Intervention Response Teams
- Psychiatric Intervention Portal/Court Liaison for HCPC Admission
- IDD Crisis Services
- Harris County Mental Health Jail Diversion Program
- Homeless Outreach Team – Collaboration with Houston Police Department (HOT)
- Crisis Call Diversion Program
- Crisis Management for Children and Youth

Residential & Continuity of Care

- Respite, Rehabilitation and Re-Entry Center
- Post Hospitalization Crisis Residential Unity (PHSRU)
- Peers for Hope House
- Open Door Mission
- Dennis Street Single Room Occupancy (SRO)
- Chronic Consumer Stabilization Initiative (CCSI)
- Branard Street Crisis Respite Apartments
- Co-Occurring Disorder (COD) Program
- Community Treatment Initiative
- Projects for Assistance in Transition from Homelessness (PATH)
- Integrated Care – Partnership with federally qualified health centers
- Harris Health Coordination/Eligibility Assistance

Crisis Services

- Crisis Stabilization Unit (CSU)
- Harris County Psychiatric Center (HCPC) - contract
- Peer Support
- Assessments and Referrals for Mental Illness and Substance Use Disorders
- Harris County Psychiatric Intervention (HCPI)
- Dual Diagnosis/Uncomplicated Detox
- Crisis IDD Behavioral Support
- NeuroPsychiatric Center – Emergency Services

The Respite, Rehabilitation and Re-Entry Center

108 Bed Facility to address the psychological, occupational, interpersonal and health needs of our clients who are homeless and have serious mental illnesses to improve their ability to function in society



Hospital to Home



Jail Re-Entry



Judge Ed Emmett Mental Health Diversion Center



Mental Health Supportive Housing



Outpatient Competency Restoration



Mental Health Apartment Unit



Reference List

1. [IHIPsychologyofChangeFramework_SLIDES.pdf](#)
2. [The Fifth Discipline - P.Senge \(summary\) | MudaMasters](#)
3. [Peter Senge and the learning organization – infed.org:](#)
4. [Improving Health and Health Care Worldwide | IHI - Institute for Healthcare Improvement](#)
5. [SampathBaldozaLenociEdwardsBarker_IntegratedApproachtoQuality_HCExec_Nov2021.pdf](#)
6. [Learning Health Systems: Making the Case Against Business as Usual \(ahrq.gov\)](#)
7. [Baylor Scott & White Health: Building a Foundation for Continuous Improvement \(ahrq.gov\)](#)
8. [Denver Health: How a Safety Net System Maximizes Its Value \(ahrq.gov\)](#)
9. https://www.ahrq.gov/sites/default/files/wysiwyg/lhs/lhs_case_studies_hca.pdf
10. [Kaizen: Culture of Continuous Improvement | Lean Production](#)
11. [Gemba Walk: Where the Real Work Happens \(kanbanize.com\)](#)
12. [What is Lean? | Lean Thinking - Lean Enterprise Institute](#)
13. [University of Utah Health: Creating a Formula for Value-Based Care \(ahrq.gov\)](#)
14. MBPI Closing Key Note, Monica Oss
15. The OPEN MINDS Recommendations Report for The Harris Center
16. The Fifth Discipline, First Education, The Art and Practice of the Learning Organization. 1990, Peter Senge



The Future Of Person-Centered Care In California – The Pacific Clinics Case Study

May 26, 2022 – 1:00 p.m. ET



Scott Fairhurst
Vice President, Outcomes &
Evaluation, Analytics & Training
Pacific Clinics



Laura Pancake
Senior Vice President, Clinical Operations
Los Angeles/South Coast Regions
Pacific Clinics

Transforming Lives



Persons with IDD and Involvement in the Criminal Justice System:

Community Services, Diversion, and Incarceration

Presented By: Wayne Young MBA, LPC, FACHE

The Harris Center, Chief Executive Officer

The Harris Center Houston, TX

As the largest behavioral health and developmental disability care center in Texas, The Harris Center provides a full continuum of services in 88 sites across Harris County and serves over 90,000 individuals annually. Our operating budget in FY2022 is \$305M.

Services are offered in over 40+ different languages to better serve one of the most diverse and multi-cultural communities in the nation.

The Harris Center is the state-designated Local Mental Health Authority and the Local Intellectual and Developmental Disability Authority serving Harris County, Texas.



Transforming lives by providing over 1.5 million services to more than 90K people



90K+
Individuals Served



599K
Adult Mental Health Services



214K
Child/Adolescent Mental Health Services



215.3K
IDD & Autism Services



379.2K
Crisis Line and Access Calls



20K
COVID-19 Support Calls



5.4K
911 Calls Diverted



131.7K
Psychiatric Crisis Services



91.2K
Early Childhood Intervention

2022



IDD Services

Services and Supports in the Community

Intellectual and Developmental Disability Services

Over 13,000 clients served

Authority Services

- Pre-admission Screening and Resident Review (PASRR) Service Coordination
- Intake and Eligibility; Interest List Maintenance
- Service Coordination; Continuity of Services
- Community First Choice; Enhanced Community Coordination
- Texas Home Living and Home & Community Based Services (HCS)
- General Revenue Service Coordination
- Service, Authorization and Monitoring

Provider Services

- In and Out of Home Respite
- Employment Assistance and Vocational Training
- Community Supports
- Day Habilitation
- Clinical Services:
 - Psychotherapy;
 - Applied Behavioral Analysis;
 - Behavioral Supports;
 - Feeding Therapy;
 - Social Skills groups.

Specialized Services

- Early Childhood Intervention (ECI) Services (Ages 0-3)
- ICF/ID/Texas Home Living Residential Services
- IDD Crisis Intervention and Respite Services
- Community Outreach and Education
- Integrated Care – Partnership with federally qualified health centers
- Harris Health Coordination/Eligibility Assistance

Emergency Responses

Keeping Persons out of the Justice System



Emergency Alternatives



**Mobile
Crisis
Outreach
Teams**



**IDD Crisis
Response**



**Crisis
Intervention
Response
Teams**



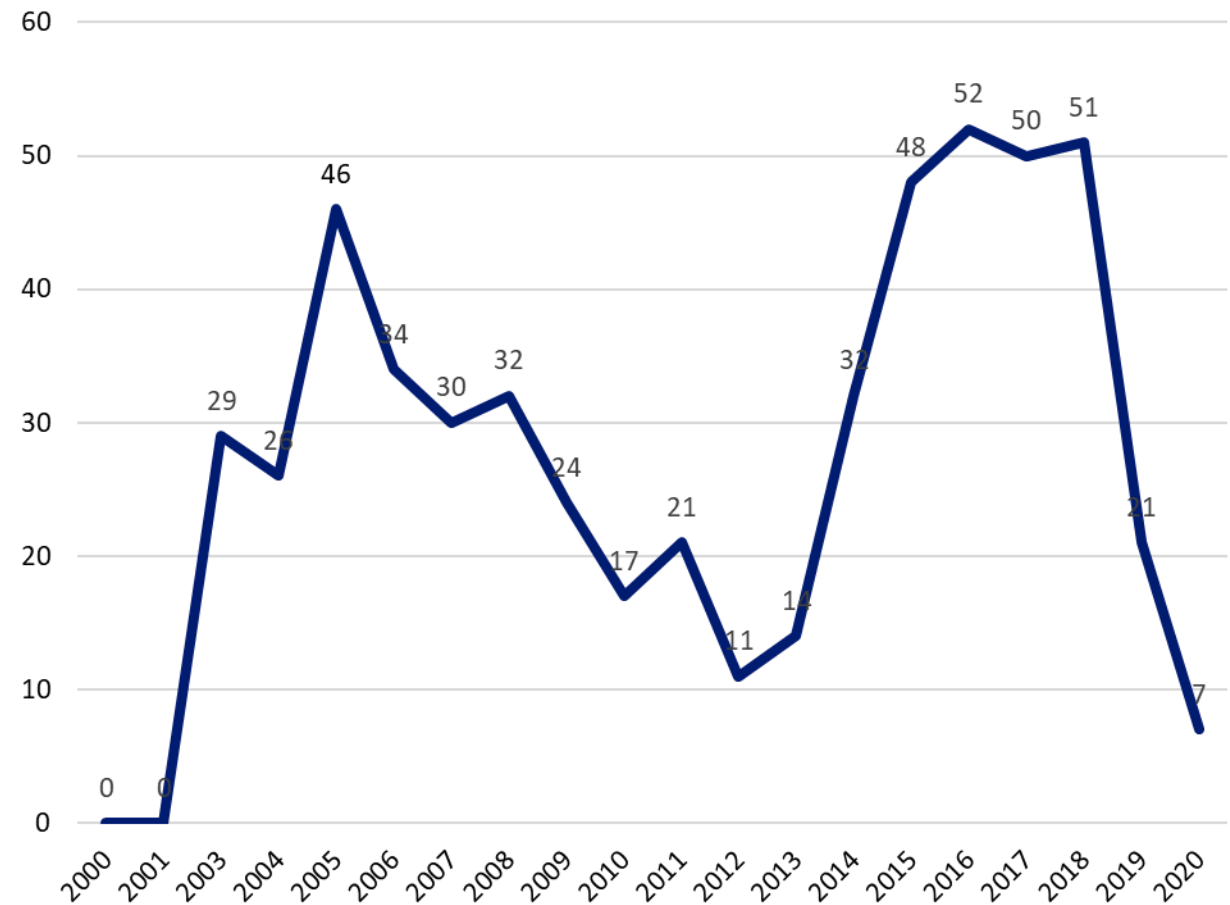
**Respite,
Rehabilitation,
And
Reentry Center**

Mobile Crisis Outreach Team (MCOT)

- The **Mobile Crisis Outreach Team (MCOT)** is a community-based, non-law enforcement response to people experiencing a mental health crisis.



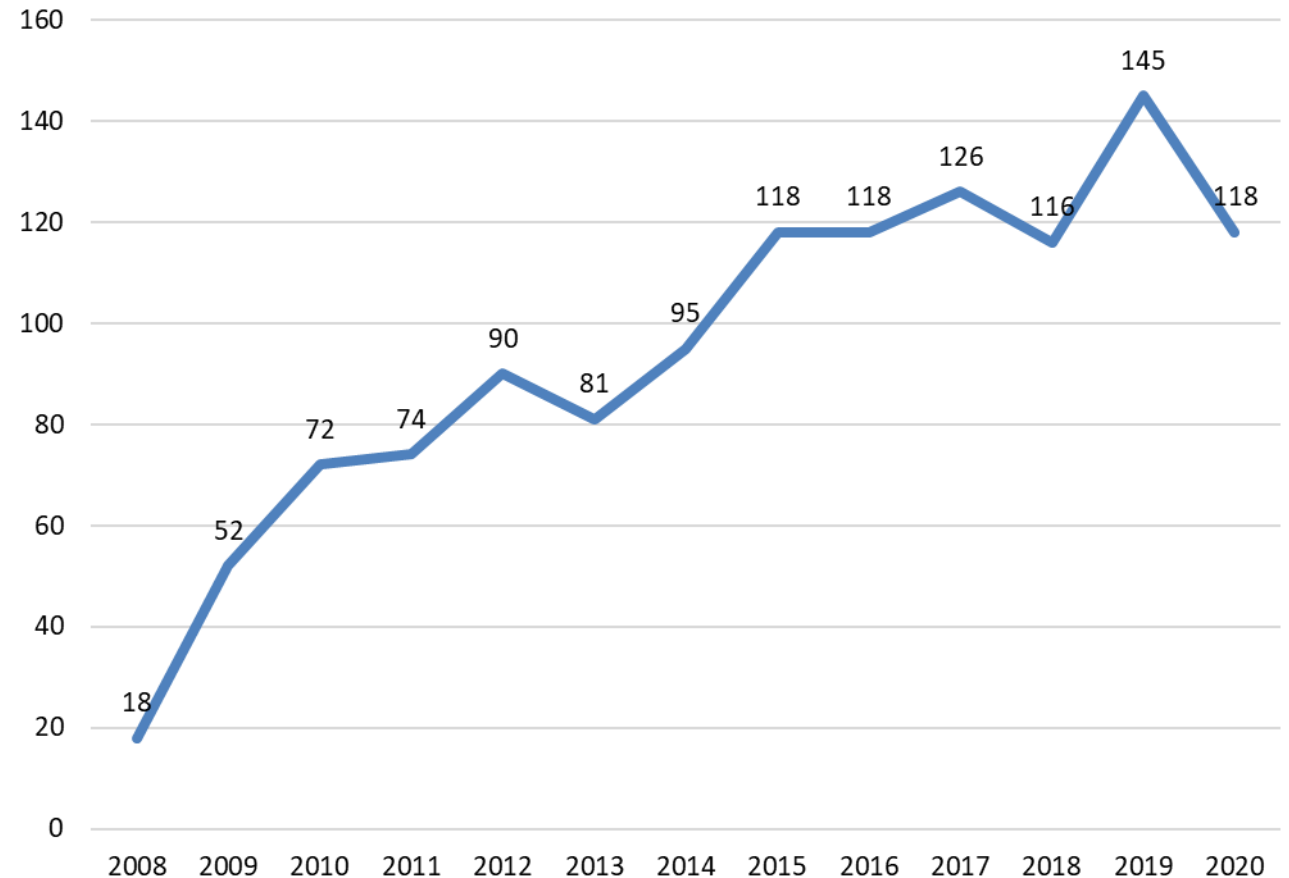
MCOT Calls involving a Person with IDD



Crisis Intervention Response Teams (CIRT)

- The Crisis Intervention Response Teams (CIRT) partner a Crisis Intervention Trained deputy with a master's level clinician and is the highest-level response to a person in crisis.
- The Houston Police Department and the Harris County Sheriff's Office have 27 CIRT units.
- Only 4.1% of all calls result in individuals being transported to jail.

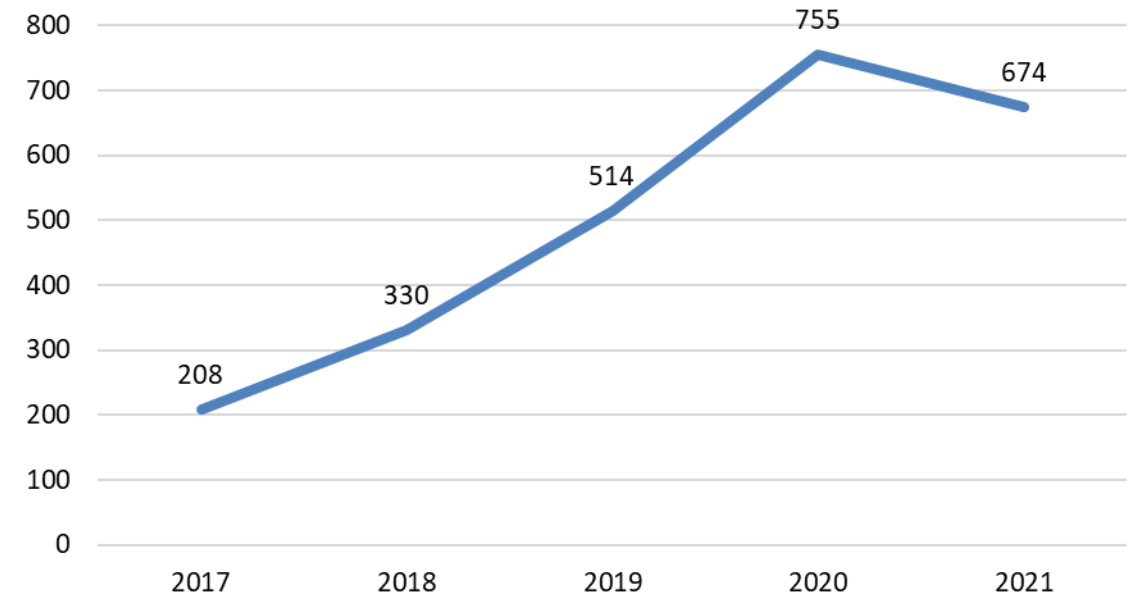
CIRT Calls Involving a Person with IDD



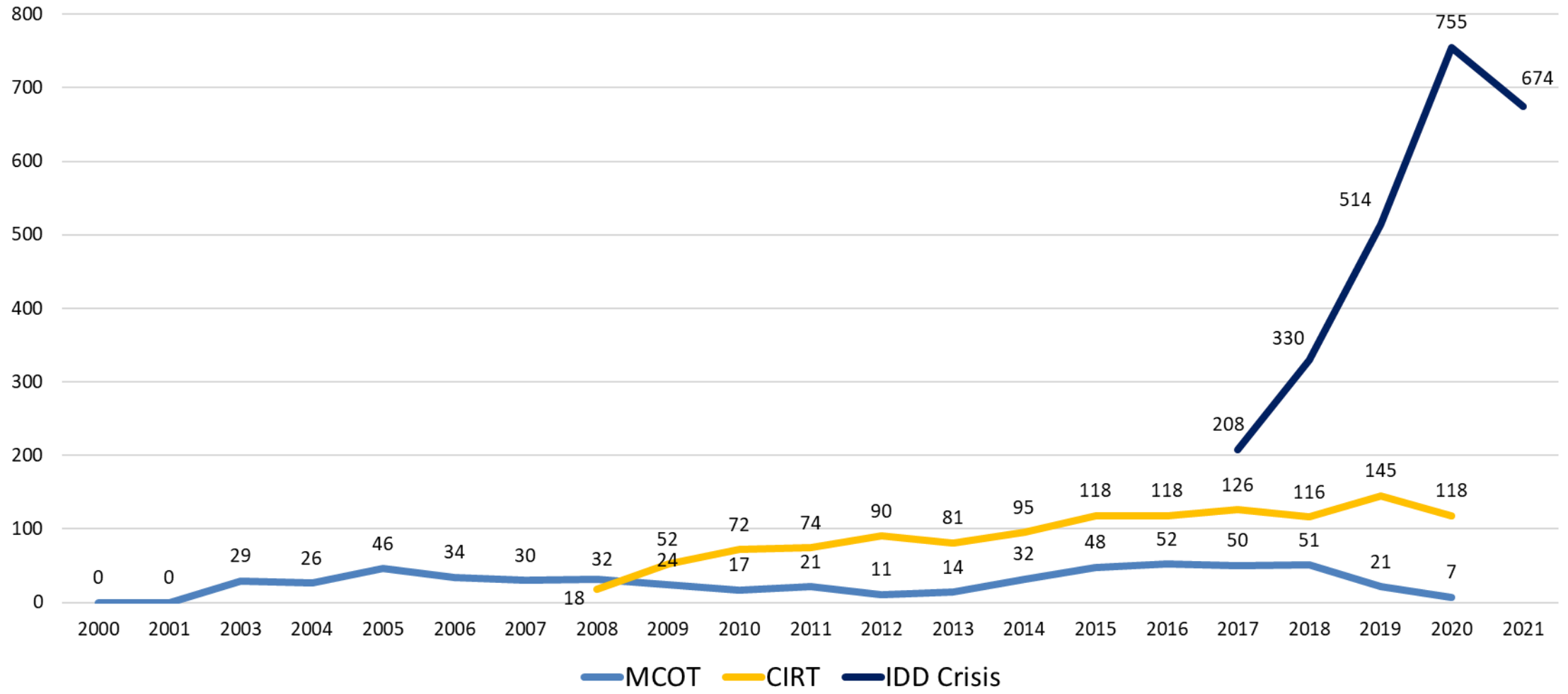
IDD Crisis Teams

- Multi-disciplinary team that includes IDD crisis intervention specialists.
- The majority of people served have co-occurring disorders – intellectual disability and/or autism.
- Referrals come from the crisis line, MCOT, CIRT, schools, families, DFPS, and community partners.
- Cases can be open up to 30 days.
- Behavioral specialists and RN assist as needed.

IDD Crisis Team Responses



Interplay between MCOT, CIRT, and IDD Crisis Teams



Better Informed Law Enforcement

Project geared towards improving law enforcement interaction with people diagnosed with autism.

Sticker in window alerts HCSO that a person in the has is a part of the project.

The database has information that can be helpful for law enforcement know to improve their pending interaction.




Divert to What?

Chronic Consumer Stabilization Initiative (CCSI)

- Collaboration between Houston Police Department and The Harris Center.
- Identifies, engages, and serves persons with a serious and persistent mental illness/IDD and have frequent encounters with the HPD.
- Reduces reliance on police and psychiatric emergency services with community-based intensive case management.
- Participation is voluntary.
- One officer, one Master's level clinician, and 5 case managers have a caseload of 70 consumers.
- About 10% of the caseload are individuals with IDD.



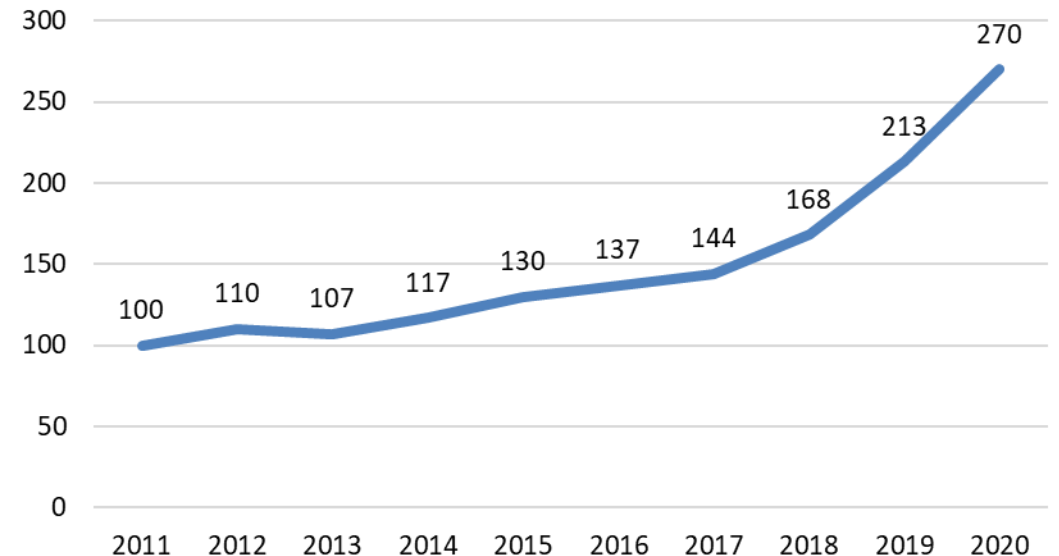
 *Outcome: 55% to 70% total reduction in hospital admissions and law enforcement encounters.*

Neuropsychiatric Center

- Located in the Texas Medical Center, the Neuropsychiatric Center (NPC) is open 24/7 for acute psychiatric emergencies.
- Voluntary, including walk-ins, and involuntary admissions.
- Up to 48 hours for observation.
- Services include assessment, medication, stabilization, and referrals and linkages to inpatient and outpatient treatment.



NPC Admissions of Persons with IDD



Jail Diversion Overview

- 36 beds for the pre-charge diversion of persons who would have picked up for low level, non-violent offenses.
- Eligible individuals include adults who have a history of mental illness or IDD, are not in an acute crisis, and voluntarily agree to participate.
- Offenses not eligible for diversion:
 - DWI
 - Offenses involving a weapon
 - Assault
 - Terroristic Threat
 - Burglary of a Motor Vehicle
 - Domestic violence offenses (i.e. assault-family member, terroristic threat on family member, violation of protective order)
 - Any offense where public safety could be compromised



Jail Diversion @ R3

- 3Rs houses a continuum of voluntary programs for individuals with serious mental illness or intellectual/developmental disabilities who are diverted from jail or transitioning back to community from an inpatient facilities. The oldest program, mental health jail diversion, began in September 2018.
- If the person with IDD is a current client, the Center integrates current IDD Service Coordinator.
- If the person is not a client, Determination/Eligibility is initiated.
- If needed, a referral may be made to IDD Crisis services for further process integration.
- Since inception, the jail diversion program served 73 patients with IDD, and Outpatient Competency Restoration served two.



Jail Diversion Outcomes

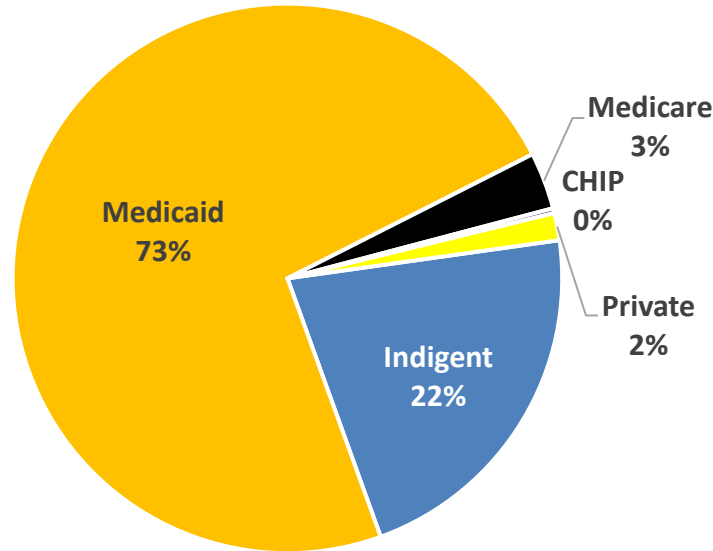
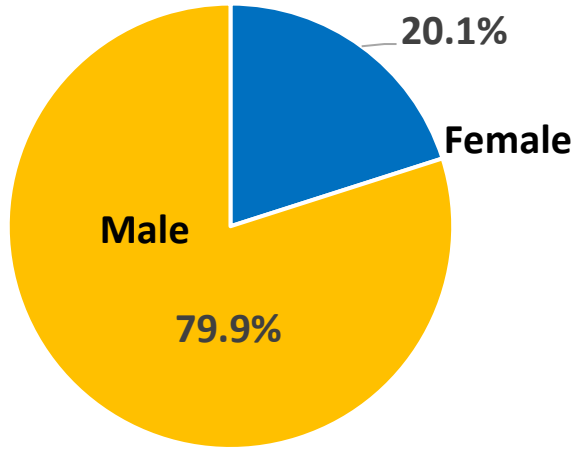
JUSTICE SYSTEM PARTNERS



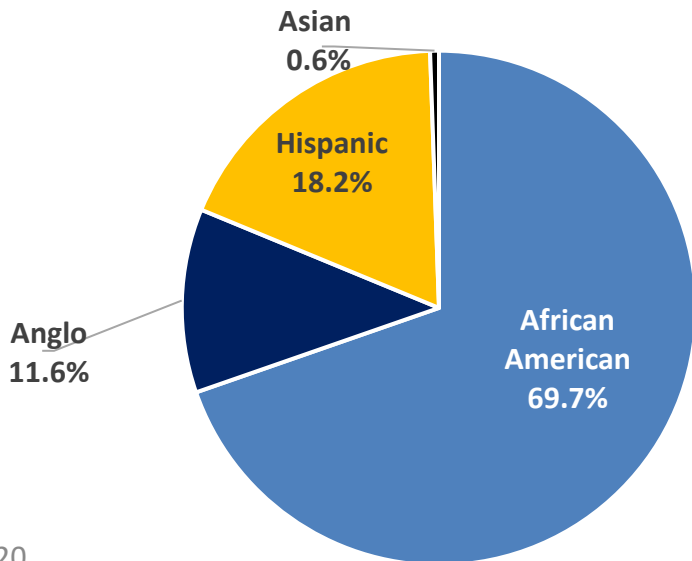
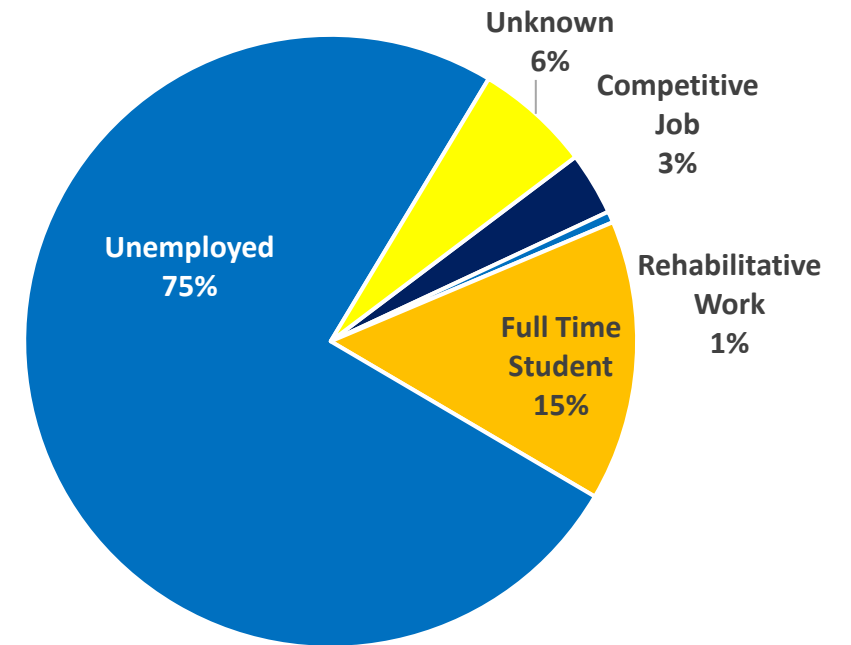
- **Diverted 4,259 people with mental illness from the Harris County Jail in its first 3 years of operation.**
 - **1 in 54 Diversions was a person with an Intellectual or Developmental Disability**
- Justice System Partners evaluated the program in October 2020. Key findings include:
 - There was a 50% reduction in bookings post-diversion.
 - When comparing diversion group to a control group, those diverted were 1.3 times less likely to be booked into jail on a new charge than those not diverted
 - Those diverted with 5+ bookings were 3.1 times less likely to be booked into jail on a new offense than those not diverted
 - Those diverted with no prior bookings were 44 times less likely to be booked into jail on a new offense than those not diverted
 - For every \$1 spent on diversion, the county avoided spending \$5.54 on criminal justice costs.

Harris County Jail Impact

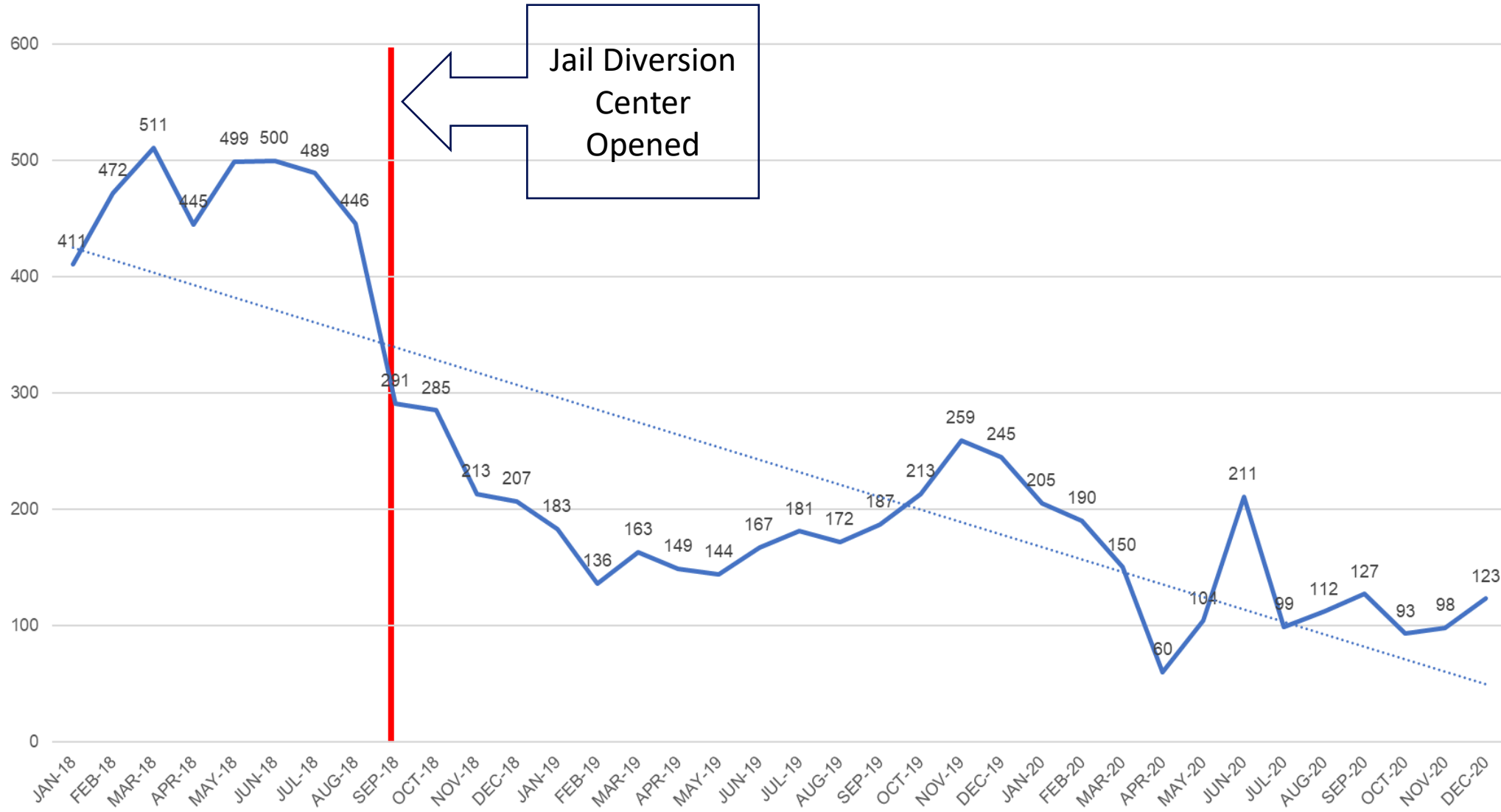
Demographics for People with IDD who are Booked into the Harris County Jail



Employment Status

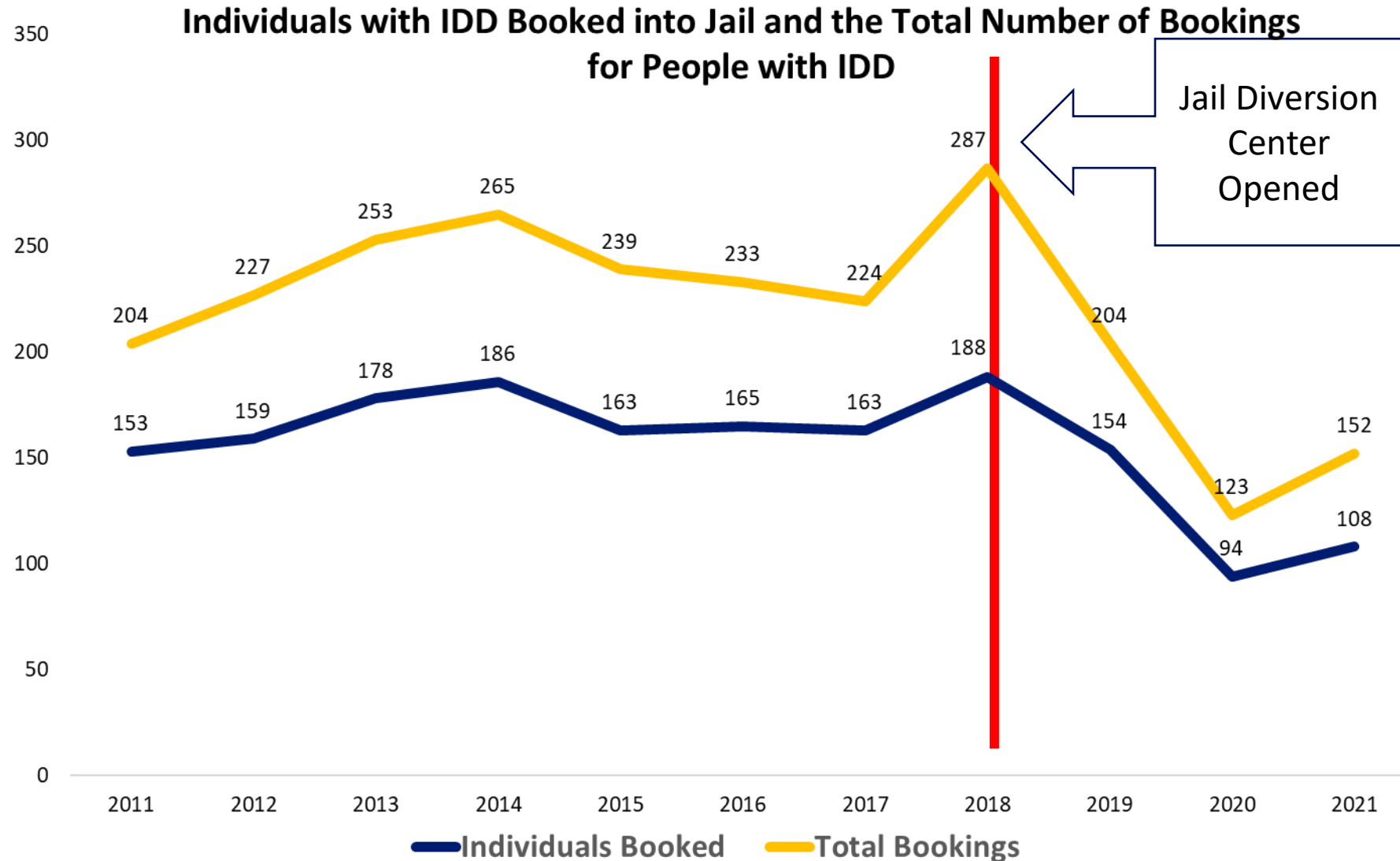


Harris County Jail Bookings for Trespassing

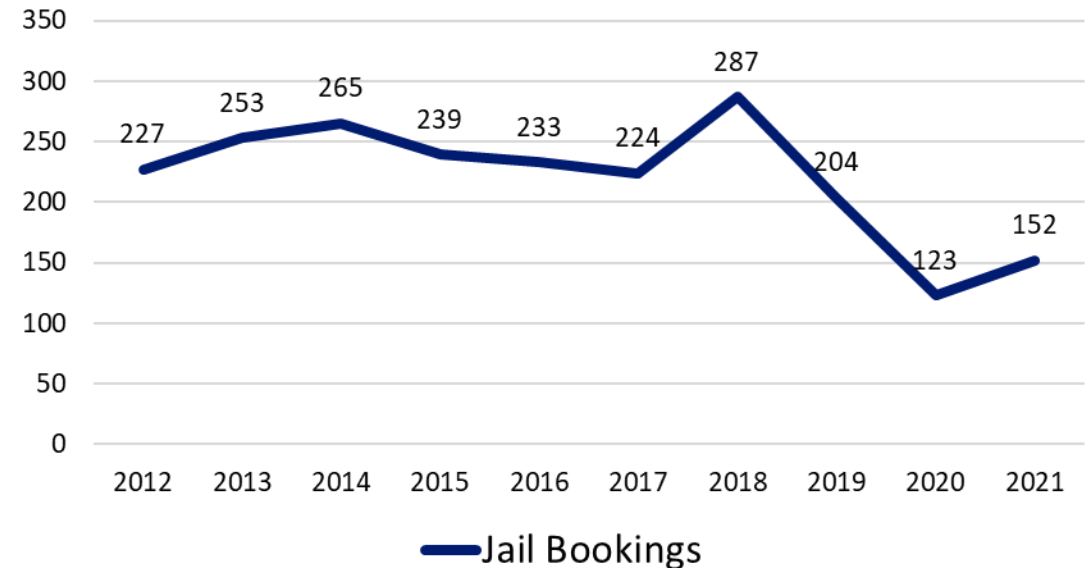
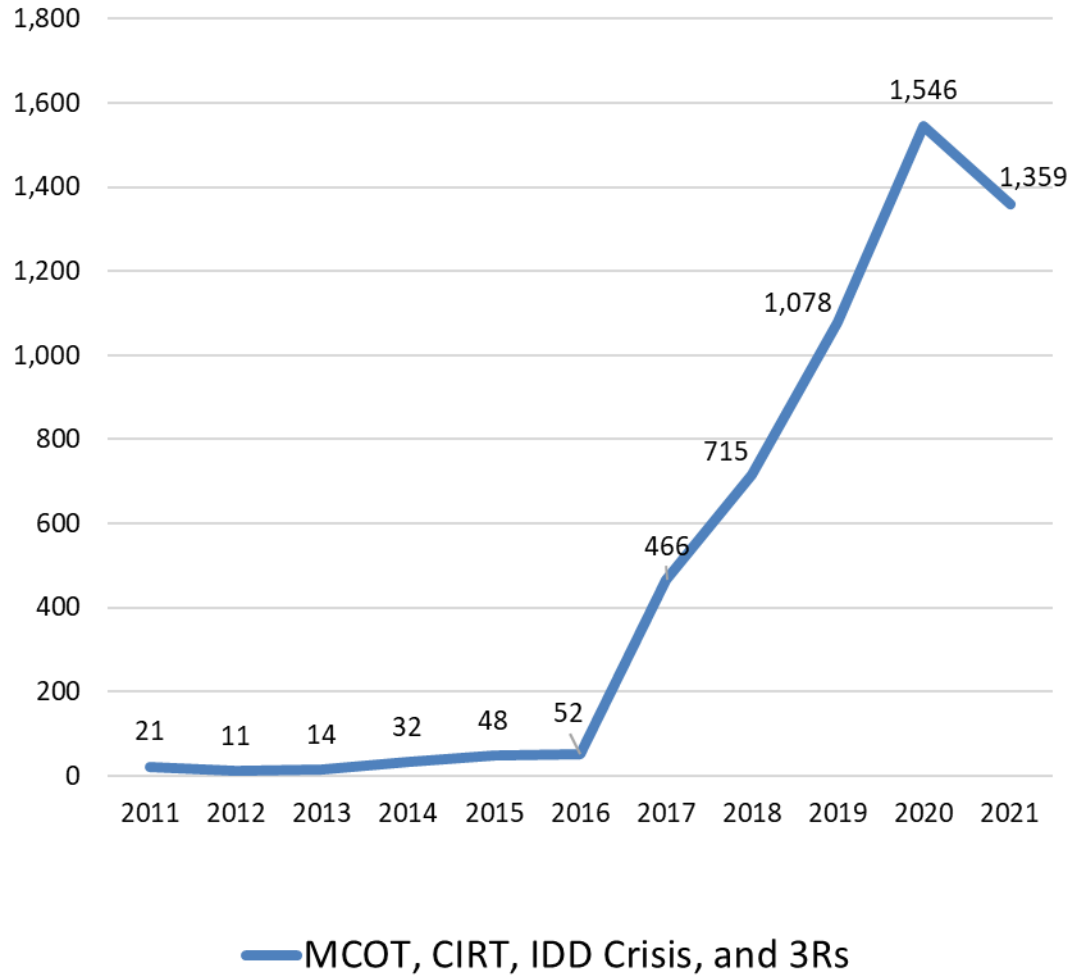


Trespassing was the most common charge for persons with IDD

Individuals with IDD Booked into the Harris County Jail



IDD Community Crisis Interventions vs. Jail Bookings



2500%

35%

EXHIBIT F-15

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

ACT Assertive Community Treatment
 ADL Activities of Daily Living
 AFDC Aid to Families with Dependent Children
 ALF Assisted Living facility
 ANSA Adult Needs and Strengths Assessment
 AOT Assisted out-patient treatment

APS Adult Protective Services
 ARC Association for Retarded Citizens
 AUDIT-C Alcohol Use Disorders Identification Test

B

BABY CANS Baby Child Assessment needs (3-5 years)
 BHO Behavioral Health Organization
 BDSS Brief Bipolar Disorder Symptom Scale
 BNSA Brief Negative Symptom Assessment

C

CANS Child and Adolescent Needs and Strengths
 CAPES Child and Adolescent Psychiatric Emergency Services
 CAPS Child and Adolescent Psychiatric Services
 CARE Client Assessment and Registration
 CARF Commission on Accreditation of Rehabilitation Facilities
 CAS Child and Adolescent Services
 CBCL Children's Behavioral Checklist
 CBHN Community Behavioral Health Network
 CBT Cognitive behavior therapy
 CCBHC Certified Community Behavioral Health Clinic
 CCR Clinical case review
 CCSI Chronic Consumer Stabilization Initiative
 CCU Crisis Counseling Unit
 CHIP Children's Health Insurance Plan
 CIDC Chronically Ill and Disabled Children
 CIRT Crisis Intervention Response Team
 CIWA Clinical Institute Withdrawal Assessment for Alcohol
 CMAP Children's Medication Algorithm Project
 CMBHS Clinical Management for Behavioral Health Services
 CMS Centers for Medicare and Medicaid
 COC Continuity of Care

COD	Co-Occurring Disorders Unit
COPSD	Co-occurring Psychiatric and Substance Abuse Disorders
COR	Council on Recovery
CPEP	Comprehensive Psychiatric Emergency Programs
CPOSS	Charleston Psychiatric Outpatient Satisfaction Scale
CPS	Children's Protective Services
CRCG	Community Resource Coordination Group
CRU	Crisis Residential Unit
CSC	Community Service Center
CSCD	Community Supervision and corrections department
CSP	Community Support plan
CSU	Crisis Stabilization Unit
CYS	Community Youth Services

D

DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services
DID	Determination of Intellectual Disability
DLA-20	Daily Living Activities-20 Item Version
DRB	Dangerousness review board
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
DSRIP	Delivery System Reform Incentive Payment Program

E

ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

F

FACT	Forensic Assertive Community Team
FF	Flex Funds
FSIQ	Full Scale Intelligence Quotient
FSPA	Jail -Forensic Single Portal
FTND	Fagerstrom Test for Nicotine Dependence
FY	Fiscal Year

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

HAM-A	Hamilton Rating Scale for Anxiety
HCJPD	Harris County Juvenile Probation Department
HCPC	Harris County Psychiatric Center
HCPI	Harris County Psychiatric Intervention
HCPS	Harris County Protective Services for Children and Adults
HCS	Home and Community Services
HCS-O	Home and Community Services – OBRA
HCSO	Harris County Sheriff's Office
HH	Harris Health System
HHS	Health Human Services
HHSC	Health and Human Services Commission
HMO	Health Maintenance Organization
HOT	Homeless Outreach Team
HPD	Houston Police Department
HRC	Houston Recovery Center

I

ICAP	Inventory for Client and Agency Planning
ICC	Interim Care Clinic
ICF-ID	Intermediate Care Facility for Intellectual Disability
IEP	Individual Education Plan
IFSP	Individual Family Support Plan
IHR	In Home Respite
IRG	Innovative Resource Group
IRP	Individualized recovery plan

J

JDC	Juvenile Detention Center
JJAEP	Juvenile Justice Alternative Education Program
JSS	Job Satisfaction Scale

K**L**

LAR	Legislative Appropriations Request
LIDDA	Local IDD Authority
LMHA	Local Mental Health Authority
LOC	Level of Care – LOC A= Authorized and LOC R= Calculated
LOS	Length of Stay
LPHA	Licensed Professional of the Healing Arts
LSA	Local Service Area

M

MACRA	Medicare Access and CHIP Reauthorization Act
MAPS	Mental Retardation Adult Psychiatric Services
MBOW	Medicaid Managed Care Report (Business Objects)
MCO	Managed Care Organization
MCOT	Mobil Crisis Outreach Team
MCAS	Multnomah Community Assessment Scale
MDU	Multiple Disabilities Unit
MHW	Mental Health Warrant
MMPI-2	Minnesota Multiphasic Personality Inventory 2nd Edition
MoCA	Montreal Cognitive Assessment
MSU	Maximum security unit

N**N**

NAMI	National Alliance for the Mentally Ill
NEO	New Employee Orientation
NGRI	Not Guilty for Reason of Insanity (46C)
NPC	Neuro-Psychiatric Center
NWCSC	Northwest Community Service Center

O

OSAR	Outreach Screening Assessment and Referral
OASS	Overt Agitation Severity Scale
OHR	Out of Home Respite
OVSOM	Office of Violent Sexual Offenders Management

P

PAP	Patient Assistance Program (for Prescriptions)
PASARR	Preadmission Screening and Annual Residential Review
PATH	Project to Assist in the Transition from Homelessness
PCH	Personal Care Home
PCM	Patient care monitoring
PDP	Person Directed Plan
PDSA	Plan-Do-Study-Act
PES	Psychiatric Emergency Services
PHCRU	Post Hospitalization Crisis Residential Unit
PHQ-9	Patient Health Questionnaire-9 Item Version
PHQ-A	Patient Health Questionnaire-9 Modified for Adolescents
PI	Performance Improvement
PIP	Performance Improvement Plan
PMAB	Prevention and Management of Aggressive Behavior
POC	Plan of Care

PoC-IP Perceptions of Care-Inpatient
 ProQOL Professional Quality of Life Scale
 PSRS Positive Symptom Rating Scale
 PSS Parent Satisfaction Scale

Q

QAIS Quality Assurance and Improvement System
 QMHP Qualified Mental Health Professional
 QI Quality Improvement
 QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

R

RC Rehab Coordination
 ROI Release of Information
 RM Recovery Manager
 RTC Residential Treatment Center

S

SAM Service Authorization and Monitoring
 SAMHSA Substance Abuse and Mental Health Services Administration
 SC Service Coordination
 SECSC Southeast Community Service Center
 SEFRC Southeast Family Resource Center
 SMAC Sequential Multiple Analysis tests
 SMHF State mental health facility
 SNF Skilled Nursing Facility
 SP Service Package (SP1, etc)
 SPA Single portal authority
 SSLC State living facility
 SWCSC Southwest Community Service Center
 SWFRC Southwest Family Resource Center
 SUD Substance Use Disorder

T

TAC Texas Administrative code
 TANF Temporary Assistance for Needy Families
 TCOOMI Texas Correctional Office on Offenders with Medical or Mental Impairments
 TDCJ Texas Department of Criminal Justice
 THKC Texas Health Kids
 THSteps Texas Health Steps
 TIC Trauma informed Care
 TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y