

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

REVISED

Full Board Meeting July 26, 2022 8:30 am

- I. DECLARATION OF QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, June 28, 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)
 - FY2022 Year-to-Date Budget Report June (EXHIBIT F-2 Steve Evans)
 - B. Quality Committee Report and/or Action (G. Santos, Chair)
 - C. Program Committee Report and/or Action (B. Hellums, Chair)
 - D. Foundation Committee Report and/or Action (J. Lykes, Chair)

VI. CONSENT AGENDA

- A. FY'22 Year-to-Date Budget Report-June (EXHIBIT F-3 Steve Evans)
- B. July 2022 New Contracts Over 100K (EXHIBIT F-4 Silvia Tiller)
- C. July 2022 Contract Renewals Over 100K (EXHIBIT F-5 Silvia Tiller)
- D. July 2022 Contract Amendments Over 100K (EXHIBIT F-6 Silvia Tiller)
- E. July 2022 Interlocal Agreements (EXHIBIT F-7 Silvia Tiller)

VII. CONSIDER AND TAKE ACTION

- A. Recommendation No. 431R-Nali Ibrahim representing Dar-Us-Sakina (EXHIBIT F-8 Evanthe Collins)
- B. Recommendation No. 430R-Elva Caballero (Family Member Advocate) (EXHIBIT F-9 Evanthe Collins)

C. Website Healthy Minds Healthy Communities (EXHIBIT F-10 Silvia Tiller)

VIII. REVIEW AND COMMENT

- A. Uvalde Presentation (EXHIBIT F-11 Sarah Strang)
- B. Legislative Update (EXHIBIT F-12 Amanda Jones)

IX. BOARD CHAIR'S REPORT

X. 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 §551.071 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. Shannon Fleming, Senior Legal Counsel, Nina Cook, Director of Purchasing and Michelle Morris, Rogers, Morris and Grover
- In accordance with §551.071 of the Texas Government Code, for consultation with attorney about contemplated litigation related to a HVAC contract dispute. Shannon Fleming, Sr. Legal Counsel Carrie Rys, Chief Administrative Officer, Anthony Robinson, Vice President of Enterprise Risk Management & Facilities, Silvia Tiller, Director of Contracts & Real Estate and Michelle Morris, Rogers, Morris and Grover
- In accordance with §551.072 of the Texas Government Code, discussion about the sale of real property located at 6603 Barbarella Court, Houston, TX 77088. 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 for the Northwest Clinic replacement located at 3902 West Little York Road, Houston, Texas 77087. Silvia Tiller, Director of contracts and Real Estate
- 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 Shannon Fleming, Sr. Legal Counsel and Carrie Rys, Chief Administrative Officer

 Report by the Chief Executive Officer regarding the evaluation of the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002. Wayne Young, Chief Executive Officer

XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. July 2022 New Contracts Under 100K (EXHIBIT F-13)
- B. July 2022 Contract Amendments Under 100K (EXHIBIT F-14)
- C. July 2022 Contract Renewals Under 100K (EXHIBIT F-15)
- D. July 2022 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT F-16)
- E. Incorporating Peers into your Practice: The Harris Center's Model (EXHIBIT F-17)
- F. Abbreviations List (EXHIBIT F-18)

XIV. 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: June 28, 2022

TRUSTEES

IN ATTENDANCE: Dr. George Santos, Vice Chairperson

Dr. Lois Moore, Vice Chairperson Mr. Gerald Womack, Secretary

Mr. Jim Lykes Robin Gearing PhD Judge Bonnie Hellums

TRUSTEES ABSENT: Mr. Shaukat Zakaria, Chair

Sheriff E. Gonzalez

I. Declaration of Quorum

Dr. George Santos, Chairperson, called the meeting to order at 9:54 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

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

III. Approval of Minutes

MOTION BY: WOMACK SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, May 24, 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
 - FY'22 Year-to-Date Budget Report- May

Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on May 24, 2022.

B. 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-May
- B. June 2022 Contracts Amendments Over 100K
- C. June 2022 Contract Renewals Over 100K

Dr. Santos recused himself from the discussion and voting on this agenda item due to a conflict of interest with the Harris Center's agreement with UT Harris County Psychiatric Center, item number nine (9) on the June 2022 Contract Renewals Over \$100k report. Contract Report.

MOTION: Dr. Moore moved to approve Consent Agenda items A through C

SECOND: Mr. Womack seconded the motion

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

VII. Consider and Recommend Action

A. Perimeter Fence Installation-6160 South Loop

MOTION BY: WOMACK SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED the project evaluation team's recommendation to award a contract to Ram Telecom LLC for the Perimeter Fence Installation-6160 South Loop, presented under Exhibit R-6 is approved.

B. Marketing and Consulting-Healthy Minds, Healthy Communities

MOTION BY: WOMACK SECOND: MOORE

Dr. Gearing recused himself from the discussion and voting on this matter due to a conflict of interest. Dr. Gearing is currently employed by the University of Houston-School of Social Work.

University of Houston-School of Social Work is involved in the evaluation of the Healthy Minds, Healthy Communities.

With unanimous affirmative votes

BE IT RESOLVED the project evaluation team's recommendation to award pool contracts to two vendors, Langrand and A Time 4 Marketing, for the Marketing and Consulting services related to the Healthy Minds, Healthy Communities, presented under Exhibit R-7 is approved.

VIII. Board Chair's Report

Dr. Santos reported Texas Society of Psychiatric Physicians (TSPP) is in the process of writing a bill that will advocate to ban weapons in all MHMRA clinics around the state.

IX. Executive Session -

At 10:20 a.m. Vice Chairperson Dr. George Santos 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 the lease of real property located at 4400 Harrisburg Boulevard, Houston, Tx 77011. Wayne Young, CEO 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 womenowned 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

At 11:34 a.m., the Board of Trustees reconvened into open session.

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

As a result of the Executive session, the Full Board considered and took action on the following matters:

A. CEO authorization to execute a letter of intent for the lease of property located at 4400 Harrisburg Blvd., Houston, Tx

MOTION BY: WOMACK

I move The Harris Center Board of Trustees authorize and empower by Resolution the Chief Executive Officer to execute, in the name and on behalf of the Harris Center for Mental Health & IDD, a Letter of Intent for the lease of approximately 2500 square feet of usable area; the net rentable space includes a 15% building common area for a total of 2,875 square feet, in the Center for Pursuit's facility located at 4400 Harrisburg Boulevard, Houston, TX for the benefit of the Harris Center's Coffeehouse program, subject to all contingencies as contained in and made a substantive part of the Board's Resolution herby resolving the same.

SECOND: HELLUMS

VOTE: Yes- 6 No- 0

With affirmative votes,

BE IT RESOLVED the Full Board authorizes the Chief Executive Officer to enter into a letter of intent for the lease of approximately 2500 square feet of usable area; the net rentable space includes a 15% building common area for a total of 2,875 square feet, in the Center for Pursuit's facility located at 4400 Harrisburg Boulevard, Houston, TX for the benefit of the Harris Center's Coffeehouse program.

B. CEO authorization to purchase real property located at 5959 Long Drive, Houston, TX

MOTION BY: WOMACK

I move the Harris Center Board of Trustees authorize and empower by Resolution the Chief Executive Officer to execute all required legal documents to close in due form and effectuate the fee simple ownership of real property located at 5959 Long Drive, Houston, TX 77087, in the name and on behalf of the Harris Center for Mental Health and IDD, within sixty (60) days of the effective date of the Resolution authorizing the same.

SECOND: HELLUMS

VOTE: Yes- 6 No- 0

With affirmative votes,

BE IT RESOLVED the Full Board authorizes the Chief Executive Officer execute all required legal documents to close in due form and effectuate the fee simple ownership of real property located at 5959 Long Drive, Houston, TX 77087, in the name and on behalf of the Harris Center for Mental Health and IDD.

C. CEO authorization to execute a Loan and Subrecipient agreement with the City of Houston, contingent upon City of Houston Council approval.

MOTION BY: WOMACK

I move the Harris Center Board of Trustees authorize and empower by Resolution the Chief Executive Officer to execute a Loan and Subrecipient Agreement with the City of Houston, in the name and on behalf of The Harris Center, in an amount to cover any and all construction expenses above and beyond expenses not covered by the Healthy Community Collaborative grant.

SECOND: HELLUMS

VOTE: Yes- 6 No- 0

With affirmative votes,

BE IT RESOLVED the Full Board authorizes and empowers by Resolution the Chief Executive Officer to execute a Loan and Subrecipient Agreement with the City of Houston, in an amount to cover any and all construction expenses above and beyond expenses not covered by the Healthy Community Collaborative grant.

D. Contingent upon the City of Houston's approval, CEO authorization to award a contract for Project FY2200208 for the 6168 South Loop East apartments CSP.

MOTION BY: WOMACK

I move the Harris Center Board of Trustees authorize and empower the Chief Executive Officer to award and execute a contract for Project #FY22-0208 6168 South Loop East Apartments CSP, in the name and on behalf of The Harris Center, to Arch-Con Corporation contingent upon the

Harris Center's receipt of the City of Houston's approval of the contract award to Arch Con Corporation.

SECOND: HELLUMS

VOTE: Yes- 6 No- 0

With affirmative votes,

BE IT RESOLVED the Full Board authorizes and empowers the CEO to award and execute a contract for Project #FY22-0208 6168 South Loop East Apartments CSP in the name and on behalf of The Harris Center, to Arch-Con Corporation contingent upon the Harris Center's receipt of the City of Houston's approval of the contract award to Arch Con Corporation.

XII. ADJOURN

MOTION: WOMACK SECOND: HELLUMS

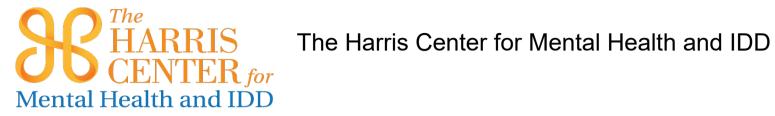
Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:37 AM.

Respectfully submitted,

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

EXHIBIT F-2



Financial Report For the Tenth Month and Year to Date Ended June 30, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on July 19, 2022

The Harris Center for Mental Health & IDD

July 19, 2022

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

The monthly financial report for June 30, 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 Tenth Month and Year to Date Ended June 30, 2022

Month (,000)											
	Actual Budget				Variance						
Revenues	\$	20,223	\$	21,690	\$	(1,467)					
Expenditures		29,335		25,669		(3,666)					
Excess of Revenues over (under)		(2.442)	•	(0.0-0)	•	(= (00)					
Expenditures before Other Sources	\$	(9,112)	\$	(3,979)	\$	(5,133)					

Year-to-date (,000)										
	Actual					Variance				
Excess of Revenues over (under) Expenditures after Other Sources	\$	1,414	\$	487	\$	927				
			1		1					

The Harris Center for Mental Health and IDD Comparison of Revenue and Expenses - Actual to Budget For the Tenth Month and Year to Date Ended June 30, 2022

		Month Ended Ju	ine 30, 2022		Ten Months Ended June 30, 2022					
			Variance Favorable or (Un	_	_		Variand Favorable or (U	_		
	<u>Actual</u>	Budget	<u>\$</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>\$</u>	<u>%</u>		
Total Revenues:										
Harris County and Local	\$ 4,923,063	\$ 4,638,865		6%	\$ 49,161,343	\$ 46,630,092		5%		
PAP / Samples	821,275	1,025,914	(204,639)	-20%	7,496,656	10,259,042	(2,762,386)	-27%		
Interest	46,547	4,166	42,381	1017%	150,034	41,660	108,374	260%		
State General	6,353,926	9,869,237	(3,515,311) d	-36%	95,279,581	98,701,752	(3,422,171)	-3%		
State Grants	1,260,743	1,298,931	(38,188)	-3%	12,158,548	12,989,311	(830,763)	-6%		
Federal Grants	4,253,743	2,041,360	2,212,383 e	108%	30,318,640	21,018,062	9,300,578	44%		
3rd party billings	2,563,513	2,811,441	(247,928)	-9%	21,491,398	27,027,927	(5,536,529)	-20%		
Total Revenue	20,222,810	21,689,914	(1,467,104) f	-7%	216,056,200	216,667,846	(611,646)	0%		
Total Expenses:										
Salaries and Fringe	14,056,419	17,842,028	3,785,609 g	21%	180,017,305	176,888,423	(3,128,882)	-2%		
Travel	154,544	153,944	(600)	0%	1,008,512	1,857,842	849,330	46%		
Contracts and Consultants	1,744,624	1,821,046	76,422	4%	17,614,200	18,250,632	636,432	3%		
HCPC Contract	2,317,441	2,369,793	52,352	2%	23,216,759	23,697,930	481,171	2%		
Supplies and Drugs	1,284,324	1,362,225	77,901	6%	11,521,625	13,631,741	2,110,116	15%		
Equipment (Purch, Rent, Maint)	597,935	510,448	(87,487)	-17%	4,683,425	5,329,306	645,881	12%		
Building (Purch, Rent, Maint)	7,038,815	551,891	(6,486,924) h	-1175%	12,070,434	5,597,502	(6,472,932)	-116%		
Vehicle (Purch, Rent, Maint)	62,326	37,258	(25,068)	-67%	505,803	373,370	(132,433)	-35%		
Telephone and Utilities	306,392	243,518	(62,874)	-26%	2,753,408	2,494,859	(258,549)	-10%		
Insurance, Legal, Audit	245,282	144,795	(100,487)	-69%	1,576,372	1,534,278	(42,094)	-3%		
Other	1,519,546	581,941	(937,605) i	-161%	9,174,379	5,871,716	(3,302,663)	-56%		
Claims Denials	7,478	50,041	42,563	85%	82,760	501,124	418,364	83%		
Total Expenses	29,335,126	25,668,928	(3,666,198) j	-14%	264,224,982	256,028,723	(8,196,259)	-3%		
Excess of Revenues over (under)										
Expenditures before Other Sources	(9,112,316) a	(3,979,014)	(5,133,302)		(48,168,782)	(39,360,877)	(8,807,905)			
Funds from other sources:										
Use of fund balance - CapEx	6,495,911	-	6,495,911		8,707,556	-	8,707,556			
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500			
Fund Balance DSRIP	432,765	432,765	-		4,425,873	4,425,873	-			
Waiver 1115 Revenues	3,698,801	3,698,801	-		35,422,158	35,422,158	-			
DSRIP Transition	-	-	-		-	-	-			
COVID-19 FMAP Allocation	-	-	-		-	-	-			
Insurance Proceeds	3,991	-	3,991		24,673	-	24,673			
Proceeds from Sale of Assets	-	-	-		20,000	-	20,000			
Excess of Revenues over (under)							-			
Expenditures after Other Sources	\$ 1,519,152 ====================================	\$ 152,552 	, , , , , , , , ,		, , -,	b \$ 487,154	\$ 926,824			
	=	:								

The Harris Center for Mental Health and IDD Comparative Balance Sheet As of June 30, 2022

		Ending I	Balanc	е	Incre	ase/(Decrease)	
	N	May 31, 2022		ine 30, 2022		June	
Assets				00, 2022		- Cuito	
Cash and Cash Equivalents	\$	95,534,386	\$	93,562,477	\$	(1,971,909)	а
Inventory - includes RX	Ψ	282,162	Ψ	275.225	Ψ	(6,937)	
Prepaid Expenses		1,124,090		4,864,687		3,740,597	C
A/R Medicaid, Medicare, 3rd Party		14,889,067		16,027,278		1,138,211	·
Less Bad Debt Reserve				(6,905,823)		1,130,211	
		(6,905,823)		,		0.004.007	
A/R Other		18,257,096		21,121,493		2,864,397	d
A/R DSRIP		22,900,567		25,808,930		2,908,363	
Total Current Assets		146,081,545		154,754,267		8,672,722	
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		6,885,609		6,897,646		12,037	
Vehicles		1,569,768		1,569,768		-	
Construction in Progress		18,958,527		25,933,339		6,974,812	
Total Property, Plant & Equipment		80,388,674	-	87,375,523		6,986,849	
1 2/					-		
TOTAL ASSETS	\$	226,470,219	\$	242,129,790	\$	15,659,571	
Liabilities and Fund Balance							
Unearned Income	\$	15,224,304	\$	30,249,419	\$	15,025,115	е
Accrued Payroll and Accounts Payables	·	25,712,338	•	24,222,316	•	(1,490,022)	
Current Portion Long Term Debt		-		, , ,		-	
Total Current Liabilities		40,936,642		54,471,735		13,535,093	
State Escheatment Payable		51,923		50,505		(1,418)	
Total Non Current Liabilities		51,923		50,505		(1,418)	
TOTAL HARMITIES						· · · · ·	
TOTAL LIABILITIES		40,988,565		54,522,240		13,533,675	
General Fund Balance		17,336,255		17,891,763		555,508	g
Nonspendable							
Investment in Inventories		282,162		275,224		(6,938)	
Investment In Fixed Assets		80,388,674		87,375,523		6,986,849	
Assigned:							
Current Capital Projects		18,412,902		11,916,991		(6,495,911)	
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		59,680,909		59,248,144		(432,765)	h
COVID-19 eFMAP Reserve		904,067		904,067		-	
Compensated Absences		4,854,354		4,854,354		-	
Total		185,586,829		186,193,572		606,743	
Year to Date Excess Revenues over							
(under) Expenditures		(105,175)		1,413,978		1,519,153	
TOTAL FUND BALANCE		185,481,654		187,607,550		2,125,896	
TOTAL LIABILITIES AND FUND BALANCE	\$	226,470,219	\$	242,129,790	\$	15,659,571	

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Reports For Month and Year to Date Ended June 30, 2022

- I. Comparison of Revenue and Expenses
 - a. For the month of June 2022, the tenth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$9,112,316.
 - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,413,978 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 \$283,326 due to receipt of Harris County grants after original budget was approved.
 - d. State General is unfavorable to budget by \$3,515,311 due to reclassification of original budget to federal funds.
 - e. Federal grants are favorable to budget by \$2,212,383 due to federal grants awarded after the original budget was approved by the Board.
 - f. Total Revenue is unfavorable to budget by \$1,467,104.
 - g. Salaries and Fringe are favorable to budget by \$3,785,609 due to adjustments to salary accruals.
 - h. Building is unfavorable to budget due to purchase of land for NW clinic and SE clinic.
 - 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.
 - j. Total Expenses are unfavorable to budget by \$3,666,198.

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

			Increase			
	Ending	Balan	ce		(Decrease)	
	 5/31/2022	(6/30/2022		June	
Cash-General Fund Bank of America	 6,840,565		6,840,057	\$	(508)	
Cash-General Fund Chase	43,996,812		44,204,899		208,087	
Cash-BOA ACH Vendor	174,282		28,416		(145,866)	
Cash-Pharmacy Chase	8,815		15,298		6,483	
Cash-FSA-Discovery	178,702		191,798		13,096	
Petty Cash	5,700		5,950		250	
Investments-TexPool General Fund	1,002,702		1,003,528		826	
Investments-TexPool Self Insurance	2,291,496		2,293,382		1,886	
Investments-TexPool Prime	23,963,249		23,986,945		23,696	
Investments-Texas Class	 17,072,063		14,992,204		(2,079,859)	
	\$ 95,534,386	\$	93,562,477	\$	(1,971,909)	

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:

					Increase
	Ending I	e		(Decrease)	
	 5/31/2022	June			
Inventory-Central Supplies	28,052		28,052	\$	-
Supplies Used	(11,073)		(18,010)		(6,937)
Inventory-Drugs	 265,183		265,183		
Total Inventory	\$ 282,162	\$	275,225	\$	(6,937)

c. Prepaid Expenses increased due to IGT payments for DPP-BHS.

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in June.

	Fnding	Balance	Increase (Decrease)
	5/31/2022	6/30/2022	June
Villas at Bayou Park	60,433	78,533	18,100
Pear Grove	46,997	46,997	-
Pasadena Cottages	73,638	80,256	6,618
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	149,466	168,658	19,192
Foundation	6,224	21	(6,203)
NAMI of Greater Houston	312	-	(312)
General Accounts Receivable	9,523	9,523	-
Pharmacy PBM	8,391	8,127	(264)
Harris County Projects	1,137,238	929,204	(208,034)
Harris County Juvenile Probation	676,668	836,411	159,743
Harris County Community Supervision	1,233,063	1,656,311	423,248
Harris County Sheriff's Department	3,676,953	4,104,047	427,094
ICFMR	218,776	213,952	(4,824)
TCOOMMI-Special Needs	643,950	518,811	(125,139)
TDCJ-Parole	82,000	102,500	20,500
TDCJ-Substance Abuse	66,668	50,001	(16,667)
TCOOMMI-Juvenile	90,365	95,759	5,394
Jail Diversion	1,908,228	2,495,040	586,812
ECI	557,808	431,023	(126,785)
ECI Respite	1,408	1,870	462
ECI SNAP	18,528	26,885	8,357
Federal CHH Navigation	119,556	245,314	125,758
Federal Aot	121,183	171,984	50,801
ARPA-COH-MCOT RR Expansion	249,085	529,581	280,496
ARPA-COH-Core HPD Expansion	63,179	133,971	70,792
Fed SAMHSA CCBHC Expansion	105,593	344,786	239,193
PATH-Mental Health Block Grant	220,922	224,460	3,538
MH Block Grant-Coordinated Specialty Care	160,717	169,422	8,705
TANF PEAF	1,252,913	1,986,395	733,482
DSHS SAPT Block Grant	138,541	154,749	16,208
AR State TCMHCC	111,656	24,812	(86,844)
Enhanced Community Coordinator	50,885	66,798	15,913
Subtotal, A/R-Other	\$ 13,265,268	\$ 15,910,602	\$ 2,645,334

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Statements For Month and Year to Date Ended June 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

				Increase				
		Ending	Bala	ance	(Decrease)			
	į	5/31/2022		6/30/2022		June		
DSHS Mental Heath First Aid	\$	23,847	\$	35,740	\$	11,893		
HHSC ZEST-Zero Suicide		187,400		148,897		(38,503)		
HCC Open Door		1,060,022		852,412		(207,609)		
HCS		22,416		22,416		-		
Tx Home Living Waiver		316,217		279,779		(36,438)		
Federal DSHS Disaster Assistance						-		
DPP-BHS		1,282,035		1,756,529		474,494		
Helpline Contracts		121,543		99,494		(22,049)		
City of Houston-CCSI		50,537		50,537		-		
City of Houston-DMD		10,332		20,663		10,331		
City of Houston-911 CCD Amended		41,845		83,693		41,848		
A/R - HHSC Projects		1,875,634		1,860,731		(14,903)		
Local TCDD C19 Vac Stipend		-		-		-		
Grand Total A/R - Other	\$	18,257,096	\$	21,121,493	\$	2,864,397		

- e. Unearned Income increased due to receipt 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 increased 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 114 days versus 119 days for the prior month.

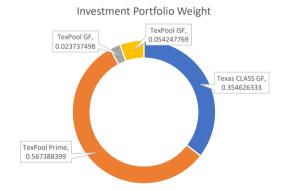
III. Investment Portfolio

- a. Total investments as of June 30, 2022 are \$42,276,059 of which 100% is in government pools. (Texas Class 36% and TexPool 64%)
- b. Investments this month yielded interest income of \$46,547.

The Harris Center for Mental Health and IDD Investment Portfolio June 30, 2022

Local Government Investment Pools (LGIPs)

	Begin	nning Balance		Transfer In		Transfer Out	Interest Income		Ending Value	Portfolio %	Yield
Texas CLASS Texas CLASS General Fund	ф.	17.072.063	¢	0.000.000	Φ.	(44,000,000)	00.444	Φ.	14 000 204	35.5%	1.577%
Texas CLASS General Fund	Ф	17,072,003	\$	8,900,000	Φ	(11,000,000)	\$ 20,141	\$	14,992,204	35.5%	1.57770
TexPool											
TexPool Prime		23,963,250	\$	-	\$	-	23,695		23,986,945	56.7%	1.203%
TexPool General Fund		1,002,703					825		1,003,528	2.4%	1.001%
TexPool Internal Service Fund		2,291,496					1,886		2,293,382	5.4%	1.001%
TexPool Sub-Total		27,257,449		-		-	26,407		27,283,855	64.5%	1.179%
Total Investments	\$	44,329,512	\$	8,900,000	\$	(11,000,000)	\$ 46,547	\$	42,276,059	100%	1.320%



3 Month Weighted Average Maturity (Days)
3 Month Weighted Average Yield of The Harris Center Investment Portfolio
0.855%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)
0.633%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of June 30,2022 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

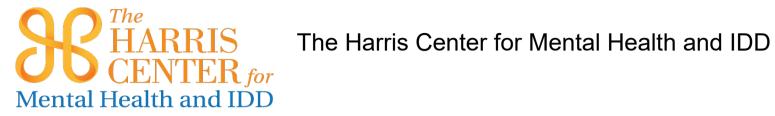
Report for June 2022

Vendor	Description	Monthly Not-To- Exceed*	Jun-22	YTD Total Through June
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,621,692	\$16,101,467
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,273,754	\$13,896,523

^{*} 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 June payments of Liabilities for Employee Benefits = 10% of Expenditures.

EXHIBIT F-3



Financial Report For the Tenth Month and Year to Date Ended June 30, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on July 19, 2022

The Harris Center for Mental Health & IDD

July 19, 2022

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

The monthly financial report for June 30, 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 Tenth Month and Year to Date Ended June 30, 2022

Month (,000)											
		Actual Budget			Variance						
Revenues Expenditures	\$	20,223 29,335	\$	21,690 25,669	\$	(1,467) (3,666)					
Excess of Revenues over (under) Expenditures before Other Sources	\$	(9,112)	\$	(3,979)	\$	(5,133)					

Year-to-date (,000)										
		Actual	В	udget	Variance					
Excess of Revenues over (under) Expenditures after Other Sources	\$	1,414	\$	487	\$	927				

The Harris Center for Mental Health and IDD Comparison of Revenue and Expenses - Actual to Budget For the Tenth Month and Year to Date Ended June 30, 2022

		Month Ended Ju	une 30, 2022		Ten Months Ended June 30, 2022						
			Variance Favorable or (Un	-			Variand Favorable or (U				
	<u>Actual</u>	<u>Budget</u>	<u>\$</u>	<u>%</u>	<u>Actual</u>	<u>Budget</u>	<u>\$</u>	<u>%</u>			
Total Revenues:	4 4 000 000	4 4 000 005		00/	. 40 404 040	A 40 000 000	A 0.504.054	50/			
Harris County and Local PAP / Samples	\$ 4,923,063 821,275	\$ 4,638,865 1,025,914		6% -20%	\$ 49,161,343 7,496,656	\$ 46,630,092 10,259,042		5% -27%			
Interest	621,275 46,547	4,166	(204,639) 42,381	-20% 1017%	150,034	41,660	(2,762,386) 108,374	-27% 260%			
State General	6,353,926	9,869,237	(3,515,311) d	-36%	95,279,581	98,701,752	(3,422,171)	-3%			
State General State Grants	1,260,743	1,298,931	(38,188)	-3%	12,158,548	12,989,311	(830,763)	-5 <i>%</i> -6%			
Federal Grants	4,253,743	2,041,360	2,212,383 e	108%	30,318,640	21,018,062	9,300,578	44%			
3rd party billings	2,563,513	2,811,441	(247,928)	-9%	21,491,398	27,027,927	(5,536,529)	-20%			
Total Revenue	20,222,810	21,689,914	(1,467,104) f	-7%	216,056,200	216,667,846	(611,646)	0%			
Total Expenses:											
Salaries and Fringe	14,056,419	17,842,028	3,785,609 g	21%	180,017,305	176,888,423	(3,128,882)	-2%			
Travel	154,544	153,944	(600)	0%	1,008,512	1,857,842	849,330	46%			
Contracts and Consultants	1,744,624	1,821,046	76,422	4%	17,614,200	18,250,632	636,432	3%			
HCPC Contract	2,317,441	2,369,793	52,352	2%	23,216,759	23,697,930	481,171	2%			
Supplies and Drugs	1,284,324	1,362,225	77,901	6%	11,521,625	13,631,741	2,110,116	15%			
Equipment (Purch, Rent, Maint)	597,935	510,448	(87,487)	-17%	4,683,425	5,329,306	645.881	12%			
Building (Purch, Rent, Maint)	7,038,815	551,891	(6,486,924) h	-1175%	12,070,434	5,597,502	(6,472,932)	-116%			
Vehicle (Purch, Rent, Maint)	62,326	37,258	(25,068)	-67%	505,803	373,370	(132,433)	-35%			
Telephone and Utilities	306,392	243,518	(62,874)	-26%	2,753,408	2,494,859	(258,549)	-10%			
Insurance, Legal, Audit	245,282	144,795	(100,487)	-69%	1,576,372	1,534,278	(42,094)	-3%			
Other	1,519,546	581,941	(937,605) i	-161%	9,174,379	5,871,716	(3,302,663)	-56%			
Claims Denials	7,478	50,041	42,563	85%	82,760	501,124	418,364	83%			
Total Expenses	29,335,126	25,668,928	(3,666,198) j	-14%	264,224,982	256,028,723	(8,196,259)	-3%			
Excess of Revenues over (under)											
Expenditures before Other Sources	(9,112,316) a	(3,979,014)	(5,133,302)		(48,168,782)	(39,360,877)	(8,807,905)				
Funds from other sources:											
Use of fund balance - CapEx	6,495,911	-	6,495,911		8,707,556	-	8,707,556				
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500				
Fund Balance DSRIP	432,765	432,765	-		4,425,873	4,425,873	-				
Waiver 1115 Revenues	3,698,801	3,698,801	-		35,422,158	35,422,158	-				
DSRIP Transition	-	-	-		-	-	-				
COVID-19 FMAP Allocation	_	-	-		- 04.070	-	-				
Insurance Proceeds Proceeds from Sale of Assets	3,991 -	-	3,991 -		24,673 20,000	- -	24,673 20,000				
Evenes of Boyonuas over (under)											
Excess of Revenues over (under) Expenditures after Other Sources	\$ 1,519,152	\$ 152,552	, , , , , , , , ,		, , -,	b \$ 487,154	\$ 926,824				
	=======================================	========			========	========					

The Harris Center for Mental Health and IDD Comparative Balance Sheet As of June 30, 2022

		Ending I	Increase/(Decrease)				
		May 31, 2022		ine 30, 2022		June	
Assets		, ,					
Cash and Cash Equivalents	\$	95,534,386	\$	93,562,477	\$	(1,971,909)	а
Inventory - includes RX		282,162		275,225		(6,937)	b
Prepaid Expenses		1,124,090		4,864,687		3,740,597	С
A/R Medicaid, Medicare, 3rd Party		14,889,067		16,027,278		1,138,211	
Less Bad Debt Reserve		(6,905,823)		(6,905,823)		-	
A/R Other		18,257,096		21,121,493		2,864,397	d
A/R DSRIP		22,900,567		25,808,930		2,908,363	u
Total Current Assets		146,081,545		154,754,267		8,672,722	
Total Current Assets		140,061,343		134,734,207	-	0,072,722	
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		6,885,609		6,897,646		12,037	
Vehicles		1,569,768		1,569,768		-	
Construction in Progress		18,958,527		25,933,339		6,974,812	
Total Property, Plant & Equipment		80,388,674		87,375,523		6,986,849	
Total i Toperty, i lant & Equipment		00,300,074		07,373,323		0,900,049	
TOTAL ASSETS	\$	226,470,219	\$	242,129,790	\$	15,659,571	
Liabilities and Fund Balance							
Unearned Income	\$	15,224,304	\$	30,249,419	\$	15,025,115	е
Accrued Payroll and Accounts Payables		25,712,338	·	24,222,316	·	(1,490,022)	f
Current Portion Long Term Debt		-		, , ,		-	
Total Current Liabilities		40,936,642		54,471,735		13,535,093	
State Escheatment Payable		51,923		50,505		(1,418)	
Total Non Current Liabilities		51,923		50,505		(1,418)	
Total Non June It Elabilities		31,323		30,303	-	(1,410)	
TOTAL LIABILITIES		40,988,565		54,522,240		13,533,675	
General Fund Balance		17,336,255		17,891,763		555,508	g
Nonspendable							
Investment in Inventories		282,162		275,224		(6,938)	
Investment In Fixed Assets		80,388,674		87,375,523		6,986,849	
Assigned:							
Current Capital Projects		18,412,902		11,916,991		(6,495,911)	
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		59,680,909		59,248,144		(432,765)	h
COVID-19 eFMAP Reserve		904,067		904,067		- 1	
Compensated Absences		4,854,354		4,854,354		-	
Total		185,586,829		186,193,572		606,743	
Year to Date Excess Revenues over							
(under) Expenditures		(105,175)		1,413,978		1,519,153	
TOTAL FUND BALANCE		185,481,654		187,607,550		2,125,896	
TOTAL LIABILITIES AND FUND BALANCE	\$	226,470,219	\$	242,129,790	\$	15,659,571	

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Reports For Month and Year to Date Ended June 30, 2022

- I. Comparison of Revenue and Expenses
 - a. For the month of June 2022, the tenth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$9,112,316.
 - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,413,978 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 \$283,326 due to receipt of Harris County grants after original budget was approved.
 - d. State General is unfavorable to budget by \$3,515,311 due to reclassification of original budget to federal funds.
 - e. Federal grants are favorable to budget by \$2,212,383 due to federal grants awarded after the original budget was approved by the Board.
 - f. Total Revenue is unfavorable to budget by \$1,467,104.
 - g. Salaries and Fringe are favorable to budget by \$3,785,609 due to adjustments to salary accruals.
 - h. Building is unfavorable to budget due to purchase of land for NW clinic and SE clinic.
 - 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.
 - j. Total Expenses are unfavorable to budget by \$3,666,198.

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

					Increase
	Ending	ce	(Decrease)		
	5/31/2022	6	5/30/2022		June
Cash-General Fund Bank of America	6,840,565		6,840,057	\$	(508)
Cash-General Fund Chase	43,996,812		44,204,899		208,087
Cash-BOA ACH Vendor	174,282		28,416		(145,866)
Cash-Pharmacy Chase	8,815		15,298		6,483
Cash-FSA-Discovery	178,702		191,798		13,096
Petty Cash	5,700		5,950		250
Investments-TexPool General Fund	1,002,702		1,003,528		826
Investments-TexPool Self Insurance	2,291,496		2,293,382		1,886
Investments-TexPool Prime	23,963,249		23,986,945		23,696
Investments-Texas Class	17,072,063		14,992,204		(2,079,859)
	\$ 95,534,386	\$	93,562,477	\$	(1,971,909)

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:

				Increase
	Ending	(Decrease)		
	 5/31/2022	06/30/2022		June
Inventory-Central Supplies	28,052	28,052	\$	-
Supplies Used	(11,073)	(18,010)		(6,937)
Inventory-Drugs	265,183	265,183		
Total Inventory	\$ 282,162	\$ 275,225	\$	(6,937)

c. Prepaid Expenses increased due to IGT payments for DPP-BHS.

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in June.

	Ending	Increase (Decrease)	
	5/31/2022	6/30/2022	June
Villas at Bayou Park	60,433	78,533	18,100
Pear Grove	46,997	46,997	-
Pasadena Cottages	73,638	80,256	6,618
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	149,466	168,658	19,192
Foundation	6,224	21	(6,203)
NAMI of Greater Houston	312	-	(312)
General Accounts Receivable	9,523	9,523	-
Pharmacy PBM	8,391	8,127	(264)
Harris County Projects	1,137,238	929,204	(208,034)
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Harris County Sheriff's Department	3,676,953	4,104,047	427,094
ICFMR	218,776	213,952	(4,824)
TCOOMMI-Special Needs	643,950	518,811	(125,139)
TDCJ-Parole	82,000	102,500	20,500
TDCJ-Substance Abuse	66,668	50,001	(16,667)
TCOOMMI-Juvenile	90,365	95,759	5,394
Jail Diversion	1,908,228	2,495,040	586,812
ECI	557,808	431,023	(126,785)
ECI Respite	1,408	1,870	462
ECI SNAP	18,528	26,885	8,357
Federal CHH Navigation	119,556	245,314	125,758
Federal Aot	121,183	171,984	50,801
ARPA-COH-MCOT RR Expansion	249,085	529,581	280,496
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TANF PEAF	1,252,913	1,986,395	733,482
DSHS SAPT Block Grant	138,541	154,749	16,208
AR State TCMHCC	111,656	24,812	(86,844)
Enhanced Community Coordinator	50,885	66,798	15,913
Subtotal, A/R-Other	\$ 13,265,268	\$ 15,910,602	\$ 2,645,334

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Statements For Month and Year to Date Ended June 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

						Increase
		Ending	ance	(Decrease)		
	į	5/31/2022		6/30/2022		June
DSHS Mental Heath First Aid	\$	23,847	\$	35,740	\$	11,893
HHSC ZEST-Zero Suicide		187,400		148,897		(38,503)
HCC Open Door		1,060,022		852,412		(207,609)
HCS		22,416		22,416		-
Tx Home Living Waiver		316,217		279,779		(36,438)
Federal DSHS Disaster Assistance						-
DPP-BHS		1,282,035		1,756,529		474,494
Helpline Contracts		121,543		99,494		(22,049)
City of Houston-CCSI		50,537		50,537		-
City of Houston-DMD		10,332		20,663		10,331
City of Houston-911 CCD Amended		41,845		83,693		41,848
A/R - HHSC Projects		1,875,634		1,860,731		(14,903)
Local TCDD C19 Vac Stipend		-		-		-
Grand Total A/R - Other	\$	18,257,096	\$	21,121,493	\$	2,864,397

- e. Unearned Income increased due to receipt 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 increased 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 114 days versus 119 days for the prior month.

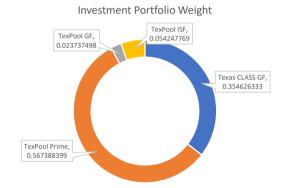
III. Investment Portfolio

- a. Total investments as of June 30, 2022 are \$42,276,059 of which 100% is in government pools. (Texas Class 36% and TexPool 64%)
- b. Investments this month yielded interest income of \$46,547.

The Harris Center for Mental Health and IDD Investment Portfolio June 30, 2022

Local Government Investment Pools (LGIPs)

	Begir	nning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS Texas CLASS General Fund	\$	17,072,063	\$ 8,900,000	\$ (11,000,000)	20,141	\$ 14,992,204	35.5%	1.577%
TexPool								
TexPool Prime		23,963,250	\$ -	\$ -	23,695	23,986,945	56.7%	1.203%
TexPool General Fund		1,002,703			825	1,003,528	2.4%	1.001%
TexPool Internal Service Fund		2,291,496			1,886	2,293,382	5.4%	1.001%
TexPool Sub-Total		27,257,449	-	-	26,407	27,283,855	64.5%	1.179%
Total Investments	\$	44,329,512	\$ 8,900,000	\$ (11,000,000)	\$ 46,547	\$ 42,276,059	100%	1.320%



3 Month Weighted Average Maturity (Days)
3 Month Weighted Average Yield of The Harris Center Investment Portfolio
0.855%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)
0.633%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of June 30,2022 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 June 2022

Vendor	Description	Monthly Not-To- Exceed*	Jun-22	YTD Total Through June	
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,621,692	\$16,101,467	
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,273,754	\$13,896,523	

^{*} 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 June payments of Liabilities for Employee Benefits = 10% of Expenditures.

EXHIBIT F-4

July 2022 NEW CONTRACTS OVER 100k

SNAPSHOT SUMMARY NEW CONTRACTS MORE THAN \$100,000.00

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY22/23 NEW CONTRACTS								
ADMINISTRATION								
McKesson Corporation	NO	Agency Wide Medical Surgical Supplies, Tag-On through GPO Vizient.		\$2,000,000.00	6/13/2022-6/12/2024	State		This Pharmacy Wholesaler Agreement is to obtain drugs for patient prescriptions form for The Harris Center Pharmacies. Some funds will be utilized for RX Billing Project to be biller to outside RX benefit programs. The NTE will be increased to accommodate volume when needed.
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
LEASES								
MENTAL HEALTH SERVICES							Residence in the	
University of Texas Health Science Center at Houston McGovern Medical School	N/A	Community Track Rotation of Residency Students		\$227,000.00	07/01/2022-06/30/2023		GR	New contract to provide Residency Rotation via Community Tracking for the Agency.



Executive Contract Summary

Contract Section	O
Contractor*	
McKesson	
Contract ID #*	
2022-0433	
Presented To*	
Resource Committee Full Board	
Date Presented*	
7/19/2022	
Parties* (?)	
McKesson and The Harris Center for Mental Health and I	DD
Agenda Item Submitted For:* (?)	
☐ Information Only (Total NTE Amount is Less than \$100	0,000.00)
☑ Board Approval (Total NTE Amount is \$100,000.00+) ☐ Crent Bronces!	
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal Request for Application	Sole Source
Request for Application Request for Quote	☐ Request for Qualification☑ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/8/2022	8/31/2023
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2022	\$ 2,000,000.00
Fiscal Year* (?)	Amount* (?)
2023	\$ 2,000,000.00

Funding Source*	
General Revenue (GR)	
Contract Description / Toma * (2)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Reglad Contract	☐ IT/Software License Agreement
Pooled Contract	☐ Lease ☐ Other
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	rvices Being Provided* (?)
Pharmacy Wholesaler to obtain drugs for patient prescr	riptions form The Harris Center
Pharmacies. Some funds will be utilized for RX Billing F	Project to be billed to outside RX
benefit programs. Will increase NTE to accommodate v	olume when needed.
Contract Owner*	
Angela Babin	
	*
Previous History of Contracting with Vendor/Contra	ictor"
Yes ○ No ○ Unknown	
Please add previous contract dates and what service	es were provided*
2015 to current	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership* (?)	
○ Yes ○ No ● Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
terrenant i and describe and account and the second of the second second of the second of the second of the second	
Name*	
Michael Betts	
*	
Address*	
Street Address	
6555 State Hwy 161	
Address Line 2	
City	State / Province / Region
Irving	TX
Postal / Zip Code	Country
75039-2402	US
S *	
Phone Number*	
832.741.7801	
Email*	
michael.betts@mckesson.com	
Budget Section	

Budget Units and Amounts	s Charged to each Budg	et Unit
Budget Unit Number*	Amount Charged to Unit* \$ 2,000,000.00	Expense/GL Code No.* 547001
Budget Manager Campbell, Ricardo	Secondary I Brown, Erica	Budget Manager
Provide Rate and Rate Descriptions	s if applicable * (?)	
Project WBS (Work Breakdown Stre	ucture)*(?)	
Requester Name Babin, Angela	Submission 6/7/2022	Date
Budget Manager Approval	(s)	
Approved by	Assessed Do	4-
Ricardo Campbell	Approval Da 6/7/2022	ate
Procurement Approval		
File Upload (?)		
Approved by		
Sharon Brauner	Approval Da 6/8/2022	ate
Contract Owner Approval		<u> </u>
Approved by	Approval Da	ate
Angela Babin	6/8/2022	
Contracts Approval		
Approve*		
YesNo, reject entire submission		
Return for correction		
Approved by *	Approval Da	ate*
Shaskyia Behu	6/9/2022	

Fiscal Year* (?)

Amount* (?)

2023

\$ 127,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv Community Track Rotation for Residency students	ices Being Provided* (?)
Contract Owner*	
Dr. Muzquiz	
	*
Previous History of Contracting with Vendor/Contract	or"
Yes No Wunknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
30 - 000 0000 0000 000 0 00 0000 0000 00	
	-
Supporting Documentation Upload (?) FW_ The Harris Center for Mental Health and Intellectual Developmental Disability contract change-UT HOUSTON PGY rate COMMUNITY TRACK ROTATION .pdf	
To Find Common Find Common Span	
Vendor/Contractor Contact Person	⊙
Name*	
Mary Lopez	
* * *	
Address*	
Street Address	
1941 East Road	
Address Line 2	
BBSB 3.220	Out (Burling (Burling)
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77054-6010	US
Phone Number*	
7134862552	
Email*	
Mary.Lopez@uth.tmc.edu	
Budget Section	

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 540504 2208 \$ 227,000.00 Secondary Budget Manager **Budget Manager** Loera, Angelica Shelby, Debbie Provide Rate and Rate Descriptions if applicable * (?) COMMUNITY TRACK ROTATION Two (2) - 3rd year residents Period of Performance: FY 7/1/22-8/31/23 Hourly Rate is \$_68.16_for 32 hours/week Project WBS (Work Breakdown Structure) * (?) N/A Submission Date Requester Name 6/17/2022 Montgomery, Mercedes Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 6/21/2022 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** Sylvia Muzquiz . M.D. 6/29/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/30/2022

EXHIBIT F-5

July 2022 RENEWALS OVER 100k

SNAPSHOT SUMMARY CONTRACT RENEWALS \$100,000.00 AND MORE July 2022 FISCAL 2022-2023

	CONTRACTORS	HUB/MWBI	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS								
	ADMINISTRATION								
1	M Strategic Partners (6168 S. Loop Apt. Project)	NO	Project Management Consultant Services for the 6168 South Loop East Apartment Project.	\$200,890.63	\$233,450.00	8/01/2021-8/31/2023	General Revenue		Annual renewal of agreement to provide Project Management Consultant Services for the 6168 South Loop East Apartment Project.
2	Automated Logic Contracting Services, Inc.	NO	Multi-Facility Building Automation system, Software and Maintenance - Upgrading the building automation system and provide software/software updates to several locations.	\$740,705.00	\$209,813.20	9/01/2022-8/31/2023	General Revenue		Annual renewal of agreement for the Multi-Facility Building Automation system, Software and Maintenance - Upgrading the building automation system and provide software/software updates to several locations.
3	M Strategic Partners (NE Clinic Project)		Consultant Services to Provde Project Management to Oversee Construction of Agency's North East Community Clinic	\$234,131.95	\$425,951.75	09/01/2022-08/31/2023	FM22.1126.03	RFQ Quote	Annual funding only. Project Management Consultant Services [Owner's Representative] to oversee the design and construction project of The Harris Center Northeast Community Clinic located at 7583 Little York Road, Houston, Texas,
4	PDG, Inc. d/b/a PDG Architects	Yes	Architectural Design Services and Investigative Services for Plumbing and Storm Water at NPC	\$102.657.97	\$379,500,00	09/01/2022-08/31/2023	FM21.1126.02	RFQ Qualification	Annual renewal. Architectural renovation design Services and investigative supplemental Services for plumbing and storm water drainage at the Agency's Ben Taub Neuropsychiatric Center facility, located at 1502 Ben Taub Loop, Houston, Texas.
5	Aptean, Inc.		Software License, Support & Maintenance for On-line requisition & Approval process. (Formerly Ross)	\$326,771.47	\$300,000.00		General Revenue	Qualification	Annual renewal of Software License, Support & Maintenance for On-line requisition & Approval process. (Formerly Ross)
			Microsoft Azure DraaS-						
6	Centre Technologies, Inc.	No	Disaster Recovery as a Service Microsoft Office 365	\$112,000.00	\$185,000.00	9/1/2022-8/31/2023	General Revenue	Sole Source	Annual renewal of Microsoft Azure DraaS- Disaster Recovery as a Service. Annual renewal of Microsoft Office 365
7	Centre Technologies, Inc.		Subscription	\$475,000.00	\$576,000.00	9/1/2022-8/31/2023	General Revenue	Sole Source	Subscription
8	Cerner Corporation		Agency Wide Anasazi Software, Support & Maintenance for IT.	\$300,000.00	\$300,000.00		General Revenue		Annual renewal of Agency Wide Anasazi Software, Support & Maintenance for IT.
	Department of Information			A.W				_	Annual renewal of WAN Services from
	Resources Cardinal Health Pharmacy		WAN Services from TDHS Remote Order Pharmacy	\$170,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue	Tag-On Competitive Bid; Request for	TDHS. Annual renewal of Remote Order
10	Services, LLC		Support Services	\$96,000.00	\$120,000.00	4/01/2020-3/31/2023	General Revenue	Quote	Pharmacy Support Services.
11	Granite Telecommunications, LLC		POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills.	\$147,000.00	\$150,000.00	9/1/2022-8/31/2023	General Revenue		Annual renewal of POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills.
12	Ascend HR Corp		Agency-Wide Recruitment Services as-needed for Human Resources.	\$504,500.00	\$200,000.00	9/01/2022-8/31/2023	General Revenue	Request for Quote	Annual renewal of Agency-Wide Recruitment Services Agreement on an as-needed basis to support the Human Resources Department.

SNAPSHOT SUMMARY CONTRACT RENEWALS \$100,000.00 AND MORE

Circuits at 14 Agency Locations and Renew Pricing Schedule.				PRODUCT/SERVICE	FY2022	FY2023				4 1.2 1.4 1.4
Enterprise FM Trust		CONTRACTORS	HUB/MWB	DESCRIPTION	NTE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
AT&T Corp. Annual renewal of AT&T Etherent or Disaster Services Annual renewal of AT&T Etherent or Disaster Recovery-se-Services Corp. Annual renewal of AT&T Etherent or Disaster Recovery-se-Services Corp. Annual renewal of AT&T Etherent or Disaster Recovery-se-Services Corp. Annual renewal of AT&T Etherent or Disaster Recovery-se-Services Corp. Annual renewal of Apendulo. Annual renewal of Apendulo	13	Enterprise FM Trust	No	Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single	\$433,761.18	\$ 758,833.08	9/01/2022-8/31/2023	General Revenue	Tag-On	Agreements for Agency-wide
Unifrend Cloud and Disaster Recovery-as-a-Service (DRass) Solutions (DIR-TSO-No No N	14	AT&T Corp.		Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing	\$152,000,00	\$152,000,00	1/01/2020-1/01/2023	General Revenue	Agreement	Annual renewal of AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renewal Pricing Schedule.
HRMS Software including Time and Attendance. Mazzammil Sajiad D/B/A Innovative Solutions IT No Plasmacy Drug Dispensing Services Software including Time and Attendance. Access to large quantities of PES Sarvices Sajout Dispensing Services Annual renewal of Access to large quantities of Picin a timely manner Annual renewal of Pharmacy Drug Dispensing Services Annual renewal of Pharmacy Drug Dispensing Services Annual renewal of Pharmacy Drug Dispensing Services Annual renewal of Respension Dispensing Servic		Innovation Network Technologies		Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions (DIR-TSO-						Annual Funding. Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions. Tag-on to DIR-TSO 4332.
Innovative Solutions IT No PPE Services \$350,000.00 \$100,000.00 \$9/1/2022-8/31/2023 General Revenue Request for Annual renewal of Pharmacy Drug Dispensing Services Services Services Services Co-Occurring Disorders Residential Treatment No No Services Serv	16	Kronos Incorporated	No		\$4 <u>67,269.19</u>	\$224,940.00	9/1/2022-8/31/2023	General Revenue	Tag-On	Software, Equipment, including Time and Attendance Maintenance and
Safeway Inc. No Services \$100,000.00 \$100,000.00 9/01/2022-9/31/2023 General Revenue Proposal Dispensing Services. CPEPICRISIS SERVICES Labatt Institutional Supply Company DBA Labatt Food Services for Consumers in the CRU. No Services for Consumers in the CRU. Co-Occurring Disorders Residential Treatment No Services FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES P-IDD Consumer Services (Pool-3) Respite/Day Habilitation/ Transportation/Crisis Out of Home Respite \$2,765,000.00 \$2,765,000.00 9/01/2022-08/31/2023 GR Services Services \$100,000.00 \$100,000.00 9/01/2022-08/31/2023 General Revenue Proposal Dispensing Services. Annual renewal of agreement to continue providing Condition of Seneral Revenue Request for Replication of Seneral Revenue Annual renewal of P-IDD Supports Provided Seneral Revenue Residential Treatment Services. General Revenue Annual Renewal of P-IDD Supports Provided Seneral Revenue	17		No	PPE Services	\$350,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue		quantities of PPE in a timely manner.
Labatt Institutional Supply Company D8A Labatt Food Services, LLC No In the CRU. \$113,700.00 \$113,700	18	Safeway Inc.	No		\$100,000.00	\$100,000.00	9/01/2022-8/31/2023	General Revenue		
Labatt Institutional Supply Company D8A Labatt Food Services, LLC No In the CRU. \$113,700.00 \$113,700	_									
P-Co-Occurring Disorders Residential Treatment No Residential Treatment Services INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Respite/Day Habilitation/ Transportation/Crisis Out of (Pool-3) No Respite Request for Application Request for Application Request Respite Request for Application Request Respite Respite Respite Request Respite Respite Request Respite Respite Respite Respite Respite Request Respite Request Respite	19	Labatt Institutional Supply Company DBA Labatt Food	No		\$113 700 00	\$112 700 00	714120020 612002023	Ganaral Payanua	Tag.On	continue providing Food Services for
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES P-IDD Consumer Services (Pool-3) Respite/Day Habilitation/ Transportation/Crisis Out of Home Respite \$2,765,000.00 \$2,76		P-Co-Occurring Disorders Residential Treatment		Co-Occurring Disorders Residential Treatment					Request for	Annual renewal of master pool agreement to continue providing Co-Occurring Disorders Residential
P-IDD Consumer Services P-IDD Consumer Services No		INTELLECTUAL DEVELOPMENTAL								
	21	P-IDD Consumer Services	No	Transportation/Crisis Out of	\$2,765,000.00	\$2,765,000.00	09/01/2022- 08/31/2023	GR	RFA	
	_	LEASES	-					-		
MENTAL HEALTH SERVICES	_									
		MENTAL HEALTH SERVICES								

SNAPSHOT SUMMARY CONTRACT RENEWALS \$100,000.00 AND MORE July 2022 FISCAL 2022-2023

			PRODUCT/SERVICE	FY2022	FY2023			T	
	CONTRACTORS	IUB/MWB	DESCRIPTION	NTE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
22	The University of Texas Health Science Center @Houston on behalf of Harris County Psychiatric Center		Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/involuntary Civic Beds	\$37,097,416.80	\$37,097,416.80	9/01/2022-8/31/2023	State		Annual Renewal of agreement for Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds.
23	Achieve Community Therapy		Contractor shall provide Recreational Therapy services for the Youth Empowerment Services Waiver (YES) program to children and adolescents	\$350,000.00	\$350,000.00	9/1/2022-8/31/2023	State	Request for Application	Annual renewal of Recreational Therapy services for the Youth Empowerment Services Waiver (YES) program to children and adolescents.
24	University of Houston-College of Medicine	No	Physician will provide primary care services to patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast)	\$635,000.00	\$635,000.00	9/01/2022-8/31/2023	General Revenue	Consumer Driven	Annual renewal agreement of Physician providing primary care services to patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast).
\vdash	JD, CPEP2, CDP Summary								
25	Physician Resources, Inc.	No	Physician/Physician Assistants to Provide Physical Assessments for the Jail Diversion Center	\$235,045.40	\$240,900.00	9/01/2022-8/31/2023	State Grant	Request for Qualification	Annual renewal agreement of Physicians/Physician Assistants providing physical assessments for the Jail Diversion Center.
-									
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HARRIS

Annual Renewal Evaluation

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year	
2022	
Contract ID#*	
2021-0196	
Contractor Name*	
M Strategic Partners (6168 S. Loop Apt. Project)	
Service Provided* (?)	
Project Management Consultant Services for the 6168 So	uth Loop East Apartment Project.
Renewal Term Start Date*	Renewal Term End Date*
8/1/2021	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$100	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
*	
Procurement Method(s)*	
Check all that Apply Competitive Bid	□ Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	☐ Lease ☐ Other
Renewal of Existing Contract	- Cuidi
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
® No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 200,890.63
Rate(s)/Rate(s) Description
Unit(s) Served* 9261
G/L Code(s) * 556000
Current Fiscal Year Purchase Order Number* CT141424
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?) Property Services Se
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 Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 900040 \$ 233,450.00 1126 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) \$ 233,450.00 2023 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 make sure that it is charged to unit 1126 budget and 900040 GL code Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* 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	
Enica Bhown	
Contract Owner Approval	
Approved by	
Todd McCorquedale	
Contracts Approval	
Approve*	
Yes	
No, reject entire submissionReturn for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	5/23/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
2021-0124	
Contractor Name *	
Automated Logic Contracting Services, Inc.	
Service Provided * (?)	
Multi-Facility Building Automation system, Software and M	
building automation system and provide software/software	e updates to several locations.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 740,705.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1126
G/L Code(s)* 900040
Current Fiscal Year Purchase Order Number* CT141346
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?*
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?* (?)
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 Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 900040 \$ 209,813.20 1126 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount*(?) \$ 209,813,20 2023 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 the renewal dates as they are incorrect listed above in an area where I cannot correct them - please make sure the renewal dates are from 9/1/2022 thru 8/31/2023 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

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

Slaskyja Behn

Slaskyja Behn

Approval Date*

	Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No
	Unknown
	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 18,010.15
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1126
	G/L Code(s)* 900040
	Current Fiscal Year Purchase Order Number* CT141222
	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?*
	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.* 1126 \$ 425,951,75 900040 Secondary Budget Manager* **Budget Manager*** Brown, Erica Campbell, Ricardo Fiscal Year* (?) Amount* (?) \$ 425,951.75 2023 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* information listed above is not correct as far as PO or NTE -FY22 PO# is CT141995 for \$234,131.95. The FY21 information is listed above and is incorrect. Also please make sure renewal date is from 9/1/2022 thru 8/31/2023 Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* 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

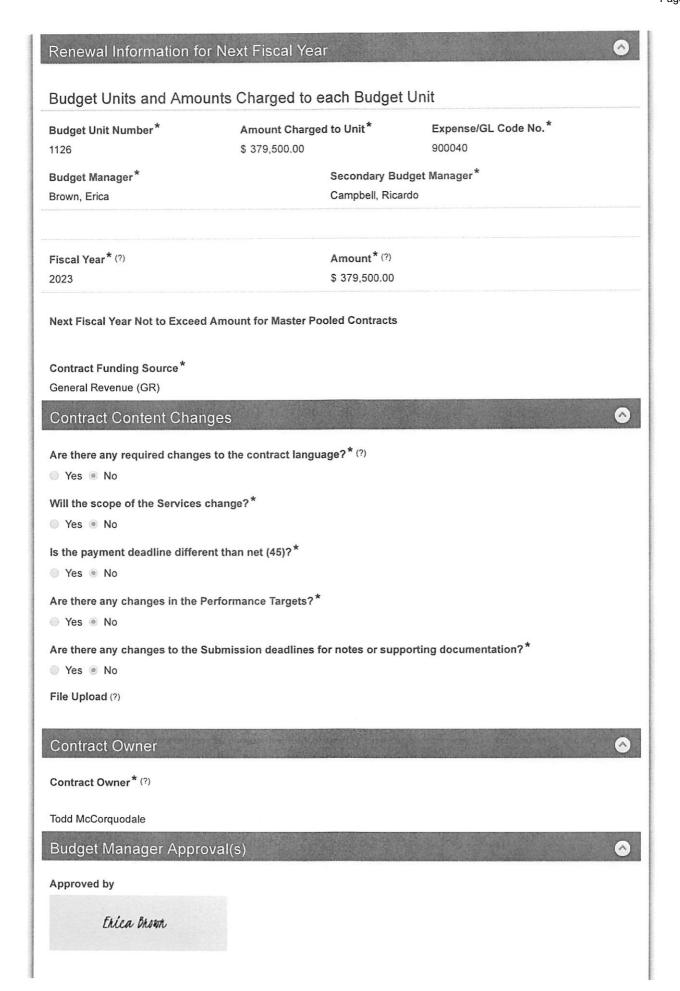
Contract Owner* (?) Please Select Contract Owner		
Todd McCorquodale Budget Manager Approval(s)		<u> </u>
Approved by		
Ehica Bhown		
Contract Owner Approval		O
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		
Approved by *	*	
Shaskyia Behn	Approval Date* 5/25/2022	

HITARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Informatio	n (
Current Fiscal Year		
2022		
Contract ID#*		
2021-0199		
Contractor Name *		
PDG, Inc. d/b/a PDG Architects		
Service Provided * (?)		
Architectural design Services and investigative supplemental Services at the Neuropsychiatric Center		
Term for Off-Cycle Only*		
N/A		
Agenda Item Submitted For: (?)		
☐ Information Only (Total NTE Amount is Less than \$10	00,000.00)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Competitive Bid	☐ Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
□ Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor BAA/DUA	Service/Maintenance	
BAA/DUA Pooled Contract	IT/Software License AgreementLease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)	
Yes	() (
No		
Unknown		
Please provide an explanation		
N/A		

Contract NTE* (?) \$102,657.97
Rate(s)/Rate(s) Description \$91,002.97 – NPC Design Services Fee; \$11,655.00 – Supplemental Investigative Services Fee; See also exhibit A1 \$102,657.97 (total)
Unit(s) Served* 1126-Project WBS: FM21.1126.02
G/L Code(s) * 900040
Current Fiscal Year Purchase Order Number* CT141607
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?* No 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?*
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
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?* (?)



Approved by		
opproved by		
Todd McCorquodalo		
Contracts Approval		
	andromentario provincia de la cominación de servicio de meneró desta de del menor de menero de menero de mener	
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	5/11/2022	

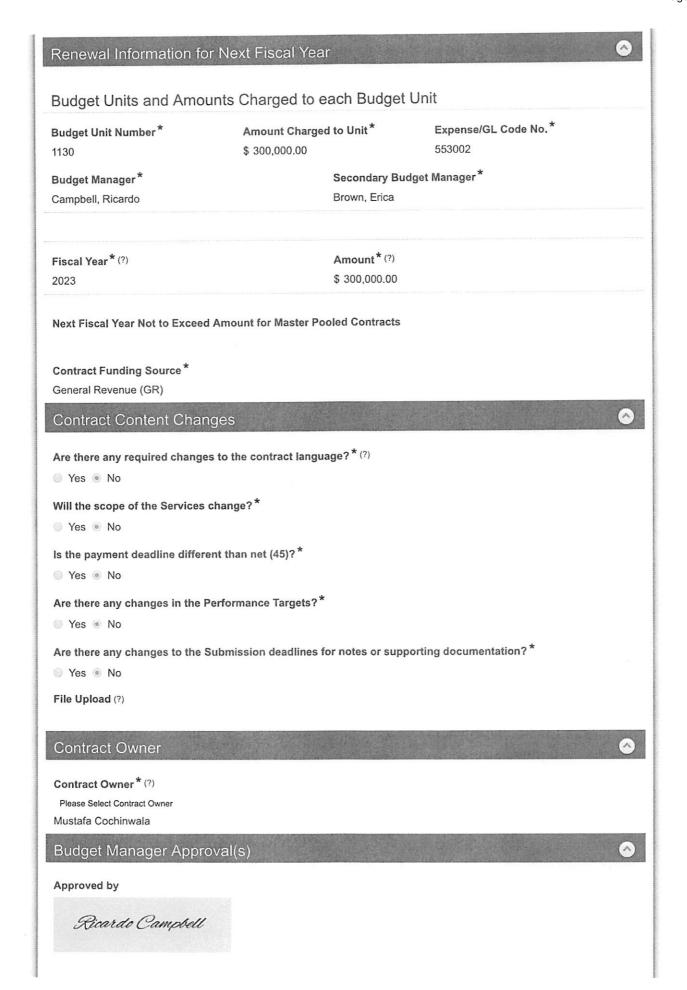
HILARRIS

Annual Renewal Evaluation

Current Fiscal Year Contract Information **Current Fiscal Year** 2022 Contract ID#* 6115 Contractor Name * Aptean, Inc. Service Provided * (?) Software License, Support & Maintenance for On-line requisition & Approval process. (Formerly Ross) Renewal Term End Date * Renewal Term Start Date * 8/31/2023 9/1/2022 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Other N/A Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 326,771.47 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141273
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year? *
Were Services delivered as specified in the contract?* ⊚ Yes ⊚ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
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



Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
Approved by*	Approval Date *
Approved by* Shaskyia Behn	Approval Date * 6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information	<u> </u>		
Current Fiscal Year 2022			
Contract ID#* 7709			
Contractor Name * Centre Technologies, Inc.			
Service Provided* (?) Microsoft Azure DraaS- Disaster Recovery as a 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 Competitive Bid	☐ Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	☐ Tag-On		
Interlocal	☐ Consumer Driven		
☐ Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	☐ Consultant		
Consumer Driven Contract	□ New Contract/Agreement		
Memorandum of Understanding	 Amendment to Existing Contract 		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Population Contract	Lease		
Renewal of Existing Contract	Other		
Vendor/Contractor a Historically Underutilized Busines	ss (HUB) (?)		
○ Yes			
No			
Unknown			

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 112,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 1130	
G/L Code(s)* 574000	
Current Fiscal Year Purchase Order Number* CT141442	
Contract Requestor* Shawnti Boswell	
Contract Owner* Mustafa Cochinwala	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
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 se Agency?* (?) • Yes • No	ervices for the
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	<u> </u>
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 Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1130 574000 \$ 185,000.00 Budget Manager* Secondary Budget Manager* Brown, Erica Campbell, Ricardo Fiscal Year* (?) Amount*(?) 2023 \$ 185,000.00 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?* O 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 Cochinwala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/24/2022



Current Fiscal Year Contract Information	•
Current Fiscal Year 2022	
Contract ID#* 7710	
Contractor Name * Centre Technologies, Inc.	
Service Provided* (?) Microsoft Office 365 Subscription	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) ☐ Information Only (Total NTE Amount is Less than \$100 ☑ Board Approval (Total NTE Amount is \$100,000.00+) ☐ Grant Proposal ☐ Revenue ☐ SOW-Change Order-Amendment# ☐ Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	Occupatible Browned
☐ Competitive Bid☐ Request for Proposal	 ☐ Competitive Proposal ✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
☐ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA ☐ Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	Lease Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 475,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130, 1147
G/L Code(s)* 574000, 900020
Current Fiscal Year Purchase Order Number* CT141438
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala 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 O 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 Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 1130 \$ 576,000.00 574000 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 576,000.00 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





Mental realin and IDD	
Current Fiscal Year Contract Information	○
Current Fiscal Year	
2022	
Contract ID#*	
5007	
Contractor Name*	
Cerner Corporation	
Service Provided* (?)	
Agency Wide Anasazi Software, Support & Maintenance	for IT
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
☐ Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
Ounknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 300,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141295
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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

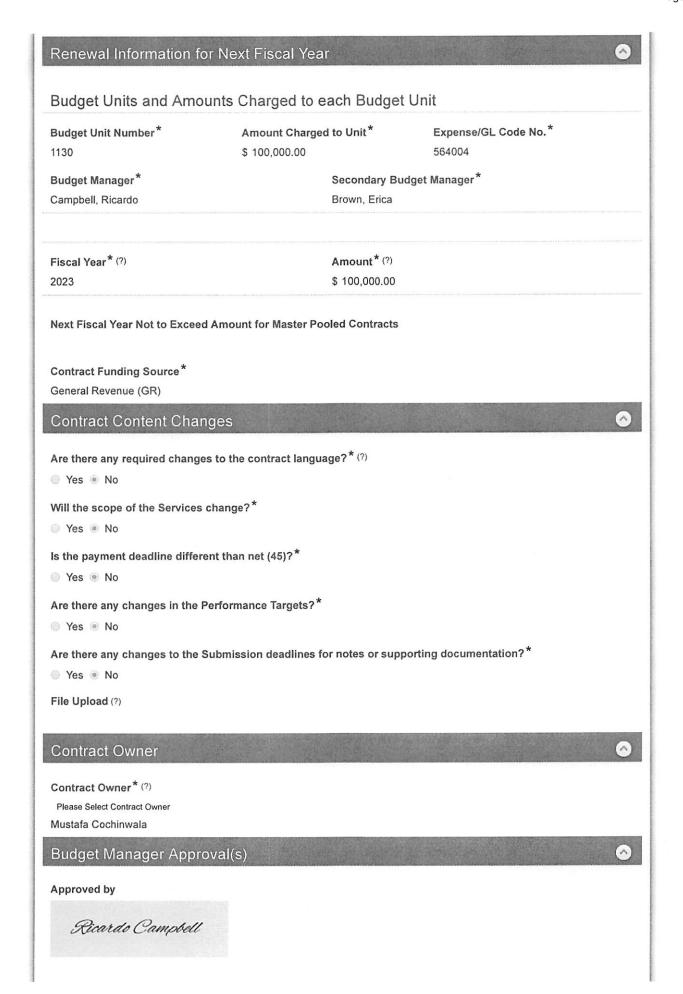
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1130 553002 \$ 300,000.00 Secondary Budget Manager* Budget Manager* Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) 2023 \$ 300,000.00 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 Mustafa Cochinwala Budget Manager Approval(s) Approved by

Contract Owner Approval	$oldsymbol{\circ}$
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
Control of the second	Approval Date*
Shaskyia Behn	6/23/2022

HARRIS Mental Health and IDD Annual Renewal Evaluate	tion
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year 2022	
Contract ID#* 6486	
Contractor Name * Department of Information Resources	
Service Provided* (?) WAN Services from TDHS	
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 Unknown
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 Busin Yes No	ess (HUB) (?)

Unknown

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 170,000.00 Rate(s)/Rate(s) Description
	Unit(s) Served* 1130, 9402
	G/L Code(s)* 564004
	Current Fiscal Year Purchase Order Number* CT141385
	Contract Requestor* Shawnti Boswell
	Contract Owner* Mustafa Cochinwala
	File Upload (?)
	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* No
	Were Services delivered as specified in the contract?* No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	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 Maintained legally required standards for certification, licensure, and/or training?* (?)
	Yes ○ NoRenewal Determination
-	Is the contract being renewed for next fiscal year with this Contractor?* (?)
	Yes No

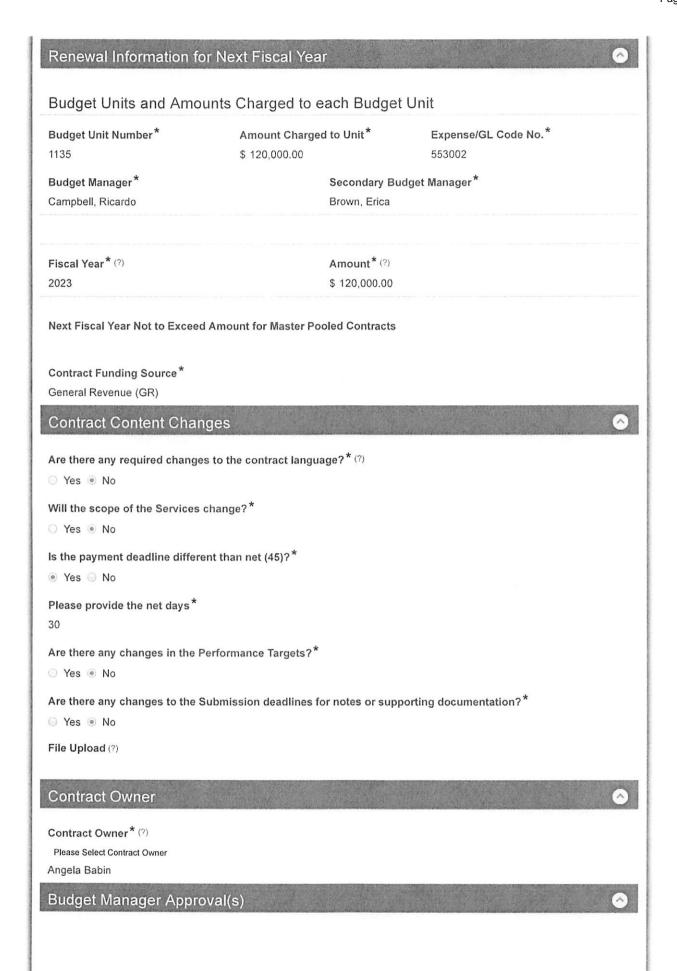






Mental Health and IDD	
Current Fiscal Year Contract Informatio	n .
Current Fiscal Year	
2022	
Contract ID#*	
7828	
Contractor Name *	
Cardinal Health Pharmacy Services, LLC	
Service Provided* (?)	
Remote Order Pharmacy Support Services	
Renewal Term Start Date*	Renewal Term End Date*
4/1/2020	3/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000,000
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	□ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
 Interlocal Not Applicable (If there are no funds required) 	☐ Consumer Driven ☐ Other
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
☐ Affiliation or Preceptor☐ BAA/DUA	 ☐ Service/Maintenance ☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	✓ Other Funding Set Up Only
Vendor/Contractor a Historically Underutilized Busir	ness (HUR) (2)
Yes	(1.05)
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 96,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141396
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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



Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/8/2022



Current Fiscal Year Contract Information	<u> </u>	
Current Fiscal Year 2022		
Contract ID#* 6825		
Contractor Name* Granite Telecommunications, LLC		
Service Provided * (?) POTS and AT&T bills transferred to Granite who manage	s the Agency's telephone bills.	
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 N/A	
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 Busine	ess (HUB) (?)	
Yes No Unknown		

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 147,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1171
G/L Code(s)* 564000
Current Fiscal Year Purchase Order Number* CT141524
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Second Se
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?) No

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 564000 1171 \$ 150,000.00 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) \$ 150,000.00 2023 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

Approved by	
-pproved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/27/2022



Current Fiscal Year Contract Information	o l
Current Fiscal Year	
2022	
Contract ID#*	
2021-0209	
Contractor Name *	
Ascend HR Corp	
Service Provided* (?)	
Agency-Wide Recruitment Services as-needed for Human	n Resources
555 - 51	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$100	0,000.00)
■ 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	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 504,500.00
Rate(s)/Rate(s) Description Base Rate is \$12,000 per month with additional cost for Leased Employees, Hiring Events and etc.
Unit(s) Served* 1101, 1108, 1110
G/L Code(s)* 592000
Current Fiscal Year Purchase Order Number* CT141584
Contract Requestor* Terence Freeman
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?*
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 O 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 Amou	nts Charged to each Budg	get Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1108	\$ 200,000.00	592000	
Budget Manager*		Budget Manager*	
Brown, Erica	Campbell, R	licardo	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 200,000.0	0	
200000.00	Amount for Master Pooled Contrac	ts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Chang	es	0	
Are there any required changes	to the contract language?* (?)		
○ Yes ⊙ No			
Will the scope of the Services ch	nange?*		
○ Yes ● No			
Is the payment deadline differen	t than net (45)?*		
○ Yes ● No			
Are there any changes in the Pe	rformance 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			
Terence Freeman			
Budget Manager Approval(s)			

Approved by	
Ehica Bhown	
Contract Owner Approval	
Approved by	
Terence Preeman	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/21/2022

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7827 Contractor Name* Enterprise FM Trust Service Provided* (?) Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application ✓ Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance **BAA/DUA** IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

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

Yes

No

Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 433,761.18
Rate(s)/Rate(s) Description
Unit(s) Served* Multiple
G/L Code(s)* 560500, 559000
Current Fiscal Year Purchase Order Number* CT141514
Contract Requestor* Jessica Soto
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?*
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?* (?)
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

	ounts Charged to each		Expense/GL Code No.*
Budget Unit Number* 117	Amount Charged to \$ 9,375.72	Unit	Expense/GL Code No. 560500
Budget Manager* Campbell, Ricardo	s	econdary Bu rown, Erica	dget Manager*
Budget Unit Number* 117	Amount Charged to \$ 1,153.32	o Unit*	Expense/GL Code No.* 559000
Budget Manager* Campbell, Ricardo		econdary Bu Irown, Erica	dget Manager*
Budget Unit Number* 1124	Amount Charged to \$ 60,534.84	o Unit*	Expense/GL Code No.* 560500
Budget Manager* Brown, Erica		econdary Bu	dget Manager* irdo
Budget Unit Number*	Amount Charged to \$ 15,897.36	o Unit*	Expense/GL Code No.* 559000
Budget Manager* Brown, Erica		Secondary Bu Campbell, Rica	dget Manager* irdo
Budget Unit Number*	Amount Charged to \$ 16,139.29	o Unit*	Expense/GL Code No.* 560500
Budget Manager* Campbell, Ricardo		Secondary Bu Brown, Erica	dget Manager*
Budget Unit Number*	Amount Charged t \$ 1,867.80	o Unit*	Expense/GL Code No.* 559000
Budget Manager* Campbell, Ricardo		Secondary Bu Brown, Erica	rdget Manager*
Budget Unit Number*	Amount Charged t \$ 9,787.08	o Unit*	Expense/GL Code No.* 560500
Budget Manager* Campbell, Ricardo		Secondary Bu Brown, Erica	udget Manager*
Budget Unit Number*	Amount Charged t \$ 1,091.76	o Unit*	Expense/GL Code No.* 559000
Budget Manager* Campbell, Ricardo		Secondary Bu Brown, Erica	udget Manager*
Budget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 2214 559000 \$ 7,094.52 **Budget Manager*** Secondary Budget Manager* Loera, Angelica Shelby, Debbie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 2215 \$ 9,375.72 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 2215 \$ 4,100.96 Secondary Budget Manager* **Budget Manager*** Loera, Angelica Shelby, Debbie Expense/GL Code No. * Amount Charged to Unit* **Budget Unit Number*** 560500 2250 \$ 26,493.60 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 2250 \$ 4,093.20 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 2301 \$ 33,899.52 Secondary Budget Manager* **Budget Manager*** Loera, Angelica Shelby, Debbie Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 559000 2301 \$ 8,951.52 Secondary Budget Manager* Budget Manager* Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 \$ 1,284.00 3550 Secondary Budget Manager* Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 3579 \$ 7,019.28 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3579 559000 \$ 4,324.44 **Budget Manager*** Secondary Budget Manager* Downey, Michael Adams-Austin, Mamie **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 3585 \$ 13,566.00 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 3585 \$ 2,815.20 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 3609 \$ 7,019.28 560500 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3609 \$ 888.12 559000 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 3611 \$ 10,814.52 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 \$ 2,408.16 3611 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 3636 \$ 6,298.92 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No. * 559000 3636 \$ 945.60 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3692 \$ 6,273.60 560500 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 3692 \$ 945.60 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 9206 \$ 13,938.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9206 \$ 2,094.60 559000 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 9208 \$ 113,404.08 **Budget Manager*** Secondary Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 9208 \$ 59,404.20 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** \$ 16,808.16 5605000 9210 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 9210 \$ 2,761.20 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 560500 9211 \$ 5,287.08 **Budget Manager*** Secondary Budget Manager*

Kornmayer, Kimberly

Oshman, Jodel

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* \$ 991.80 9211 559000 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9243 \$ 5,827.20 560500 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 9243 \$ 907.80 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 560500 \$ 5,956.92 9247 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Kornmayer, Kimberly **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 9247 \$ 1,050.84 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* \$ 159.326.16 560500 9248 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Strang, Sarah Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 559000 9248 \$ 18,156.72 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Strang, Sarah Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 9261 \$ 11,654.40 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 9261 \$ 1,815.60

Secondary Budget Manager*

Oshman, Jodel

Budget Manager*

Ramirez, Priscilla

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9263 560500 \$ 10,558.68 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Macleod, Ann Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 559000 9263 \$ 8,436.96 Budget Manager* Secondary Budget Manager* Oshman, Jodel Macleod, Ann **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9278 \$ 19,574.16 560500 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 9278 \$ 2,183.52 Secondary Budget Manager* Budget Manager* Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 559000 9403 \$ 5,292.72 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 9810 \$ 15,598.44 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 2,050.92 559000 9810 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount* (?) Fiscal Year* (?) \$ 758,833.08 2023 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?* (?)

Will the scope of the Services change?* ⊚ Yes ⊚ No		
Is the payment deadline different than net (45)?* Solution Yes Solution No.		
Are there any changes in the Performance Targets?* Yes No		
Are there any changes to the Submission deadline Yes No	es for notes or supporting documentation?*	
File Upload (?)		
Contract Owner		
Contract Owner * (?) Please Select Contract Owner Todd McCorquodale		
Budget Manager Approval(s)		
Approved by	Approved by	
Ricardo Campbell	Ekica Brown	
Approved by	Approved by	
Debbie Chambers Shelby	Mamie Oddams-Odustin	
Approved by	Approved by	
Priscitta M. Ramirez	Todel Oshman	
Approved by Sign		
Contract Owner Approval	⊙	
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		

Approved by *

Belinda Stude

Approval Date* 6/28/2022

HARRIS CENTER for

Mental Health and IDD	
Current Fiscal Year Contract Information	on 💍
Comment Figure I V	
Current Fiscal Year	
2022	
Contract ID#*	
7611	
Contractor Name *	
AT&T Corp.	
Service Provided* (?)	
AT&T Ethernet on Demand Services - Upgrade to AT&T	Circuits at 14 Agency Locations
and Renew Pricing Schedule.	officials at 14 Agency Eccations
	.
Renewal Term Start Date *	Renewal Term End Date*
1/1/2020	1/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$1	00 000 00)
Board Approval (Total NTE Amount is \$100,000.00+	
Grant Proposal	1
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
✓ Not Applicable (If there are no funds required)	✓ Other Unknown
Contract Description / Type	
Personal/Professional Services	□ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 152,000.00
Rate(s)/Rate(s) Description \$11,016.54 per month; 36 month (1/1/2020 - 1/1/2023) NTE \$396,595.44
Unit(s) Served* 1130
G/L Code(s)* 564004
Current Fiscal Year Purchase Order Number* CT140418
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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	or next fiscal year with	this Contractor?	(?)	
Yes No				
Renewal Information for	Next Fiscal Year	r		۵
Budget Units and Amou	ints Charged to e	ach Budget U	Init	
Budget Unit Number*	Amount Charged	I to Unit*	Expense/GL Code No.*	
1130	\$ 152,000.00		564004	
Budget Manager*		Secondary Budg	et Manager*	
Campbell, Ricardo		Brown, Erica		
Fiscal Year* (?)		Amount* (?)		
2023		\$ 152,000.00		
Next Fiscal Year Not to Exceed	Amount for Master Poo	oled Contracts		
None Floor Four Hot to Endough	Amount for madeer 1 oc	nou communic		
Contract Funding Source *				
General Revenue (GR)				
Contract Content Chang	jes			•
Are there any required changes	to the contract langua	ge?* (?)		
Will the scope of the Services c	hange?*			
○ Yes ® No				
Is the payment deadline differer	nt than net (45)?*			
○ Yes ● No				
Are there any changes in the Pe	erformance Targets?*			
○ Yes ◎ No				
Are there any changes to the Su	ubmission deadlines fo	r notes or suppor	ting documentation?*	
○ Yes ● No				
File Upload (?)				
Contract Owner				0
Contract Owner		to the second se	and the state of t	0
Contract Owner* (?)				
Please Select Contract Owner Mustafa Cochinwala				
Budget Manager Approv	val(s)	and other and the state of the state of	tanna karanna disambarkan karanna ara matati dina menan pambar	٥

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
 Return for correction 	
Approved by *	
Approved by	A *
Belinda Stude	Approval Date*
xeunaa Stuae	6/24/2022

HI VERES

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7622 Contractor Name* Innovation Network Technologies Corp. Service Provided * (?) Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions (DIR-TSO-4332). Annual Funding. Renewal Term End Date* Renewal Term Start Date* 8/30/2023 8/31/2022 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application ✓ Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 100,635.30 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141362
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor adhere to the contracted schedule?* (?) 9 Yes O No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Expense/GL Code No.* Amount Charged to Unit* 1130 \$ 105,000.00 553002 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) \$ 105,000.00 2023 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?* 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

A	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
No, reject entire submissionReturn for correction	
Return for correction	
	Approval Date*
Return for correction	Approval Date* 6/27/2022

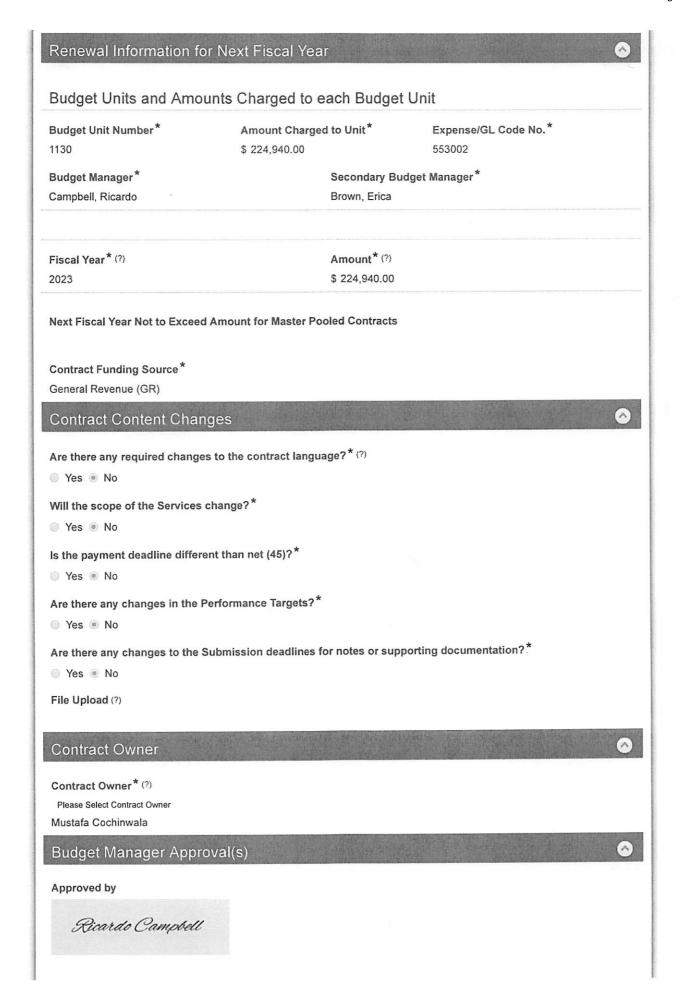
HIARRIS

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 6685 Contractor Name* Kronos Incorporated Service Provided* (?) Agency wide HRMS Software, Equipment, including Time and Attendance Maintenance and Support. Renewal Term End Date* Renewal Term Start Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application ✓ Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 467,269.19
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1130, 1147
	G/L Code(s)* 553002, 900020, 900021, 900022, 900060
	Current Fiscal Year Purchase Order Number* CT141374
	Contract Requestor* Shawnti Boswell
	Contract Owner* Mustafa Cochinwala
	File Upload (?)
The state of the s	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?*
	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





HARRIS CENTER.

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2022-0129 Contractor Name* Mazzammil Sajjad DBA Innovative Solutions IT Service Provided* (?) Access to large quantities of PPE in a timely manner. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) ✓ Other Supply/Service Agreement Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ■ BAA/DUA ☐ IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 350,000.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 2379
G/L Code(s)* 549001
Current Fiscal Year Purchase Order Number* CT141866
Contract Requestor* Eggla 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
Maintained legally required standards for certification, licensure, and/or training?* (?) Per 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?* (?) 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 Ricardo Campbell

Contract Owner Approval Approved by D. Chatheny Robinson Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* 6/15/2022

0/6	The
RIE	HARRIS
(a) (p)	HARRIS CENTER for
	Health and IDD

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7757 Contractor Name* Safeway Inc. Service Provided * (?) Pharmacy Drug Dispensing Services Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ■ BAA/DUA ☐ IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other 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
Unit(s) Served* 1135
G/L Code(s)* 547003
Current Fiscal Year Purchase Order Number* CT141377
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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.* 1135 \$ 100,000.00 547003 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* (?) Please Select Contract Owner Angela Babin Budget Manager Approval(s) Approved by Ricardo Campbell

Contract Owner Approval	
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/8/2022
Thuskeyea Wenn	

BHARR

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 5643 Contractor Name * Labatt Institutional Supply Company DBA Labatt Food Services, LLC Service Provided * (?) Food Services for Consumers in the CRU. Renewal Term Start Date* Renewal Term End Date* 7/1/2022 6/30/2023 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100,000.00) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application ✓ Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE*(?) \$ 113,700.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served * 9210, 9810
G/L Code(s)* 548000
Current Fiscal Year Purchase Order Number* CT141465
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? *
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) Solution 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.* 548001 9210 \$ 54,576.00 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9810 \$ 59,124.00 548001 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Fiscal Year* (?) Amount*(?) \$ 113,700.00 2023 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

Contract Owner Approval

Approved by

Fin Fop NnAyEp

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

6/3/2022

HILLER.

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7222 Contractor Name * P-Co-Occurring Disorders Residential Treatment Service Provided * (?) To provide co-occurring disorders residential treatment services Renewal Term Start Date* Renewal Term End Date* 8/31/2022 9/1/2023 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract 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 \$79.00 per bed day per consumer for intensive residential treatment \$69.00 per bed day per consumer for supportive residential treatment
	Unit(s) Served* 9825 DSRIP Co-Occurring
	G/L Code(s)* 543043
	Current Fiscal Year Purchase Order Number * CT141319
	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?* See No.
	Were Services delivered as specified in the contract?* No No
	Did Contractor perform duties in a manner consistent with standards of the profession?* 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

Budget Units and Amo	unts Charged to each Bud	get Unit
Budget Unit Number*	Amount Charged to Unit* \$ 250,000.00	Expense/GL Code No.* 543043
Budget Manager* Oshman, Jodel		Budget Manager*
Fiscal Year* (?) 2023	Amount*(\$ 250,000.	
Next Fiscal Year Not to Exceed 250,000.0	d Amount for Master Pooled Contra	cts
Contract Funding Source* General Revenue (GR)		
Contract Content Char	nges	
	es to the contract language?*(?) change?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	es to the contract language?* (?) change?* rent than net (45)?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* rent than net (45)?*	supporting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?*(?) change?* rent than net (45)?* Performance Targets?*	supporting documentation?*

Approved by

Contract Owner Approval

Approved by

Fin Fornmayer

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approved by*

Approval Date*

6/3/2022

HARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information	n	○
Current Fiscal Year		
2022		
Contract ID#*		
6835		
Contractor Name *		
IDD Consumer Services Master Pool		
Service Provided* (?)		
3585-543005= \$10,000.00 TxHmL Out of Home Respite 3585-543008= \$72,000.00 TxHmL Day Habilitation 3585-543014= \$8,000.00 TxHmL Transportation 3575-543008= \$70,000.00 IDD RO53 Day Habilitation 3569-543005= \$2,500,000.00 IDD RO23 In Home Respit 3568-543005= \$5,000.00 IDD RO22 Clinical Out of Hom 3646-543063= \$100,000.00 IDD RO22 Crisis Out of Hom	te e Respite	
Renewal Term Start Date *	Renewal Term	End Date*
9/1/2022	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 \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)	
Procurement Method(s)*		
Check all that Apply	0	Paragraph
Competitive Bid Request for Proposal	Sole Sour	ve Proposal
Request for Application		or Qualification
Request for Quote	Tag-On	or addinionion
Interlocal	✓ Consumer	r Driven
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultan	t
Consumer Driven Contract		ract/Agreement
		ent to Existing Contract
Memorandum of Understanding		aintenance
Affiliation or Preceptor		re License Agreement
BAA/DUA Replace Contract		e License Agreement
Pooled Contract	Lease	
Renewal of Existing Contract	Other	

O 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
Varies
Unit(s) Served*
3585, 3575, 3569, 3568 and 3646
G/L Code(s)*
543005, 543008, 543063, 543014
Current Fiscal Year Purchase Order Number*
CT141370
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?*
COLUMN TO THE STATE OF THE STAT
○ Yes ● No
○ Yes ● No Were Services delivered as specified in the contract?*
Were Services delivered as specified in the contract?* ⊚ Yes ○ No
Were Services delivered as specified in the contract?*
Were Services delivered as specified in the contract?* ⊚ 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
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?* (?)
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 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?* (?)
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 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
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
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?*(?)
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
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?*(?)
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
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
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?*(?)

Renewal Determination Is the contract being renewed for next fiscal year with this Contractor?* (?) YesNo 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 \$ 10,000.00 543005 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3585 \$ 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 \$ 8,000.00 543014 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3575 \$ 70,000.00 543008 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Expense/GL Code No.* Amount Charged to Unit* 3569 \$ 2,500,000.00 543005 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 543005 3568 \$ 5,000.00 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543063 \$ 100,000.00 3646 Budget Manager* Secondary Budget Manager* Downey, Michael Adams-Austin, Mamie Fiscal Year * (?) Amount* (?) 2023 \$ 2,765,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts \$2,765,000.00
Contract Funding Source* State
Contract Content Changes
Are there any required changes to the contract language?* (?) O 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?* O Yes No
File Upload (?) FY23 Rate Master Pool.docx 12.69KB
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 Informatio	n
Current Fiscal Year	
2022	
Contract ID#*	
5736	
Contractor Name *	
The University of Texas Health Science Center @Houst	on on behalf of Harris County
Psychiatric Center	
Service Provided * (?)	
Mental Health In-Patient Psychiatric Beds, Inpatient Cor	npetency Restoration Services
and Voluntary/Involuntary Civic Beds.	
Renewal Term Start Date	Renewal Term End Date
9/1/2022	8/31/2023
9/ 1/2022	0/0 1/2020
Term for Off-Cycle Only (For Reference Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	00,000.00)
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1) Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	

2200, 2221, 0000

Procurement Method(s) *	
Check all that Apply	
☐ Competitive Bid	☐ Competitive Proposal
Request for Proposal	□ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
[Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Required per HHCS Performance Contract
Contract Description / Type	
翻 Personal/Professional Services	☐ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	○ Service/Maintenance
(BAA/DUA	IT/Software License Agreement
☐ Pooled Contract	☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin ○ Yes ③ No ○ Unknown	ess (HUB) (?)
Contract NTE (Old Text Field For Reference) (?)	
Contract NTE (?)	
\$ 37,097,416.80	
Rate(s)/Rate(s) Description	
MH Inpatient beds-142 bed days and additional 6 bed days: Rate-\$552.28 per bed day; Inpatient Competency/Restoration: Rate: \$552.28 per bed day, 23 patients bed days-NTE \$4,636,390.60; Involuntary/Civic Commitment: Rate: \$530.00 per bed day/17 beds Cost-NTE: \$3,288,650.00; and Payment for Post-Charge Medication Reimbursement Cost: \$283,087.80	
Unit(s) Served *	

G/L Code(s)*	
126004, 543002, 543044	
Current Fiscal Year Purchase Order Number*	
CT141699-Competency Restoration Program & CT141729-Inpatient beds and voluntary/involuntary civil beds	
Contract Requestor*	
Lance Britt	
Contract Owner*	
Lance Britt	
File Upload (?)	
FY22 HCPC Rate details.docx	11.77KB
Are you the responsible party for this contract?*	
© Yes O No	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within	the current fiscal year?*
Have there been any significant performance deficiencies within Yes No	the current fiscal year?*
○ Yes ⑤ No	the current fiscal year?*
○ Yes ⑤ No Were Services delivered as specified in the contract?*	the current fiscal year?*
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No 	
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No Did Contractor perform duties in a manner consistent with stand 	
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No 	
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No Did Contractor perform duties in a manner consistent with stand 	
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⊚ Yes ○ No 	
 Yes ⑤ No Were Services delivered as specified in the contract?* ⑥ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⑥ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) 	ards of the profession?*
 Yes ⑤ No Were Services delivered as specified in the contract?* ⑥ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⑥ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) ⑥ Yes ○ No 	ards of the profession?*
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⊚ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) ⊚ Yes ○ No Were reports, billing and/or invoices submitted in a timely manner 	ards of the profession?* er?* (?)
 Yes ⊚ No Were Services delivered as specified in the contract?* ⊚ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⊚ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) ⊚ Yes ○ No Were reports, billing and/or invoices submitted in a timely manner ⊚ Yes ○ No 	ards of the profession?* er?* (?)
 Yes ③ No Were Services delivered as specified in the contract?* ⑤ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⑥ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) ⑥ Yes ○ No Were reports, billing and/or invoices submitted in a timely manner ⑥ Yes ○ No Did Contractor provide adequate or proper supporting document 	ards of the profession?* er?* (?)
 Yes ⑤ No Were Services delivered as specified in the contract?* ⑥ Yes ○ No Did Contractor perform duties in a manner consistent with stand ⑥ Yes ○ No Did Contractor adhere to the contracted schedule?*(?) ⑥ Yes ○ No Were reports, billing and/or invoices submitted in a timely manner ⑥ Yes ○ No Did Contractor provide adequate or proper supporting document Agency?*(?) 	ards of the profession?* er?*(?) tation of time spent rendering services for the

Maintained legally required standa ⑤ Yes ○ No	ards for certificatio	n, licensure, and/o	or training?* (?)
Renewal Determination			
Is the contract being renewed for	•		?*(?)
Budget Units and Amoun	ts Charged to	each Budget	Unit
Budget Unit Number* 9300	Amount Charged to Unit* \$ 1,080,000.00		Expense/GL Code No.* 543059
Budget Manager* Shelby, Debbie		Secondary Budg Britt, Lance	et Manager*
Budget Unit Number* 2221	Amount Charge \$ 4,636,477.00	d to Unit*	Expense/GL Code No.* 543069
Budget Manager* Shelby, Debbie		Secondary Budg Britt, Lance	et Manager*
Budget Unit Number* 2222	Amount Charge \$ 3,288,648.00	d to Unit*	Expense/GL Code No.* 543056
Budget Manager* Shelby, Debbie		Secondary Budg Britt, Lance	et Manager*
Budget Unit Number* 2186	Amount Charge \$ 28,092,291.80	ed to Unit*	Expense/GL Code No.* 543002
Budget Manager* Shelby, Debbie		Secondary Budg Britt, Lance	jet Manager*
Fiscal Year* (?) 2023		Amount* (?) \$ 37,097,416.80	

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	
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 ⑥ 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	

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

- Yes
- No
- Unknown

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 635,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 2801
	G/L Code(s)* 543011
	Current Fiscal Year Purchase Order Number* CT141711
	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? *
	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?* (?)
ĺ	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. * 543011 \$ 635,000.00 2801 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount*(?) \$ 635,000.00 2023 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?* 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



HINRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n .
Current Fiscal Year	
2022	
Contract ID#* 7270	
Contractor Name* Physician Resources, Inc.	
Service Provided * (?)	
Physicians/Physician Assistants for Physical Assessmen	ats for the Jail Diversion Center
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	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 \$10 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other
Not Applicable (If there are no funds required)	Ottlei
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other ■ Other
Vendor/Contractor a Historically Underutilized Busin Yes	ness (HUB) (?)
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) \$235,045.40
Contract NTE* (?) \$ 235,045.40
Rate(s)/Rate(s) Description Varies
Unit(s) Served* 9403
G/L Code(s)* 540507
Current Fiscal Year Purchase Order Number* CT141253
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?* No
Were Services delivered as specified in the contract?* ⊚ Yes ⊚ No
Did Contractor perform duties in a manner consistent with standards of the profession?* 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 Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543031 9403 \$ 57,560.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543031 \$ 177,485.40 9502 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Oshman, Jodel Fiscal Year* (?) Amount* (?) \$ 235.045.40 2023 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. Ramiroz	
Contract Owner Approval	Ó
Approved by	
Kin KOP NMAYED	
Contracts Approval	
Approve*	
Yes No reject entire submission	
No, reject entire submission Return for correction	
Approved by *	A
	Approval Date* 5/25/2022
Sharbing Robin	
Shaskyia Behn	0/20/2022

EXHIBIT F-6

July 2022 AMENDMENTS OVER 100k

SNAPSHOT SUMMARY CONTRACT AMENDMENTS \$100,000.00 AND MORE July 2022 FISCAL YEAR 2022

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY22/23 AMENDMENTS									
ADMINISTRATION						13 N 9 12 14 F 14 1 1			
1 Right Now Termite and Pest Control	MBE	Agency Wide Termite and Pest Control Services	\$88,000.00	\$30,000.00	\$118,000.00	9/01/2021-8/31/2022	General Revenue		This Amendment is for the need to increase the dollar amount or the current PO CT141553 by \$30,000.00 to be able to provide services for the remainder of the fiscal year. The Agency have had several high cost treatments for both roaches and bedbugs as well as paying for services at the Acres Homes apartments that have depleted both regular funds and contingency.
2 Cardinal Health Pharmacy Services, LLC		Remote Order Pharmacy	\$96,000.00					Request for Quote	Amendment to allow for access to 4 ambulatory clinic pharmacy site data in Epic Willow ambulatoryto answer after hours questions from patients as an on call pharmacist resource. On callpharmacist resource is a requirement from our Pharmacy Benefit Manager partners to ourpatients for the Pharmacy Billin Go-Live Project.
Z Cardinal Health Pharmacy Services, LLC	Unknown	Support Services Hosting Solution Powered	\$96,000.00	\$12,000.00	\$108,000.00	4/1/2022 - 3/31/2023	General Revenue	Request for Quote	This Amendment is to increase NTE funds for the hosting
3 WebHead	Yes	by Amazon Web Services	\$ 208,884.40	\$ 14,308.04	\$ 223,192.44	4/1/2022 - 3/31/2023	General Revenue	Request for Proposal	solution powered by Amazon Web Services.
CPEP/CRISIS SERVICES Harris Health System - Nutrition Food 4 Services	Unknown	Food and Nutrition Services at the Crisis Unit @NPC.	\$345,025,70	\$15,000.00	\$360,025,70	9/1/2021 - 8/31/2022	General Revenue	Consumer Driven	This Amendment is to increase NTE funds due to increased usage of food services for consumers receiving services at the NPC location.
5 Master Pool-Substance Abuse	Unknown	P-Residential Substance Abuse Treatment Services	\$62,726.00			,	County	Request for Application	This Amendment is the Program requesting to increase the NTi and Purchase Order closer to actual expenses projected to fisc 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
FORENSICS									
TORENOISS									
INTELLECTUAL DEVELOPMENTAL									
DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
LEASES									
MENTAL HEALTH SERVICES									
6									
	1	1		1	L	L			

HITARRES ...

Executive Contract Summary

	Mental Health and Hol	iaiy	
Total State of the last of the			
0.0000	Contract Section		0
	Contractor*		
	Right Now Termite and Pest Control		
	Contract ID #*		
	7786		
	Presented To*		
	Resource Committee		
	Full Board		
	Date Presented*		
	6/21/2022		
	Parties* (?)		
	Right Now Termite and Pest Control and The Harris Cente	г	
	Agenda Item Submitted For: * (?)		
	■ Information Only (Total NTE Amount is Less than \$50,0	00.00)	
	■ Board Approval (Total NTE Amount is \$50,000.00+)		
	Grant Proposal		
	Revenue		
	SOW-Change Order-Amendment#		
	Other		
	Procurement Method(s)*		
	Compatitive Did	Competitive Proposal	
	□ Competitive Bid✓ Request for Proposal	Sole Source	
	Request for Application	Request for Qualification	
	Request for Quote	Tag-On	
	■ Interlocal	Consumer Driven	
	Not Applicable (If there are no funds required)	☐ Other	
	Funding Information*		
	New Contract Amendment		
	Contract Term Start Date * (?)	Contract Term End Date * (?)	
	9/1/2021	8/31/2022	
		0.0 1.2022	
	If contract is off-cycle, specify the contract term (?)		
	Current Contract Amount*		
	\$ 88,000.00		
	Increase Not to Exceed*		
	\$ 30,000.00		
	Revised Total Not to Exceed (NTE)*		
	\$ 118,000.00		

Fiscal Year* (?) 2022	Amount* (?) \$ 118,000.00
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 Serviced to increase the dollar amount on the current PO CT to provide services for the remainder of the fiscal year	
we have had several high cost treatments for both roach for services at the Acres Homes apartments that have de contingency	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
add \$30,000.00 to 1899 / 569005	
Contract Owner* Todd McCorquodale	
Previous History of Contracting with Vendor/Contract Yes No Unknown	tor*
Please add previous contract dates and what services FY21 to present, and dates prior to FY2016 are unknown pest control services	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Please provide the HUB status* MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.	
Community Partnership * (?) Yes No Unknown Supporting Documentation Upload (?)	
Supporting Documentation Opioau (1)	
Vendor/Contractor Contact Person	<u> </u>
Name * Right Now Termite and Pest Control / Dannie Liggans	*

Address*			
10714 Crestwater Circle			
Magnolia		TX	
77354-3218		US	
Phone Number* 8322536427			
Email*			
dannie.liggans@yahoo.com			
Budget Section			•
Budget Units and Amounts	s Charged to e	ach Budget Un	nit
Budget Unit Number*	Amount Charged \$ 30,000.00	d to Unit*	Expense/GL Code No.* 569005
Budget Manager Brown, Erica		Secondary Budget Campbell, Ricardo	Manager
Brown, Enca		Campbell, Nicardo	
Provide Rate and Rate Description see original RFP for pricing costs	s if applicable * (?)		
Project WBS (Work Breakdown Str	ucture)*(?)		
n/a			
Requester Name		Submission Date	
Harper, Sarah		4/27/2022	
Budget Manager Approva	l(s)	thicken militarium na 7 militarium na marani	○
Approved by			
		Approval Date	
Ekica Brown		4/27/2022	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			<u> </u>

Approved by

Todd McCorquodale

Approval Date 4/28/2022

Contracts Approval

Approve*

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

Approved by *

Shaskyia Behn

Approval Date*
4/28/2022

Sensitive Contract Summary

Contract Section Contractor* Cardinal Health Contract ID #* 7828 Presented To* Resource Committee Full Board Date Presented* 8/16/2022 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) Grant Proposal Revenue SOW-Change Order-Amendment# Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 4/1/2022 3/31/2023 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 96,000.00 Increase Not to Exceed* \$ 12,000.00 Revised Total Not to Exceed (NTE)* \$ 108,000.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 108,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Thellewal of Existing Contract	- Culci
Justification/Purpose of Contract/Description	n of Services Being Provided* (?)
And to allow for access to 4 ambulatory clinic p	
to answer after hours questions from patients a	
pharmacist resource is a requirement from our	
patients for the Pharmacy Billing Go-Live Proje	
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 Vendo	dContractor*
	Toolitiactor
Yes No Unknown	
Please add previous contract dates and who	at services were provided*
Pharmacy after hours order verification and res	ource to
CPEP services inpatient areas.	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB) * (?)
Yes No Unknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	on
vendon contractor contact relac	The second secon
Name*	
Conroy Whitely	
Address*	
Street Address	
13651 Dublin Court	
Address Line 2	
City	State / Province / Region
Stafford	TX
Postal / Zip Code	Country
77477-4317	United States

Phone Number* 18478871258			
Email*			
Conroy.Whitely@cardinalhealth.com			
Budget Section			
Budget Units and Amounts	s Charged to e	ach Budget Un	it
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
1135	\$ 12,000.00		553002
Budget Manager		Secondary Budget	Manager
Campbell, Ricardo		Brown, Erica	
Provide Rate and Rate Description			
Charging \$3.25 per patient phone cal over 730 line items.	I, same as per order		
Project WBS (Work Breakdown Str			
n/a	ucture) \(\frac{1}{2}\)		
Requester Name		Submission Date	
Gleason, Teri		6/27/2022	
Budget Manager Approva	l(s)		<u></u>
Approved by			
Approved by		Approval Date	
Ricardo Campbell		6/27/2022	
Procurement Approval	and on the state of		•
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			<u>~</u>
Approved by			
		Approval Date	
Angela Babin		6/27/2022	
Contracts Approval	el an de la company		
Approve*			
Yes			
No, reject entire submission Return for correction			
Totali ioi correction			

Approved by *

Belinda Stude

Approval Date* 6/27/2022

Executive Contract Summary Contract Section Contractor* WebHead Contract ID #* 2022-0360 Presented To* Resource Committee Full Board Date Presented* 7/19/2022 Parties* (?) WebHead 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 Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Qualification Request for Application ■ Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 3/31/2023 6/15/2022 If contract is off-cycle, specify the contract term (?) One Year with four year renewal options Current Contract Amount*

Increase Not to Exceed*

\$ 14,308.04

\$ 208,884.40

Revised Total Not to Exceed (NTE)*

\$ 223,192.44

Fiscal Year* (?) Amount* (?)	
2022 \$ 223,192.44	
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services Consultant	
Consumer Driven Contract New Contract/Agreement	
■ Memorandum of Understanding ■ Amendment to Existing Contract	
Affiliation or Preceptor Service/Maintenance	
■ BAA/DUA ■ IT/Software License Agreement	
Pooled Contract	
Renewal of Existing Contract Other	
Justification/Purpose of Contract/Description of Services Being Provided * (?)	
hosting solution powered by Amazon Web Services.	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contractor*	
Please add previous contract dates and what services were provided *	
06/15/22 - 3/31/2023	
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)	
Yes No Unknown	
Please provide the HUB status*	
MWBE - Minority or Women owned business enterprise.	
Community Partnership* (?)	
○ Yes ○ No ● Unknown	
Supporting Documentation Upload (?)	
2022_HarrisCenter_WH_Hosting.pdf 123.94KB	
Vendor/Contractor Contact Person	0
Veridon/Contractor Contact Person	
Name*	
Juanita Gonzalez	
Address*	
Street Address	
1710 North Main Avenue	
Address Line 2	
City State / Province / Region	
San Antonio TX	
Postal / Zip Code Country	
78212-3938 United States	

Phone Number* 210-354-1661 Email* contracts@webheadtech.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1147 \$ 14,308.04 900021 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) AWS Services - \$10,800.00 One Time Setup - \$3,509.04 Total Cost 1 Year - \$14,309.04 Project WBS (Work Breakdown Structure)* (?) IT22.1147.01 HC External Web and Digital Platform Submission Date Requester Name 6/14/2022 Jones, Anthony Budget Manager Approval(s) Approved by Approval Date Exica Brown 6/15/2022 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Mustafa Cochinwala 6/15/2022 Contracts Approval

Approve*

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

Approved by *

Shaskyia Behn

Approval Date*

6/15/2022

HARRIS CENTER for

Executive Contract Summary

Mental Health and IDD	
Contract Section	\odot
Contractor* Harris Health System - Nutrition Food Services	
Contract ID #* 6212	
Presented To* Resource Committee Full Board	
Date Presented* 7/19/2022	
Parties* (?) Harris Health System Nutrition Food Services and The Ha	arris Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
☐ Competitive Bid ☐ Request for Proposal	☐ Competitive Proposal☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	☐ Other
Funding Information *	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2021	8/31/2022
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 345,025.70	
Increase Not to Exceed* \$ 15,000.00	
Revised Total Not to Exceed (NTE)* \$ 360,025.70	

Fiscal Year* (?)	Amount* (?)		
2022	\$ 360,025.70		
Funding Source*			
General Revenue (GR)			
Contract Description / Type * (?)			
Personal/Professional Services	☐ Consultant		
Consumer Driven Contract	✓ New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	☐ Service/Maintenance		
■ BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)		
Increased usage of food services for consume			
Increase needed; per Budget Manager, at the current spend rate expenses will exceed contracted amount.			
Contract Owner*			
Kim Kornmayer			
,			
Previous History of Contracting with Vendo	or/Contractor*		
Yes O No O Unknown			
Please add previous contract dates and wh	at services were provided*		
Currently under contract.			
Vandar/Contractor a Historically Hadewatilia	red Business (UUR)* (2)		
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)			
○ Yes ○ No ● Unknown			
Community Partnership* (?)			
○ Yes ○ No ● Unknown			
Supporting Documentation Upload (?)			
Vendor/Contractor Contact Person	on		
en e			
Name*			
Jamie Hons			
Address*			
Street Address			
PO Box 25381			
Address Line 2			
City	State / Province / Region		
Houston	TX		
Postal / Zip Code	Country		
77265	United States		
* · · · · · · · · · · · · · · · · · · ·	Office Offices		

Phone Number* 7138734287 Email* Jamie.Hons@harrishealth.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9206 \$ 12,000.00 543013 **Budget Manager** Secondary Budget Manager Oshman, Jodel Kornmayer, Kimberly Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 9209 \$ 3,000.00 543013 **Budget Manager** Secondary Budget Manager Oshman, Jodel Kornmayer, Kimberly Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Singh, Patricia 6/22/2022 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 6/22/2022 Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 6/24/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by*

Shaskyia Belui

Approval Date* 6/24/2022

Executive Contract Summary

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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2021 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*			
And the second s			
County			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
■ BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	□ Other		
Justification/Purpose of Contract/Description of Serv	vices Being Provided * (?)		
Program is requesting to increase the NTE and Purchase			
projected to fiscal year end (08/31/2022). At the end of N			
the \$46,080 contracted amount remaining. The program			
over the last 3 months due to the increase in census thus			
\$11,520 per month for the remaining 4 months for an inc	rease of \$46,080.		
Contract Owner*			
Kim Kornmayer			
Kill Kollinayei			
Previous History of Contracting with Vendor/Contracting	ctor*		
Yes No Unknown			
Please add previous contract dates and what service	es were provided *		
Existing FY22 P.O. CT141488 as well as FY19-FY21	as more promised		
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) * (?)		
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	State / Province / Region		
N/A	N/A		
Postal / Zip Code	Country		
N/A	N/A		

Phone Number*			
N/A Email*			
na@notanemailaddress.com			
Budget Section			<u> </u>
House case page and considerate and asserting account of the construction and the constructio		And the state of t	
Budget Units and Amounts	Charged to ea	ich Budget Uni	it
Budget Unit Number* 9405	Amount Charged \$ 108,806.00	to Unit*	Expense/GL Code No.* 543043
Budget Manager Ramirez, Priscilla		Secondary Budget Oshman, Jodel	Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
No change. As dictated by RFA.	* (0)		
Project WBS (Work Breakdown Stru N/A	ucture) * (?)		
Requester Name		Submission Date 5/27/2022	
Ramirez, Priscilla		5/2//2022	
Budget Manager Approval	(S)		O
Approved by		A	
Priscilla M. Ramirez		Approval Date 5/27/2022	
Contract Owner Approval			○
Approved by			
Kin Kab Ju web		Approval Date	
Kim Kop NMAYED		5/31/2022	
Contracts Approval			
Approve*			
YesNo, reject entire submission			
Return for correction			
Approved by*			
Shaskyia Behu		Approval Date*	
Snaskyta Denn	(6/3/2022	

EXHIBIT F-7

July 2022 INTERLOCAL AGREEMENTS

	Contractors	HUBs/MWBE	Product/Service Description	Action Type	Contract Period	Funding	Comments
	FY23 Contracts	HODS/MADE	Bescription	Action Type	Contract i crica	runding	- Commons
	Interlocals						
1	Houston Independent School District	No	The Harris Center's Print Shop offers in-house printing and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment.	Renewal \$10,000.00	9/01/2022-8/31/2023	General Revenue (GR)	Annual renewal of specialty printing and binding services for the Agency.
2	Harris County Department of Education	No	Agency Wide Records Management Services	Renewal \$28,227.25	9/01/2022-8/31/2023	General Revenue (GR)	Annual renewal of Agency Wide records management services.
3	Burke Center	No	Assistance with Psychological Testing/Evaluations	Renewal \$1,250.00	9/01/2022-8/31/2023	General Revenue (GR)	Annual renewal of assistance with psychological testing/evaluations for IDD consumers.
4	Harris County Hospital District D/B/A Harris Health System	No	COVID-19 Testing, Access to Test Kits and other Laboratory Services	Renewal \$15,000.00	9/01/2022-8/31/2023	General Revenue (GR)	Annual renewal of COVID-19 testing, access to test kits and other laboratory services
5	North Texas Behavioral Health Authority	No	Crisis Intervention Helpline Services to Callers	Renewal Revenue	9/01/2022-8/31/2023	Private Pay Source	Annual renewal of Crisis Intervention Helpline Services Revenue Agreement.
6	Clear Creek ISD	No	Care Coordination Agreement for catastrophic mental health emergency services.	Renewal	11/18/2022-11/19/2022	Interlocal	Annual renewal of Care Coordination Agreement for catastrophic mental health emergency services. Note: The original Term was for one year from the date of full execution (11/18/2019), with two automatic renewals. This is the last renewal year.
					, a		

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD				
Current Fiscal Year Contract Information	<u> </u>			
Current Fiscal Year				
2022				
Contract ID#*				
2021-0235				
Contractor Name*				
Houston Independent School District				
Service Provided* (?)				
The Harris Center's Print Shop offers in-house printing and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment. The Houston Independent School District is able to provide these services to The Harris Center at a reduced cost. **** NOTE - HISD has yet to return last year's renewal, even after numerous follow ups. ****				
Renewal Term Start Date *	Renewal Term End Date*			
9/1/2022	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	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services Consumer Driven Contract	Consultant			
Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract 			
Affiliation or Preceptor	Service/Maintenance			
□ BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	☐ Lease			
	☐ Other			

Vendor/Contractor a Historically Underutilized Business (HUB) (?)
○ Yes
No
○ Unknown
Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?)
\$ 10,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1107
G/L Code(s)* 596001
Current Fiscal Year Purchase Order Number*
FY22 PO not yet created as the Agreement is not yet executed.
Contract Requestor*
Nicole Lievsay
Contract Owner*
Nicole Lievsay
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 standar	rds for certification, licensure, and	d/or training?* (?)
Yes No Renewal Determination		○
Is the contract being renewed for n Yes No	ext fiscal year with this Contracto	or?* (?)
Renewal Information for N	ext Fiscal Year	
Budget Units and Amounts	s Charged to each Budge	t Unit
Budget Unit Number* 1107	Amount Charged to Unit* \$ 10,000.00	Expense/GL Code No.* 596001
Budget Manager* Campbell, Ricardo	Secondary B Brown, Erica	udget Manager*
Fiscal Year* (?) 2023	Amount* (?) \$ 10,000.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contracts	
10000		
Contract Funding Source* General Revenue (GR)		
Contract Content Changes	S	⊙
Are there any required changes to	the contract language?* (?)	
Will the scope of the Services chan	nge?*	
Is the payment deadline different the Yes No	nan net (45)?*	
Are there any changes in the Perfo	rmance Targets?*	
Are there any changes to the Subm Yes No	nission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		○
Contract Owner* (?) Please Select Contract Owner		
Nicole Lievsay		

Budget Manager Approval(s)	<u> </u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	6
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/10/2022

HARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 5080	
Contractor Name* Harris County Department of Education	
Service Provided* (?) Agency Wide Records Management Services (EVERGRE	EEN)
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
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 Busine Yes No Unknown	ss (HUB) (?)

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 32,897.16 Rate(s)/Rate(s) Description
Unit(s) Served* 1101, 1110, 1119, 1105, 1128, 1122
G/L Code(s)* 571002
Current Fiscal Year Purchase Order Number* CT141459
Contract Requestor* Nina Cook
Contract Owner* Nina Cook
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?*
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 Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 571002 1101 \$ 3,062.25 Secondary Budget Manager* Budget Manager* Brown, Erica Campbell, Ricardo Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1128 \$ 2,676.00 571002 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 571002 1110 \$ 2,125,25 Budget Manager* Secondary Budget Manager* Brown, Erica Campbell, Ricardo Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* \$ 3.511.25 571002 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1105 571002 \$ 16,852.25 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 28,227.25 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 Yes No	or notes or supporting documentation?*
File Upload (?) THE HARRIS CENTER 2022-2023 - Pricing Schedule.do HCDE FY23 BUDGET SUMMARY (LATEST) 4-26-2022.x	
Contract Owner	
Contract Owner* (?) Please Select Contract Owner Nina Cook	
Budget Manager Approval(s)	
Approved by	Approved by
Erica Brown	Ricardo Campbell
Contract Owner Approval	<u> </u>
Approved by	
Mina Cook	
Contracts Approval	
Approve*	
YesNo, reject entire submission	
Return for correction	
Approved by *	
C O.	Approval Date*
Shaskyia Behn	6/14/2022



HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	o
Current Fiscal Year	
2022	
Contract ID#*	
7542	
Contractor Name*	
Burke Center	
Service Provided * (?)	
Assistance with Psychological Testing/Evaluations	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	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 \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
✓ Request for Quote	☐ Tag-On
✓ Interlocal	☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	☐ Consultant
Consumer Driven Contract	
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other .
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) \$1,250.00
Contract NTE* (?) \$ 1,250.00
Rate(s)/Rate(s) Description \$125 per assessment with a maximum of 10
Unit(s) Served* 3355
G/L Code(s)* 543065
Current Fiscal Year Purchase Order Number* CT140528
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
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?* (?)
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?* (?)

Renewal Information for No	ext Fiscal Year	0
Budget Units and Amounts	Charged to each Budge	et Unit
Budget Unit Number* 3355	Amount Charged to Unit* \$ 1,250.00	Expense/GL Code No.* 543065
Budget Manager* Adams-Austin, Mamie	Secondary E Downey, Mick	Budget Manager* nael
Fiscal Year* (?) 2023	Amount* (?) \$ 1,250.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contract	S
Contract Funding Source*		
Contract Content Changes	and the second s	Ó
Are there any required changes to t ○ Yes ○ No	he contract language?* (?)	
Will the scope of the Services changes	ge?*	
Is the payment deadline different th	an net (45)?*	
Are there any changes in the Perfor	mance Targets?*	
Are there any changes to the Subm	ission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner		◌
Contract Owner* (?) Please Select Contract Owner		
Janice Baines Budget Manager Approval	(s)	
Approved by		
Mamie Adams-Austin		

Contract Owner Approval	<u>o</u>
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022



Marris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2022	
Contract ID#*	
7846	
Contractor Name*	
Harris County Hospital District D/B/A Harris Health Syst	em
Service Provided* (?)	
Covid-19 testing, access to test kits and other laboratory	y services.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$1)	
☐ 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	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
O Yes	
No	
Unknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 15,000.00
	Rate(s)/Rate(s) Description \$77.00 per COVID-19 testing. Rates varies for other lab testing services.
	Unit(s) Served* 9206, 9209
	G/L Code(s)* 580000
	Current Fiscal Year Purchase Order Number* CT141544
	Contract Requestor* Patricia Singh
	Contract Owner* Evelyn Locklin
	File Upload (?)
STATE	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?* No
	Did Contractor adhere to the contracted schedule?* (?) • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes O 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
Name and Persons	Renewal Determination

Renewal Information t	an Caraca Alica de Caraca de C	1110:4
Budget Units and Amo	ounts Charged to each Budge Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 7,500.00	580000
Budget Manager*	Secondary Bu	dget Manager*
Oshman, Jodel	Kornmayer, Kir	mberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 7,500.00	580000
Budget Manager*	Secondary Bu	idget Manager*
Oshman, Jodel	Kornmayer, Kii	nberly
Fiscal Year* (?)	Amount* (?)	
2023 Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR)	\$ 15,000.00	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 15,000.00	
Next Fiscal Year Not to Exceed Contract Funding Source * General Revenue (GR) Contract Content Cha	\$ 15,000.00 ad Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source * General Revenue (GR) Contract Content Cha Are there any required change Yes No	\$ 15,000.00 and Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required chang Yes No Will the scope of the Services	\$ 15,000.00 and Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source * General Revenue (GR) Contract Content Cha Are there any required change Yes No Will the scope of the Services Yes No	\$ 15,000.00 and Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?*	
Next Fiscal Year Not to Exceed Contract Funding Source * General Revenue (GR) Contract Content Cha Are there any required change Yes No Will the scope of the Services Yes No	\$ 15,000.00 and Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?*	
Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the	\$ 15,000.00 and Amount for Master Pooled Contracts Inges es to the contract language?* (?) s change?* rent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character	\$ 15,000.00 and Amount for Master Pooled Contracts Inges es to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character Ch	\$ 15,000.00 and Amount for Master Pooled Contracts Inges es to the contract language?* (?) s change?* rent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character Ch	\$ 15,000.00 and Amount for Master Pooled Contracts Inges es to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character Ch	\$ 15,000.00 and Amount for Master Pooled Contracts Inges es to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	<u> </u>
Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kin KOPNMAYER	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/21/2022

HIARRIS CENTER,

Annual Renewal Evaluation

Metan realit afa tero	
Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7605	
Contractor Name * North Texas Behavioral Health Authority	
Service Provided* (?) Crisis Intervention Helpline Services to Callers	
Term for Off-Cycle Only * N/A	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)
Procurement Method(s)*	
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 Busine Yes No Unknown	ess (HUB) (?)
Contract NTE* (?)	

Rate(s)/Rate(s) Description \$14.00/ per call
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Jennifer Battle
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* No No
Were Services delivered as specified in the contract?* No No
Did Contractor perform duties in a manner consistent with standards of the profession?* No No
Did Contractor adhere to the contracted schedule?*(?) 9 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?*(?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) 9 Yes No
Renewal Information for Next Fiscal Year
Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 7001	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* UNK
Budget Manager* Ilejay, Kevin		Secondary Budget Campbell, Ricardo	Manager*
Fiscal Year* (?)		Amount*(?)	
2023		\$ 0.00	
Next Fiscal Year Not to Exceed Am 0	ount for Master Po	oled Contracts	
Contract Funding Source * Private Pay Source			
Contract Content Changes	5		0
Are there any required changes to Yes No	the contract langua	age?*(?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different the Yes No	nan net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subn Section Yes No	nission deadlines fo	or notes or supporti	ng documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?)			
Jennifer Battle			
Budget Manager Approva	l(s)	Southering	<u> </u>
Approved by			
karin ilejay			
Contract Owner Approval			

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

5/10/2022

HARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7596	
Contractor Name * Clear Creek ISD	
Service Provided* (?) Care Coordination Agreement for catastrophic mental heat The original Term was for one year from the date of full exautomatic renewals. Actual Renewal Term may be equal	xecution (11/18/2019), with two
Renewal Term Start Date* 11/18/2022	Renewal Term End Date * 11/19/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
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	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* (?)	
\$ 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*	
Patricia Singh	
Contract Owner*	
Kim Kornmayer	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	6
Have there been any significant performance deficiencies within Yes No	the current fiscal year?*
Were Services delivered as specified in the contract?*	
Yes No	
	*
Did Contractor perform duties in a manner consistent with stand ● Yes ○ No	ards of the profession? ^
Did Contractor adhere to the contracted schedule?* (?)	
● Yes ○ No	
Were reports, billing and/or invoices submitted in a timely manner	er?*(?)
● Yes ○ No	
Did Contractor provide adequate or proper supporting documen Agency?* (?)	tation of time spent rendering services for the
● Yes ○ No	
Did Contractor render services consistent with Agency policy an	d procedures?* (?)
● Yes ○ No	
Maintained legally required standards for certification, licensure	and/or training?* (?)

Renewal Determination					
	Is the contract being renewed for next fiscal year with this Contractor?* (?)				
Yes ○ NoRenewal Information for	Next Eiseal Year			6	
Renewal Information for	Next riscal real				
Budget Units and Amou	nts Charged to each	Budget U	nit		
Budget Unit Number* 9208	Amount Charged to Un \$ 0.00	nit*	Expense/GL Code No.*		
Budget Manager*		ondary Budge			
Oshman, Jodel	Korni	mayer, Kimbe	rly		
Fiscal Year* (?) 2023	Amo \$ 0.0	unt*(?)			
Next Fiscal Year Not to Exceed	Amount for Master Pooled C	ontracts			
Contract Funding Source*					
General Revenue (GR)					
Contract Content Chang	ges			0	
Are there any required changes Yes No	to the contract language?*	(?)			
Will the scope of the Services change?*					
○ Yes ◉ No					
Is the payment deadline differer Yes No	it than net (45)?"				
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		
Todel Oshman		
Contract Owner Approval		Ó
Approved by		
Vin Vah . In a. mh		
Kin Kop NMAYER		
Contracts Approval		
Contracts Approval		a market
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
	6/21/2022	
Shaskyia Behn	0/2 1/2022	

EXHIBIT F-8



Intellectual Disabilities Services Division 9401 Southwest Freeway ER for Houston, Texas 77074

Fax: (713) 970-3481

MEMORANDUM

Wayne Young, Chief Executive Officer To:

Michael Downey, Interim VP of Intellectual Disabilities Services Division From:

May 24, 2022 Date:

Recommendation #431R - Dar-Us-Sakina - Naila Ibrahim Subject:

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends to The Harris Center the application for Naila Ibrahim as the organization representative for Dar-Us-Sakina.

Thank you for your consideration of this recommendation.

Attachment: Application for Organization Representative Membership

THE HARRIS CENTER 9401 Southwest Freeway Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: DAR-US-SAKIN9 Mailing Address: 16000 BARKERS POINT LANE # 226 City: Houston State: Tx Zip code: 77079 Telephone: 832-449-9197 Fax No.: E-mail Address: 1nfo@ DusHouston.org Relationship to The Harris Center: We were referred to The Harris Center by: Family to Family Network Who will represent your organization on the Advisory Council? Naila Ibrahim Case Coordinator and Power non Coordinator (Name and Position in Organization) Please describe your organization and its support or services for persons with mental disabilities. Please enclose a copy of your organization's Mission Statement. DAR-US-BakiNA IS a 501c nonprofit organization which provide a variety of Services to individual with disabilities and their fani-for detailed hist of Programmes please Usit WWW. Dushouston. org Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities: organization - However We regularly Collaborate with other various organizations like family to family network, An-NISA ISGH, Lighthouse, breaking barriers etc BAR-US-SAKINA is a Standalone independent non Profi

DA	GE	2	OL	, ,
1 /1	GE	4	Or	-

PART II				
Name: NAILA	-BRAH IM			
☐Mr. ☐Mrs.	□Ms.	Dr.] Consumer	☐ Family Member of Consumer*
Mailing Address: 16223	CAIRNGOR	M AV	e	
City: Houston	St	ate: 🔨		Zip code: 77095
Telephone: Home:	W	ork:		_Zip code: <u>77095</u> _Cell: <u>281-467-363</u> 0
E-Mail Address: Naila	@ BusHoust	on-org		
Fax No.:	Occupatio	n: CASE	Coordi	nator
Business Address: 1600	o Barkers	s Point	lare	# 226
City: Houston	St	ate: 🖊		Zip code: 77079
I am being nominated by: Organization Authorization:	Organization Name	al disabilities. SAKIN (a) ejlamed	A	o or for persons with mental illness.
Why do you want to be a member I would be with disability which is an or			mber a	s I have a child Day-us. Salkina Jiduals With Special Need
What special interests, talents, o	r experience do you feel	you bring to the	Advisory Coun	cil?
Being a Pare I kan a first	nt of a 19 - hand exp	year o	ld girl	problems they face
The Advisory Council meets on on a regular basis?	e time per month during	g workday hours	. Are you availa	ble to attend these monthly meetings
Yes No If no, please expla	in:			

^{*} Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

Please list your organization's memberships in other professional and/or civic organizations and associations:
None
Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center. Organization Authorization: Case Coordinator (Signature of Officer Making Application/Title)
5/24/2022 (Date)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org or faxed to 713-970-3481.

Attachments:

PAGE 3 OF 3

What is the Intellectual and Developmental Disabilities Planning Advisory Council?

The Harris Center Board By-Laws Regarding Advisory Councils

Copy of The Harris Center Code of Ethics Certification of Compliance with Code of Ethics

Conflict of Interest Declaration Voluntary Disclosure Statement

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, NAILA IBRAHIM	hereby certify on behalf
of DAR-US-SAKINA	, an organization which is
Planning Advisory Council, that we have receive	n the Intellectual and Developmental Disabilities wed and will comply with the Code of Ethics as Senter, the most recent revision having been affirmative vote of the Board.
	Vile Perez
	(Signature of Organization Representative)
	5/24/2022 (Title)
	(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sens incremandise of services to The Harris Center, nor does any member of the immediate family of our organization representative. EXCEPTION:
We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative. EXCEPTION:
We receive no income or payment of any kind-from The Harris Center nor does any member of the immediate family* of our organization representative. EXCEPTION:
We are not employed by The Harris Center nor is any member of our representative's immediate family. EXCEPTION:
We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative. EXCEPTION:
Advisory Council: Intellectual and Developmental Disabilities Your Name: Naila Wakin
Intellectual and Developmental Disabilities Vour Name: Vour Name: Nation (1980)
Signature: Doub Paris
Date: 05/24 2022

^{*} Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

NAILA IBRAHIM
(Name)
Please check one:
Consumer (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)
Family Member (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
Concerned Community Citizen (I do not consider myself to be either, a consumer or family member).
I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.
05-24-2022 Drile Peus
(Date) (Signature)

EXHIBIT F-9



Intellectual Disabilities Services Division

9401 Southwest Freeway R for Houston, Texas 77074 Fax: (713) 970-3481

MEMORANDUM

To: Wayne Young, Chief Executive Officer

Michael Downey, Interim VP of Intellectual Disabilities Services Division From:

Date: May 24, 2022

Recommendation #430R – Elva Caballero (Family Member Advocate) Subject:

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends to The Harris Center's Board of Trustees the application for Elva Caballero as a family member advocate.

Thank you for your consideration of this recommendation.

Attachment: Application for Family Member Advocate Membership

THE HARRIS CENTER 9401 Southwest Freeway Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

<u>Please Print</u> :			
Name: Elva Caballero			
☐Mr. ■ Mrs. ☐Ms.	☐ Dr.	Consumer	☐ Family Member of Consumer*
Mailing Address: 5906 Culross Close			
City: Humble	State:	<u> </u>	Zip Code: 77346
Telephone: Home 281-682-0133	_{Work} 28	1-260-9871	_{Cell} 281-682-0133
Fax No.: E-mail Addr	ess: elvaca	ballero@max	kimus.com
Occupation: Regional Manager			
Employed by: Maximus			
I am seeking appointment as a Consumer/Family or having previously received services from an Planning Advisory Council [Autism or other Intesuch a person.	agency appro	priate to the Intell	ectual and Developmental Disabilities
I am being nominated by: self			IDD DIG. 1.1
[Yourself or per	rson who recomn	nended you become an	IDD-PAC member]
Why do you want to be a member of the IDD-PAC to learn more on how to better support my son an		erve at Maximus	
ospponing of the control of the cont			
What special interests, talents, or experience do you	u feel you bring	to the IDD-PAC?	
27 years working with Medicaid population; Medicaid Managed ca	are experience and	20 years experience worki	ng and supporting families with special needs kids.

^{*} Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

INDIVIDUAL APPL PAGE 2 OF 2	ICATION TO THE INTELLECTU	al and Developmental Disabilities Planning Advisory Council [IDD-PAC]
	-	abilities Planning Advisory Council meets the first Tuesday of every month from lable to attend these monthly meetings on a regular basis?
Yes No	If no, please explain:	
Please list your	memberships in other pro	fessional and civic organizations and associations:
for review. To regarding parti	be considered as an advis cipation on the Council a	ris Center Policy pertaining to Advisory Council membership and the Code of Ethics ory council nominee, you need to review and sign a non-conflict of interest statement and that you will be guided by the Code of Ethics of the Board of Trustees of The se signed statements when you return this completed form.
Clva Ca (SIGNATURE	ballero	04/28/2022
(SIGNATURE)	(DATE)
Please mail the Developmenta	e completed application l Disabilities Planning A	form to: Cindy Hernandez, Recording Secretary, Intellectual and Ivisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas
77074. Or the 3481.	completed application fo	rm may be emailed to Alicia.Hernandez@TheHarrisCenter.org or faxed to 713-970
Attachments:	The Harris Center Boar Copy of The Harris Ce	ance with Code of Ethics claration

THE HARRIS CENTER INDIVIDUAL MEMBER OF ADVISORY COUNCIL CERTIFICATION OF COMPLIANCE

THE HARRIS CENTER'S CODE OF ETHICS

_{I,} Elva Caballero	hereby certify that I have read and will comply with the
Code of Ethics as adopted by the	Board of Trustees with the most recent revision having been
adopted on November 1, 2006 by u	manimous affirmative vote of the Board of Trustees FOR The
Harris Center.	
	Elva Caballero
	(Signature)
	4/28/2022
	(Dota)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.*

	EXCEPTION:
I am no merchan	t employed by a business, company, or firm which has a contract with The Harris Center or sells its dise or services nor is any member of my immediate family*.
	EXCEPTION:
	e no income or payment of any kind from The Harris Center, nor does any member of my immediate family*. EXCEPTION:
	employed by The Harris Center, nor is any member of my immediate family*. EXCEPTION:
	o other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any of my immediate family*.
	EXCEPTION:
Intellectu	ual and Developmental Disabilities Planning Advisory Council
	Print Your Name: Elva Caballero
	Signature:
	Date: 4/28/2022

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Elva Caballero	
(Name)	
Please check one:	
Consumer (I consider myself to be a been diagnosed at some point in my life	person who has or has had an intellectual disability having e as having an intellectual disability.)
	be a family member, as I have a person who has been y in my immediate family – mother, father, brother, sister, son, grandfather.)
Legally Authorized Representative (who has been diagnosed with an intelle	(I consider myself to be a person who represents a person ectual disability.)
	ion to utilize the above designation as needed to respond to esentation of persons with intellectual disabilities or their family uation, and input processes of the Agency.
4/28/2022	Clva Caballero (Signature)
(Date)	(Signature)

EXHIBIT F-10

July 2022

Svanaco, Inc. dba Americaneagle.com

(RFP-Website Healthy Minds Healthy Communities)

SNAPSHOT SUMMARY NEW CONTRACTS \$100,000.00 AND MORE

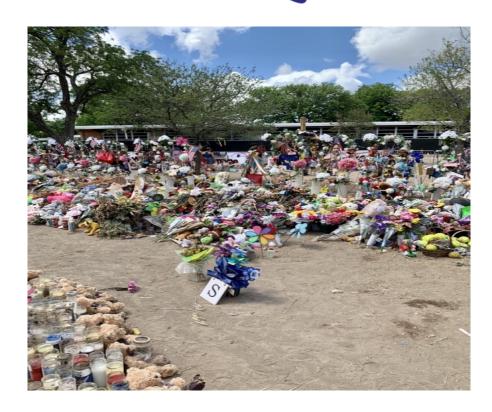
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY22 NEW CONTRACTS								
ADMINISTRATION								
Svanaco, Inc. dba Americaneagle.com	Yes	Website Healthy Minds Healthy Communities		\$175,000.00	07/26/22- 11/30/25	HMHC ARPA (7008)	RFP	A Proposal Opening for Website Healthy Minds Healthy Communities was held on Wednesday, May 11, 2022. Forty-eight (48) vendors were contacted and advertisements were placed in four (4) local newspapers. The Harris Center's website, the State of Texa ESBD website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. Twenty (20) HUB vendors were identified, Seven (7) proposals were received. All proposals were deemed responsive and evaluated by the Project Team. One (1) "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, Anthony Jones, Director of Application Development and Deon Egenti, Caring Contract Coordinator. Six (6) areas were evaluated: Latest Technology, Vendor Support, Methodology/Approach, Technical Requirements, Overall Program and Cost. Demos were requested of Webhead, Americaneagle.com, iDominium and WSI and held the week of May 23,2022. Recommendation awarded to Americaneagle.com or Website Design and Build and Website Subscription, Support and Services. 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. The first contract year will begin upon award of contract and end on November 30,2022, subject to budget approval. The initial fiscal year request is \$175,000.00. The total requested NTE for three (3) years is \$231,400.00 FY23 NTE: \$28,200.00-Website Design and Build (Quoted \$175,000.00 with NTE cap of \$342,150.00)
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
LEASES								
MENTAL HEALTH SERVICES								
					A - 6-			

EXHIBIT F-11

Uvalde, TX Deployment – The Harris Center Supports Hill Country MHDD









Supporting The Uvalde Community





School Board Meeting



• Groups offered twice a day



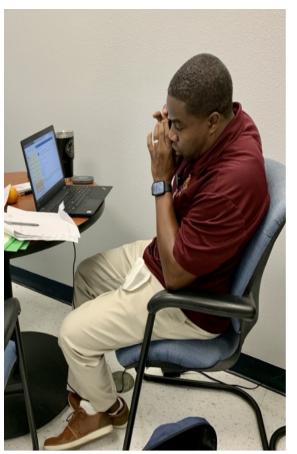
 Wellness and Resource Fair at Southwest Junior College



Working with Hill Country MHDD

Contacting families for intakes, networking, and completing documentation



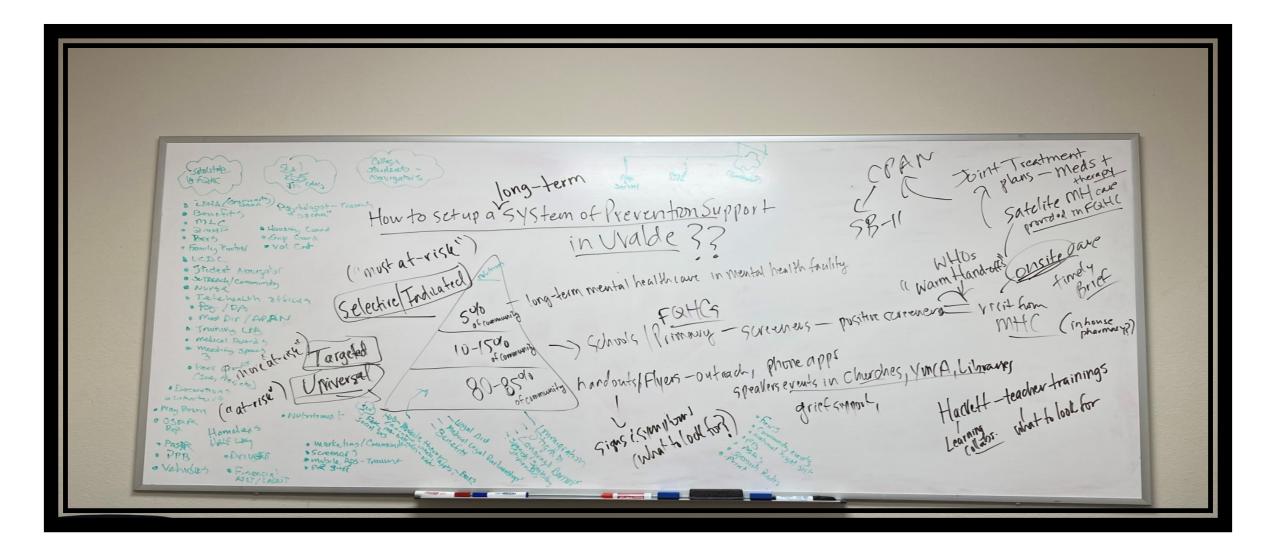








Brainstorming Session: System of Support in Uvalde



Supporting The Hill Country MHDD – Door Decorations











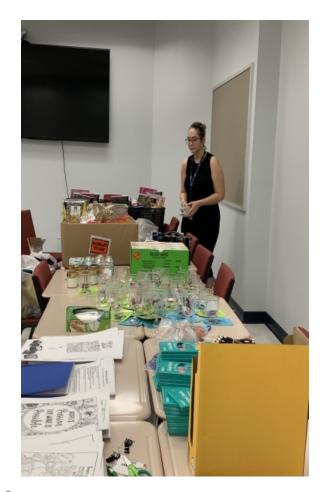




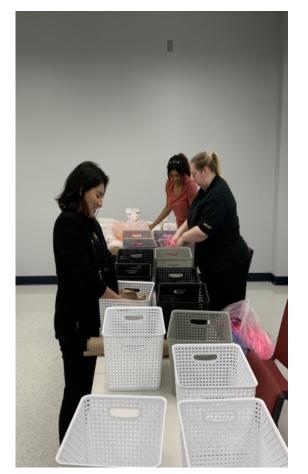


Supporting Uvalde Restaurants- Gifts Baskets

Self/Care and Appreciation Gift Baskets for the 31 Local Restaurants











Harris Center Uvalde Deployment -Team Dinner



Harris Center Uvalde Deployment After Dinner Soccer Match







Uvalde Deployment – Last Day



The Harris Center Team saying goodbye to Randy Consford, Hill Country Director of Special Projects. "Thank you so much Harris Center Team. You all are amazing people! Wish I would have been able to work more with you while you were here". – Lisa Cisneros, Hill Country Clinical Director

"Thank you and all your team for helping us!!! We greatly appreciate everything you all did for us!!! Your team were a HUGE HELP! We will miss you and hope to hear from you in the future! Have a wonderful weekend and stay safe!
Gabby Ramos, Hill Country Office Manager





Hill Country Staff Appreciation Video





Hill Country Staff Appreciation Video









Uvalde Deployment – Harris Center Team



Arianna Mellinger -MCOT



Adriana - MCOT



Rodriguez Sarah - MCOT



Zaman

Strangawshaba - MCOT



Jenny Gorthy - MCOT



Kysha Martin - IDD



Tina Griffith - MH



Omar Flaherty – IDD



Jose Torres – MH



Ruby Rodriguez - MCOT

EXHIBIT F-12

Transforming Lives





Legislative Update:

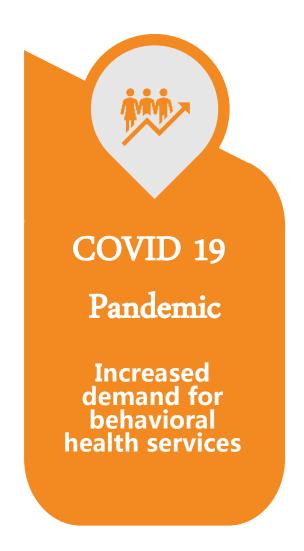
Highlights from the Interim

Workforce





* Workforce challenges emerge as the top issue for behavioral health services.









School Safety and Mental Health: Special Committee to Protect All Texans

Critical needs identified:

- Behavioral Health Workforce
- Increased capacity to purchase local psychiatric beds for children
- Multisystemic Therapy (MST)
- Coordinated specialty care
- MCOT for children
- Threat Assessment Teams



School Safety and Mental Health: New Funding



The Governor announced \$100.5 million to enhance school safety and mental health services in Uvalde and throughout Texas:

- \$50 M bullet-resistant shields;
- \$5.8 M expand the Texas Child Health Access Through Telemedicine (TCHATT) statewide;
- \$4.7 M increase Multisystemic Therapy (MST) across the state;
- \$950,000 expand Coordinated Specialty Care (CSC) teams across the state;
- \$7 M rapid response training by the Advanced Law Enforcement Rapid Response
 Training (ALERRT) Center and \$3 M for local law enforcement agencies to offset travel
 expenditures associated with the training;
- \$7 M on-site campus assessments to evaluate access control measures;
- \$17.1 M for ISDs to purchase silent panic alert technology; and
- \$5 M to the Texas Department of Public Safety to expand fusion center research and capabilities.

IDD Interest Lists



The House Committee on Human Services is contemplating major changes in the methodology of interest lists.

- Prioritizing access to waiver services based on urgency of need, rather than 1st come 1st served, using an assessment or screening tool. This requires conducting regular assessments of people on the list.
- Offering less expensive support waivers (often not offering 24hour residential supports) if these services can meet the individual's needs.
- Limiting access to comprehensive waivers with higher cost caps and 24-hour residential services for individuals whose assessed needs cannot be met with other lower cost options.

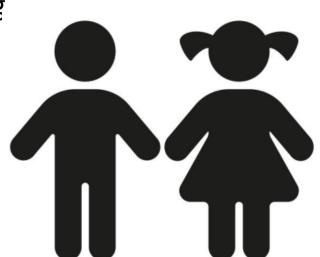


EXHIBIT F-13

July 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								
Hillman Consulting, LLC	No	Monthly Reporting of Construction of the 6168 S Loop E Apartments		\$46,030.00	06/01/22-08/31/23	GR		The agreement is to review and report on the Plan, Cost Revie and Monthly Reporting during the construction of the 6168 S Loop E Apartments.
The Nap Bar	Yes	Performance Improvement through Curated Rest		\$25,000.00	06/13/22- 08/31/22	Private Grant	Sole Source	This is a grant from The Harris Center Foundation for performance improvement through curated rest.
FMLA Source	No	FMLA Administration Initial Requests		\$49,000.00	09/01/22- 08/31/25	GR	RFP through Benefits Broker	This agreement is to provide FMLA administration for Harris Center Staff from initial request for leave, to determination of eligibility and approval/denial, to return to work certification. In addition, to provide manager and employee education from tin to time. This will relieve administrative burden on the internal staff related to FMLA administration while reducing associated risk of FMLA administration associated with compliance.
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
Skillshare, Inc.	No	Online educational learning community platform		\$477.00	7/28/2022 - 8/31/2022	Private Pay Source	Consumer Driven	The purpose of this new agreement is for individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Le courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
LEASES								
MENTAL HEALTH SERVICES								
Baylor College of Medicine	No	Community Track Rotation of Residency Students		\$86,000.00	07/01/2022-06/30/2023	GR		New contract to provide Residency Rotation via Community Tracking for the Agency.

HARRIS CENTER OF

Executive Contract Summary

Mental Health and IDD	
Contract Section	○
Contractor*	
Hillmann Consulting, LLC	
Contract ID #*	
2022-0434	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
7/19/2022	
Parties* (?)	
Hillmann Consulting, LLC and The Harris Center	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Other	
Procurement Method(s)*	
Check all that Apply	
□ Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On
Not Applicable (If there are no funds required)	○ Consumer Driven ○ Other special consultant recommended by City Of
Treet, applicable (if there are no famal required)	Houston
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/1/2022	8/31/2023
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2022	\$ 46,030.00
Funding Source*	
General Revenue (GR)	

Contract Description / Type" (*)	
✓ Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
Hillmann Consulting LLC will review and report of	
reporting during the construction of the 6168 S L	400 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cost per quote is \$40,025.00 with \$6005.00 cont	tingency for a total NTE of \$46,030,00 - will
want to roll over any remaining FY2022 funds int	CONTROL OF CONTROL OF THE CONTROL OF
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/	Contractor*
○ Yes ○ No ● Unknown	
Vendor/Contractor a Historically Underutilized	d Business (HUB)* (?)
○ Yes No ○ Unknown	
B	
Please provide an explanation*	
does not meet criteria	
Community Partnership* (?)	
○ Yes No ○ Unknown	
Supporting Documentation Upload (?)	
2022-04-29-6168 South Loop East-Harris Center	r Hillmann Proposal.pdf 579.66KB
Vendor/Contractor Contact Persor	
. *	
Name*	
Hillmann Consulting, LLC / Cole Bryant	
Address*	
Street Address	
1745 West Orangewood Avenue ste 201	
Address Line 2	
City	State / Province / Region
Orange	CA
Postal / Zip Code	Country
92868	US
Phone Number*	
4694100010	
Email*	
cbryant@hillmannconsulting.com	
Budget Section	<u> </u>

Budget Units and Amoun	ts Charged to each E	Budget Unit
Budget Unit Number*	Amount Charged to Un \$ 46,030.00	nit* Expense/GL Code No.* 900040
Budget Manager Brown, Erica		ondary Budget Manager pbell, Ricardo
	* * * * * * * * * * * * * * * * * * * *	
Provide Rate and Rate Description Cost per quote is \$40,025.00 with \$6 a total NTE of \$46,030.00 - see atta	6005.00 contingency for	
Project WBS (Work Breakdown St FM21.1126.23	tructure)* (?)	
Requester Name	Subm	mission Date
Harper, Sarah	6/6/20	022
Budget Manager Approva	al(s)	<u> </u>
Approved by		
		roval Date
Ekica Bhown	6/7/20	022
Procurement Approval		Ó
File Upload (?)		
Approved by	Appro	roval Date
Sign		Management of a state of the st
Contract Owner Approval		O.
Approved by		
Guova.		roval Date
Todd McCorquodale	6/7/20	1022
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by *		
0, . 0.	107.07	roval Date*
Shaskyia Behn	6/10/2	/2022

SCHARRIS Executive Contract Summary

O CENTER for Mental Health and IDD	
Contract Continu	
Contract Section	
Contractor*	
The Nap Bar	
Contract ID #*	
2022-0446	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented *	
7/19/2022	
Parties* (?)	
The Harris Center for Mental Health and IDD And The N	lap Bar
Agenda Item Submitted For:* (?)	
✓ Information Only (Total NTE Amount is Less than \$1	00 000 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	☐ Request for Qualification☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/13/2022	8/31/2022
If contract is off-cycle, specify the contract term (?)	
in contract is on-cycle, specify the contract term (7)	
Fiscal Year* (?)	Amount* (?)
2022	\$ 25,000.00
	V 20,000.00
Funding Course*	
Funding Source*	
Private Grant	

Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	☐ Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided * (?)
Grant from The Harris Center Foundation - Performance	
Rest	improvement imough curated
Contract Owner*	
Jennifer Battle	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ◎ Unknown	
Tes No Guikilowii	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes ○ No ○ Unknown	
*	
Please provide the HUB status*	
MBE - Minority Owned Business, includes Asian, Black,	
Hispanic and Native American.	
Community Partnership* (?)	
○ Yes ○ No ● Unknown	
Supporting Decompositation Unload (0)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person	and the state of t
Vendor/Contractor Contact Person Name*	
Name* Khaliah Guillory	
Name* Khaliah Guillory Address*	
Name* Khaliah Guillory Address* Street Address	
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324	
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2	
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City	State / Province / Region
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston	Texas
Name * Khaliah Guillory Address * Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code	Texas Country
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston	Texas
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056	Texas Country
Name * Khaliah Guillory Address * Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number *	Texas Country
Name * Khaliah Guillory Address * Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number * 832-699-4899	Texas Country
Name * Khaliah Guillory Address * Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number *	Texas Country
Name * Khaliah Guillory Address * Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number * 832-699-4899	Texas Country
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number* 832-699-4899 Email* kg@napbarnow.com	Texas Country
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number* 832-699-4899 Email*	Texas Country
Name* Khaliah Guillory Address* Street Address 5090 Richmond Ave #324 Address Line 2 City Houston Postal / Zip Code 77056 Phone Number* 832-699-4899 Email* kg@napbarnow.com	Texas Country

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 7001 \$ 25,000.00 420000 **Budget Manager** Secondary Budget Manager Ilejay, Kevin Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) contract for The Nap Bar to provide Curated Rest services to the Crisis Line. Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Battle, Jennifer 6/11/2022 Budget Manager Approval(s) Approved by Approval Date kevin ilejay 6/13/2022 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 6/13/2022 **Contract Owner Approval** Approved by Approval Date Tennifer Battle 6/13/2022 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Shaskyia Behn 6/15/2022

HARRIS CENTER for

Executive Contract Summary

Mental Health and IDD	
Contract Southern	
Contract Section	9
Contractor*	
FMLA Source	
Contract ID #*	
2022-0449	
Presented To *	
Resource Committee Trull Resert	
○ Full Board	
Date Presented*	
7/19/2022	
Parties* (?)	
FMLA Source and The Harris Center	
Agenda Item Submitted For:* (?)	
✓ Information Only (Total NTE Amount is Less than \$1	00,000.00)
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	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other RFP through Benefits Broker (USI)
Funding Information *	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2022	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2023	\$ 49,000.00
Fiscal Year* (?)	Amount* (?)
2024	\$ 49,000.00

Fiscal Year* (?)	Amount* (?)		
2025	\$ 49,000.00		
Funding Source*			
General Revenue (GR)			
Contract Description / Type * (?)			
Personal/Professional Services	☐ Consultant		
Consumer Driven Contract	✓ New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract Renewal of Existing Contract	 ☐ Lease ✓ Other FMLA Administration (Benefits) 		
Notice and Chisting Contract	Other Pivilia Administration (Benefits)		
Justification/Purpose of Contract/Description of Ser	rvices Being Provided* (?)		
To provide FMLA administration for Harris Center staff for	44 94 4 (missas y to min # present 3 (migration → y Magnin = 0.4 (missas = 1.4 (missas + 1.4 (missas = 1.4 (missas + 1.4 (missas = 1.4 (missas + 1.4 (missa		
determination of eligibility and approval/denial, to return	VALUE SECTION AND AND AND AND AND AND AND AND AND AN		
provide manager and employee education from time to burden on the internal staff related to FMLA administrati			
FMLA administration associated with compliance.	ion write reducing associated risk of		
Contract Owner*			
Kip Baughman			
Previous History of Contracting with Vendor/Contracting	ctor*		
Yes No Unknown			
Vendor/Contractor a Historically Underutilized Busin	(JUD) * (2)		
	ness (nob) (iii		
Yes No • Unknown			
Community Partnership* (?)			
○ Yes No ○ Unknown			
Supporting Documentation Upload (?)			
The Harris Center FMLA Agreement 4-18-22 (DRAFT).c	docx 54.64KB		
Vendor/Contractor Contact Person	<u>^</u>		
Name*			
FMLASource, Inc. (attn: Fred Gahl)			
Address*			
Street Address			
455 North Cityfront Plaza Drive			
Address Line 2			
13th Floor			
City	State / Province / Region		
Chicago	IL		
Postal / Zip Code	Country		
60611	US		
Phone Number*			
312.660.1103			
312,000,1103			

Email*		
fgahl@compsych.com		
Budget Section		<u> </u>
Budget Units and Amount	s Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,000.00	543039
Budget Manager Brown, Erica	Secondary Bud Campbell, Rica	
Mich. P. B. Martin Broken and Company	odnippoli, i tiod	
Provide Rate and Rate Description	s if applicable * (?)	
\$1.41 per employee per month initial basis is 2512 employees (incl re	oliofi	
Project WBS (Work Breakdown Str NA	ucture) * (7	
Requester Name	Submission Da	ate
Baughman, Kip	6/23/2022	
Budget Manager Approva	l(s)	•
Approved by		
	Approval Date	
Erica Brown	6/23/2022	
Procurement Approval		<u> </u>
seen okutuun ta 1914 ta 1918 ka 1918 k		
File Upload (?)		
Approved by	Approval Date	
Sign	Approval buto	
Contract Owner Approval		•
Approved by		
150	Approval Date	
Kip Baughman	6/23/2022	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		

Approved by *

Shaskyia Behn

Approval Date* 6/24/2022

Larp	HARRIS	
Park.	COLOR VALUE OF	40
La Ma	高朝 网络鲁亚语	100
Mental	Health and	IĐ

Mental Health and IDD	
Contract Section	<u> </u>
Contractor*	
Skillshare, Inc	
Contract ID #*	
2022-0447	
Presented To*	
Resource Committee	
Date Presented*	
7/19/2022	
Parties*(?)	
The Harris Center for Mental Health and IDD and Skills	hare, Inc
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$1	00,000.00)
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	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Services Agreement
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/28/2022	8/31/2022
If contract is off-cycle, specify the contract term $(?)$	
N/A	
Fiscal Year* (?)	Amount* (?)
2022	\$ 477.00
Funding Source*	
Private Pay Source	

Personal/Professional Services Consumer Driven Contract Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Renewal of Existing Contract Usase Renewal of Existing Contract Usase Contract/Description of Services Being Provided* For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt Previous History of Contracting with Vendor/Contractor* Yes ■ No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for Nonprofitst.msg
Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided*(?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Justification/Purpose of Contract/Description of Services Being Provided*(?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
□ BAA/DUA □ IT/Software License Agreement □ Pooled Contract □ Renewal of Existing Contract □ Other Justification/Purpose of Contract/Description of Services Being Provided* (?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt Previous History of Contracting with Vendor/Contractor* □ Yes □ No □ Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) □ Yes □ No □ Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
□ Pooled Contract □ Renewal of Existing Contract □ Other Justification/Purpose of Contract/Description of Services Being Provided* (?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided*(?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Justification/Purpose of Contract/Description of Services Being Provided* (?) For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
For the purpose of individuals enrolled at the Coffeehouse Co-Op Academy to access the Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Skillshare online educational learning community platform (Instructor - Led courses, i.e., art, photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
photography, music, business, etc) for learning and developing new skills. The skillshare platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
platform is uniquely tailored to the needs of individuals with Autism. Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Contract Owner* Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Lance Britt 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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
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* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
O Yes ○ No ● Unknown Community Partnership* (?) ● Yes ○ No ○ Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
O Yes ○ No ● Unknown Community Partnership* (?) ● Yes ○ No ○ Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
Community Partnership* (?) Yes No Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for
 Yes No Unknown Specify Name* Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for 372.5KB
Specify Name * Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for 372.5KB
Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for 372.5KB
Skillshare, Inc Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for 372.5KB
Supporting Documentation Upload (?) Re MarketingThanks for requesting more info about Skillshare for 372.5KB
Re MarketingThanks for requesting more info about Skillshare for 372.5KB
372.5KB
MANCHA POLICE CONTROL
Skillshare.docx 13.2KB
Vendor/Contractor Contact Person
Name*
Annie Schein, Account Executive
Address*
200 200
Street Address
215 Park Avenue South, 11th floor
Address Line 2
City State / Province / Region
New York NY
Postal / Zip Code Country
10003 USA
Phone Number*
202-996-8412
Email*

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3634 \$ 477.00 551002 **Budget Manager** Secondary Budget Manager Adams-Austin, Mamie Downey, Michael Provide Rate and Rate Descriptions if applicable * (?) \$79.50 per user x 6 users/annual cost of \$477.00 See file upload for Skillshare, Inc Terms of Service and Service Agreement Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Childs, Margo 6/8/2022 Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Austin 6/9/2022 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Lance Britt 6/9/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Shaskyia Behn

Approval Date* 6/15/2022

Executive Contract Summary Contract Section Contractor* Baylor College of Medicine Contract ID #* NA Presented To* Resource Committee Full Board Date Presented* 7/19/2022 Parties* (?) Baylor College of Medicine 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# Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Application Request for Qualification Tag-On Request for Quote Interlocal Consumer Driven Other Professional Residency Agreement Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 8/31/2023 7/1/2022 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?)

\$ 86,000.00

2023

Funding Source*
General Revenue (GR)

Personal/Professional Services	■ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv Community Track Rotation for Residents	ices Being Provided* (?)
Contract Owner*	
Dr. Muzquiz	
Previous History of Contracting with Vendor/Contract	tor*
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No W Unknown	
Community Partnership * (?)	
○ Yes ○ No ◎ Unknown	
Supporting Documentation Upload (?)	
RE_ The Harris Center for Mental Health and Intellectual	
Developmental Disability contract change-Baylor College	of Medicine 560.4KB
Residency-PGY rate COMMUNITY TRACK ROTATION	Baylor .pdf
Vendor/Contractor Contact Person	
	⊙
Name*	
Name*	
Name* McKenzie Sluder	
Name* McKenzie Sluder Address*	
Name* McKenzie Sluder Address* Street Address	
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd	
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2	State / Province / Region
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor	State / Province / Region TX
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City	3-000000000000000000000000000000000000
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston	TX
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number*	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number*	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number* 7137984746	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number* 7137984746 Email* LMcKenzie.Sluder@bcm.edu	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number* 7137984746 Email*	TX Country
Name* McKenzie Sluder Address* Street Address 1977 Butler Blvd Address Line 2 4th Floor City Houston Postal / Zip Code 77030 Phone Number* 7137984746 Email* LMcKenzie.Sluder@bcm.edu	TX Country

Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 540504 \$ 86,000.00 2208 Secondary Budget Manager **Budget Manager** Loera, Angelica Shelby, Debbie Provide Rate and Rate Descriptions if applicable * (?) COMMUNITY TRACK ROTATION One (1) - 3rd year resident Period of Performance: FY 7/1/22-8/31/23 Hourly Rate is \$_68.16_for 24 hours/week Project WBS (Work Breakdown Structure)* (?) N/A **Submission Date** Requester Name 6/17/2022 Montgomery, Mercedes Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 6/28/2022 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Sylvia Muzguiz, M.D. 6/29/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/30/2022

EXHIBIT F-14

July 2022 AMENDMENTS UNDER 100k

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000.00

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY22 AMENDMENTS									
ADMINISTRATION									
1 Asset Systems, Inc.	Unknown	A Cloud Based Fixed Asset Tracking Software.	\$ 6,159.00	\$ 2,500.00	\$ 8,659.00	2/2/2022 - 2/28/2023	Private Pay Source		This Amendment is to increase NTE to fund new user training and the increased cost to complete migration of existing database
Cardinal Health Pharmacy 2 Services, LLC	Unknown	Consultant Services for Pharmacy	\$ 72,000.00	\$ 24,000.00	\$ 96,000.00	4/1/2022 - 3/31/2023	General Revenue (GR)	Request for Quote	This Amendment is to increase the NTE 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 Pharmac Benefit Manager partners to our patients for the Pharma 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.
		Televox Software		***					
Intrado Interactive Services 3 Corporation	Unknown	Subscription Services for an Agency WidePhone Tree	\$ 53,250.00	\$ 9,000.00	\$ 62,250.00	9/1/2021 - 8/31/2022	General Revenue (GR)		This Amendment is to increase the NTE in order to cove invoices from June to August 2022.
LEVEL 3 FINANCING, INC. D/BA/LEVEL 3 4 COMMUNICATIONS, LLC	Unknown	Backup Data Circiuts for EPIC	\$ 24,000.00	\$ 15,508.00	\$ 39,508.00	11/2/2020 - 11/2/2023	General Revenue		This Amendment is to increase NTE funds for new redundant data circuits to Harris Health for EPIC connectivity.
5 PINGBOARD, INC.	Unknown	Organization Charting and Planning Software Tool	\$ 19,034.38	\$ 1,500.00	\$ 20,534.38	9/1/2021 - 8/31/2022	General Revenue (GR)	Tag-On	This Amendment is to increase NTE to pay invoice, due an increase in employees.
Crothall Facilities Management, 6 Inc.	Unknown	Medical equipment maintenance and support services for NPC.	S 5,885.58	\$ 2,000.00	\$ 7,885.58	1/1/2022 - 12/31/2022	General Revenue (GR)		Amendment to increase NTE funds to cover invoices for medical equipment maintenance and support services for NPC.
7 X-Ray Mobile	Unknown	Mobile X-Ray Services.	\$ 9,999.00	\$ 4,000.00	\$ 13,999.00	9/1/2021 - 8/31/2022	State	Sole Source,Request for Quote	This Amendment is to increase NTE funds due to 6160 facility added several new programs during FY22 and the Jail Diversion program census has increased thus, the program is serving more consumers than previously projected. Due to high demand, the NTE needs to be increased to cover outstanding invoices as well as the gat to get the programs to fiscal year end. There are \$2,200 in outstanding invoices and with an average spend rate of \$600 per month for the last 3 remaining months of the fiscal year, we are requesting to increase the NTE by \$4,000.
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES		7							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
8 Katia Lemus	Unknown	Provides CFC and Respite Services.	\$ 23,910.00	\$ 6,000.00	\$ 29,910.00	9/1/2021 - 8/31/2022	State Grant	CD	Consumer received additional hours on plan for CFC an Respite services.

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000.00

July 2022 FISCAL YEAR 2022

			PRODUCT/SERVICE	PREVIOUS	INCREASE					
_	CONTRACTORS INTERLOCALS	HUB/MWBE	DESCRIPTION	AMOUNT	AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	INTERLOCALS									
_		 		-					 	
	LEASES									
	MENTAL HEALTH SERVICES			. "						
	TEJAS Behavorial Health Management Association	Unknown	MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicald Managed Care Organizations.	\$ 7,200.00	\$ 3,600,00	\$ 10,800.00	9/1/2021 - 8/31/2022	State	Sole Source	This Amendment is to increase NTE for increase in utilization of service.
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Executive Contract Summary 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) ✓ Other On-going business Funding Information* New Contract Amendment Contract Term Start Date * (?) 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

\$ 2,500.00

\$ 8,659.00

Increase Not to Exceed*

Revised Total Not to Exceed (NTE)*

Fiscal Year* (?)	Amount* (?)
2022	\$ 8,659.00
Funding Source*	
Private Pay Source	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Lastification (Decrease of Contract/Decrease)	vices Being Browided * (2)
Justification/Purpose of Contract/Description of Sen	
Upgrade existing software platform to cloud-based solution	
Amendment is to fund new user training and the increase existing database	ed cost to complete migration of
Contract Owner*	
Sean Kim	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
	* ware manifeld
Please add previous contract dates and what service	
We have existing vendor client relationship for AssetWIN	Ν.
Vendor/Contractor a Historically Underutilized Busin	ness (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	State / Browings / Region
City	State / Province / Region
Naperville	IL .
Postal / Zip Code	Country
60540	US

Phone Number* 630-428-8594 Email* asnyder@assetsystems.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 551002 \$ 2,500.00 1122 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) N/A Project WBS (Work Breakdown Structure)* (?) N/A Submission Date Requester Name 5/17/2022 Paick, Daniel Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 5/17/2022 **Contract Owner Approval** Approved by Approval Date Sean Kim 5/17/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Shaskyia Behn 5/20/2022

HIARRIS .

Executive Contract Summary

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 Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 4/1/2022 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

General Revenue (GR) Contract Description / Type* (?) Personal/Professional Services Consultant Memorandum of Understanding Affiliation or Preceptor BAA/DUA Affiliation or Preceptor BAA/DUA Feneral of Existing Contract BAA/DUA Feneral of Existing Contract BAA/DUA Feneral of Existing Contract Bay	Fiscal Year* (?)	Amount* (?)			
Contract Description / Type * (?) Personal/Frofessional Services Consultant Consumer Driven Contract Memorandum of Understanding Afficiation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Renewal Renewal of Existing Contract Renewal of Existing Contract Renewal of Existing Contract Renewal of Existing Contract Renewal Renewal of Existing Contract	2022	\$ 96,000.00			
Contract Description / Type * (?) Personal/Frofessional Services Consultant Consumer Driven Contract Memorandum of Understanding Afficiation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Renewal Renewal of Existing Contract Renewal of Existing Contract Renewal of Existing Contract Renewal of Existing Contract Renewal Renewal of Existing Contract					
Contract Description / Type * (?) Personali/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BRA/DUA Affiliation or Preceptor BRA/DUA Pooled Contract Renewal of Existing Contract Cother 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 Brilling 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 Address * Steel Address * 13651 Dublin Court Address Line 2 City State / Province / Region TX Postal / Zip Code Country	Funding Source*				
Personal/Professional Services Consultant New Contract/Agreement New Contract/Agreement New Contract/Agreement New Contract/Agreement New Contract/Agreement Affiliation of Preceptor Service/Maintenance IT/Software License Agreement Lease Other Trysoftware License Agreement Lease Other Other Other Other Service/Maintenance IT/Software License Agreement Lease Other	General Revenue (GR)				
Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Usustification/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 Wuknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address * Steet Address 13651 Dublin Court Address Line 2 City State / Province / Region TX Pestal / Zip Code Country	Contract Description / Type * (?)				
Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA Pooled Contract Renewal of Existing Contract Renewal of Existing Contract Contract Renewal of Existing Contract Renewal of Existing Contract Contract Contract Renewal of Existing Contract Contract Contract of Existing Contract Contract of Contract Renewal Renew	Personal/Professional Services	Consultant			
Affiliation or Preceptor BAADUA BAADUA Contract Renewal of Existing Contract Cother 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 Street Address Street Address Street Address Street Address (Region) TX Pestal / Zip Code County	Consumer Driven Contract	New Contract/Agreement			
BAADDA Pooled Contract Renewal of Existing Contract 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 7:30 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 Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region TX Pestal / Zip Code Country	Memorandum of Understanding	Amendment to Existing Contract			
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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 pathners 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* Community Partnership* Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address* Street Address State / Province / Region TX Postal / Zip Code Country	Justification/Purpose of Contract/Description of	of Services Being Provided * (?)			
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 Address * Street Address 13651 Dublin Court Address Line 2 City Stafford TX Country					
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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 State / Province / Region TX Postal / Zip Code Country					
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 State / Province / Region TX Postal / Zip Code Country	this purpose. Charging \$3.25 per patient phone ca	II, same as per order over 730 line items.			
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 State / Province / Region TX Postal / Zip Code Country	Contract Owner*				
Previous History of Contracting with Vendor/Contractor* If 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 State / Province / Region TX Postal / Zip Code Country					
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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 State / Province / Region Stafford TX Postal / Zip Code State / Province / Region TX Country					
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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 State / Province / Region Stafford TX Postal / Zip Code Country					
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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 State / Province / Region Stafford TX Postal / Zip Code County	Vendor/Contractor a Historically Underutilized Business (HUB)* (?)				
Yes No ● Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Conroy Whitely Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	○ Yes ○ No ⑨ Unknown				
Yes No ● Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Conroy Whitely Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	Community Partnership * (?)				
Vendor/Contractor Contact Person Name* Conroy Whitely Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country					
Vendor/Contractor Contact Person Name* Conroy Whitely Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	Supporting Documentation Upload (?)				
Name * Conroy Whitely Address * Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country					
Name * Conroy Whitely Address * Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	Vendor/Contractor Contact Person	lacksquare			
Conroy Whitely Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country					
Address* Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country					
Street Address 13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	Conroy Whitely				
13651 Dublin Court Address Line 2 City State / Province / Region Stafford TX Postal / Zip Code Country	Address*				
Address Line 2 State / Province / Region Stafford TX Postal / Zip Code Country	Street Address				
City State / Province / Region Stafford TX Postal / Zip Code Country	13651 Dublin Court				
Stafford TX Postal / Zip Code Country	Address Line 2				
Postal / Zip Code Country	City	State / Province / Region			
\$100000000	Stafford	TX			
	Postal / Zip Code	Country			
TITITOTI Office Office	77477-4317	United States			

Phone Number* 18478871258 Email* Conroy.Whitely@cardinalhealth.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 553002 \$ 24,000.00 1135 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo 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)* (?) Submission Date Requester Name 5/19/2022 Gleason, Teri Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 5/19/2022 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Angela Babin 5/19/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Shaskyia Behn

Approval Date*
5/19/2022

HARRIS Executive Contract Summary

Mental Health and IDD	the second of the second secon
Contract Section	
Contractor* INTRADO	
Contract ID #* 7451	
Presented To* Resource Committee Full Board	
Date Presented* 7/19/2022	
Parties* (?) INTRADO THC	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	
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* \$ 53,250.00 Increase Not to Exceed*	
\$ 9,000.00	

Revised Total Not to Exceed (NTE)* \$ 62,250.00	
Fiscal Year* (?)	Amount* (?)
2022	\$ 9,000.00
Funding Source* General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	✓ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description TO COVER INVOICES JUN-AUG 2022	on of Services Being Provided * (?)
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor • Yes • No • Unknown	r/Contractor*
Please add previous contract dates and what CT141440	at services were provided*
Vendor/Contractor a Historically Underutiliz ○ Yes ○ No ● Unknown	red Business (HUB)*(?)
Community Partnership* (?) ○ Yes ● No ○ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	on
Name* INTRADO INTERACTIVE SERVICES/GINGER	R GARFIELD
Address * Street Address 11808 Miracle Hills Drive Address Line 2	
City	State / Province / Region
Omaha	NE
Postal / Zip Code	Country
68154-4403	United States

Phone Number* 4027160581 Email* GINGER.GARFIELD@INTRADO.COM **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1171 553002 \$ 9,000.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date 6/7/2022 Boswell, Shawnti Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/7/2022 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinwala 6/7/2022 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Shaskyia Behn 6/10/2022

Marris Executive Contract Summary

O CENTER for Mental Health and IDD	
Contract Section	
Contractor*	
LEVEL 3 COMMUNICATIONS/LUMEN	
Contract ID #*	
7802	
Presented To*	
Resource Committee Full Board	
Date Presented* 7/19/2022	
Parties* (?) LEVEL 3 COMM/LUMEN	
THC	
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
InterlocalNot Applicable (If there are no funds required)	☐ Consumer Driven ☑ Other NONE
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
11/2/2020	11/2/2023
If contract is off-cycle, specify the contract term (?)	
36 MONTHS	
Current Contract Amount* \$ 24,000.00	
Increase Not to Exceed*	
\$ 15,508.00	

Revised Total Not to Exceed (NTE)* \$ 39,508.00	
Fiscal Year* (?)	Amount* (?)
2023	\$ 15,508.00
Fiscal Year* (?)	Amount*(?)
2024	\$ 46,524.00
Fiscal Year* (?)	Amount* (?)
2025	\$ 46,524.00
Fiscal Year* (?)	Amount*(?)
2026	\$ 31,016.00
Funding Source * General Revenue (GR) Contract Description / Type * (?) Personal/Professional Services	□ Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	✓ Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se	ervices Being Provided* (?)
We are increasing the Lumen contract by \$3877 per m 1st for new redundant data circuits to Harris Health for	onth for 36 months starting August
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contra	actor*
Yes No Unknown	actor
Please add previous contract dates and what servi CT141306	ces were provided*
Vendor/Contractor a Historically Underutilized Bus Yes No Unknown	iness (HUB)* (?)
Community Partnership* (?)	
○ Yes No ○ Unknown	
Supporting Documentation Upload (?)	
The Harris Center IDD 10G Eline 1G wDC Final 06-14-	-2022.pdf 109.67KB
Vendor/Contractor Contact Person	•
Name* LUMEN/JOHN LILIBRIDGE	

Address* Street Address 2400 West Dallas Street Address Line 2 City State / Province / Region Houston TX Postal / Zip Code Country 77019 US Phone Number* 8324494022 Email* John.Lillibridge@lumen.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1130 564004 \$ 15,508.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) SEE ATTACHED Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Boswell, Shawnti 6/16/2022 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/16/2022 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinwala 6/17/2022

Contracts Approval

Approve*

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

Approved by *

Shaskyia Belin

Approval Date*

6/21/2022

Executive Contract Summary 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 Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote ✓ Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2021 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 * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descrip	tion of Services Being Provided* (?)
ACCOUNT BALANCE \$71.34. NEED TO PA	Y A 283.07 INVOICE DUE TO INCREASE IN
EMPLOYEES	
Contract Owner*	
Kip Baughman	
	*
Previous History of Contracting with Vend	101/Contractor
Yes No Wunknown	
Vendor/Contractor a Historically Underuti	lized Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Per	son
Name*	
PINGBOARD, INC.	
Address*	
Street Address	
608 WEST MONROE ST	
Address Line 2	
SUITE A	
City	State / Province / Region
AUSTIN	TX
Postal / Zip Code	Country
78704	US
D	
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.* 553002 1108 \$ 1,500.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Gerner, Valinda 5/16/2022 Budget Manager Approval(s) Approved by Approval Date Frica Brown 5/17/2022 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Kip Baughwan 5/17/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Shaskyia Behn 5/17/2022

HARRIS CENTER for Mental Health and IDD

Executive Contract Summary

Mental Health and IDD	illialy
Contract Section	s in the second
Contractor*	
Crothall Facilities Management, Inc	
Contract ID #* 6678	
Presented To* Resource Committee Full Board	
Date Presented * 7/19/2022	
Parties* (?) Crothall Facilities Management, Inc & The Harris Center	r for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$10 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	Competitive Proposal
Request for Proposal Request for Application	☐ Sole Source☐ Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Service Agreement
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/1/2022	12/31/2022
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 5,885.58	
Increase Not to Exceed* \$ 2,000.00	
Revised Total Not to Exceed (NTE)* \$ 7,885.58	

Fiscal Year* (?)	Amount* (?)	
2022	\$ 7,885.58	
Funding Source*		
General Revenue (GR)		
General Nevenue (GIV)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	□ New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Descript	tion of Services Being Provided* (?)	
Medical equipment maintenance and support services for NPC.		
Additional funds needed to cover invoices.		
Contract Owner*		
Evelyn Locklin		
Previous History of Contracting with Vend	dor/Contractor*	
Yes ○ No ○ Unknown		
	•	
Please add previous contract dates and w	rhat services were provided *	
Currently under contract		
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)		
○ Yes ○ No ◎ Unknown		
Community Partnership* (?)		
○ Yes ○ No ● Unknown		
Supporting Documentation Upload (?)		
capporting Documentation opious (4)		
	2-	
Vendor/Contractor Contact Pers	son 🔿	
Name *		
Kenneth James		
Address*		
Street Address		
1500 Liberty Ridge Dr.		
Address Line 2		
Suite 210		
City	State / Province / Region	
Wayne	PA	
Postal / Zip Code	Country	
19087	United States	
Phone Number*		
6319725245		

Email* Kenneth.James@Crothall.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9206 \$ 1,000.00 553000 **Budget Manager** Secondary Budget Manager Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 9209 \$ 1.000.00 553000 **Budget Manager** Secondary Budget Manager Oshman, Jodel Kornmayer, Kimberly Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Singh, Patricia 6/13/2022 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 6/13/2022 Contract Owner Approval Approved by Approval Date Evelyn U. Locklin 6/13/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Shaskyia Behn 6/15/2022

Executive Contract Summary Contract Section Contractor* X-Ray Mobile Texas, Inc. Contract ID #* 7848 Presented To* Resource Committee Full Board Date Presented* 7/19/2022 Parties* (?) The Harris Center for Mental Health & IDD and X-Ray Mobile Texas, 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 Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote ☐ Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2021 8/31/2022 If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 9,999.00

Increase Not to Exceed*

\$ 4,000.00

Revised Total Not to Exceed (NTE)*

\$ 13,999.00

Fiscal Year* (?)	Amount* (?)	
2022	\$ 13.999.00	
*		
Funding Source*		
State		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purnose of Contract/Description of Se	prvices Reing Provided* (2)	
Justification/Purpose of Contract/Description of Services Being Provided * (?)		
The 6160 facility added several new programs during FY22 and the Jail Diversion program census has increased thus, the program is serving more consumers than previously		
	and the second s	
projected. Due to high demand, the NTE needs to be increased to cover outstanding invoices as well as the gap to get the programs to fiscal year end. There are \$2,200 in		
outstanding invoices and with an average spend rate of \$600 per month for the last 3		
remaining months of the fiscal year, we are requesting to increase the NTE by \$4,000.		
Contract Owner*		
Kim Kornmayer		
Previous History of Contracting with Vendor/Contractor*		
Yes No Unknown		
Please add previous contract dates and what services were provided*		
9/1/21 - 08/31/22 CT141325		
Vendor/Contractor a Historically Underutilized Bus	iness (HUB)* (?)	
○ Yes ○ No ② Unknown		
Community Partnership* (2)		
Community Partnership* (?)		
○ Yes ○ No		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Name *		
Patrick A. Truax		
Address*		
Street Address		
P.O. Box 1555		
Address Line 2		
City	State / Province / Region	
Sugar Land	TX	
Postal / Zip Code	Country	
77487	USA	

Phone Number* (979) 258-6610 Email* txportablexray@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9403 \$ 2,350.00 543031 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9264 \$ 1,200.00 543031 **Budget Manager** Secondary Budget Manager Ramirez, Priscilla Oshman, Jodel Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9407 \$ 300.00 543031 **Budget Manager** Secondary Budget Manager Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9261 \$ 150.00 543031 **Budget Manager** Secondary Budget Manager Ramirez, Priscilla Oshman, Jodel Provide Rate and Rate Descriptions if applicable * (?) No change. Rates are outlined per the existing contract. Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Ramirez, Priscilla 6/22/2022 Budget Manager Approval(s) Approved by Approval Date Priscilla M. Ramirez 6/22/2022 Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	
Contract Owner Approval	
Approved by	
	Approval Date
KIM KORNMAYER	6/24/2022
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/24/2022

Executive Contract Summary Contract Section Contractor* Katia Lemus Contract ID #* 7066 Presented To* Resource Committee Full Board Date Presented* 7/19/2022 Parties* (?) Katia Lemus, 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# Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2021 8/31/2022 If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 23,910.00

Increase Not to Exceed*

\$ 6,000.00

Revised Total Not to Exceed (NTE)*

\$ 29,910.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 29,910.00
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	rvices Being Provided* (?)
Consumer received additional hours on plan for CFC ar	nd Respite services.
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/Contra	actor*
Yes No Unknown	
Please add previous contract dates and what service	ces were provided*
9/1/2021 -8/31/2022	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Katia Lemus	
Address*	
Street Address	
1222 Aldine Mail Route Road	
Address Line 2	
#6	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77039	US
Phone Number*	
832-845-9144	

Email* patrina.anthony@theharriscenter.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3585 \$ 3,000.00 543009 Secondary Budget Manager **Budget Manager** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* \$ 3,000.00 543005 3585 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Downey, Michael Provide Rate and Rate Descriptions if applicable * (?) 10.00 per hour Project WBS (Work Breakdown Structure) * (?) **Submission Date** Requester Name Anthony, Patrina 6/24/2022 Budget Manager Approval(s) Approved by **Approval Date** Mamie Adams-Austin 6/27/2022 Contract Owner Approval Approved by Approval Date Lance Britt 6/27/2022 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/27/2022

EXHIBIT F-15

July 2022 RENEWALS UNDER 100k

July 2022 FISCAL 2022-2023

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23 CONTRACT RENEWALS	HODANITOL	DECOMINATION	NIL AMOUNT	INTERMIOUNT	CONTINUENTERIOR	TONDING	DIDITAG-ON	COMMENTS
ADMINISTRATION								
1 M Strategic Partners	YES	Project Management Consultant to assist preparing a RFQ/RFP for the NPC renovations project.	\$105,000.00	\$75,750.00	9/01/2022-8/31/2023	GR		Annual renewal of agreement for the Project Management Consultant to assist in the preparation of the RFQ/RFP for NPC renovation project.
Pinnacle Business Solutions 2 (Pharmacy)	No	Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)	\$10,000.00	\$10,000.00	9/01/2022-8/31/2023	GR		Annual renewal of Pharmacy Patient Medication Courier Services (Daily Route and On-Demand).
3 Automated Business Systems	No	Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.	\$1,075.00	\$1,075.00	9/01/2022-9/01/2023	GR		Annual renewal of Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.
Pinnacle Business Solutions (Mail 4 Room)	No	Courier Services Mail, Pharmaceutical and Medical Records	\$79,920.91	\$79,920.91	9/01/2022-8/31-2023	GR	Request for Proposal	Annual renewal of Courier Services Mail, Pharmaceutical and Medical Records.
5 CareFusion Solutions, LLC	No	Software License, Equipment & Support Services for CPEP Pharmacy Medstations.	\$63,526.00	\$64,048.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Software License, Equipment & Support Services for CPEP Pharmacy Medstations.
6 Button's Inventory Service, Inc.	No	Pharmacy Inventory Services	\$90,000.00	\$90,000.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Pharmacy Inventory Services.
American Business Forms, Inc. dba American Solutions for 7 Business	No	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.	\$21,117.50		9/01/2022-8/31/2023	GR	Request for Proposal	Annual renewal of Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.
8 ScriptPro USA, Inc. (SE)	No	Support & Maintenance for pharmacy equipment for the SE Clinic.	\$9,772.00	\$16,000.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Support & Maintenance for pharmacy equipment for the SE Clinic.
9 Dispensary of Hope	No	A Charitable Pharmaceutical Program	\$37,500.00	\$37,500.00	9/01/2022-8/31/2023	GR	Consumer Driven	Annual renewal of a Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).
10 Pitney Bowes	No	Mail Room Postage Machine Lease Agreement (The SendPro P3000).	\$9,233.88	\$9,233.88	9/01/2022-8/31/2023	GR	Tag-On	Annual renewal of Mail Room Postage Machine Lease Agreement (The SendPro P3000).
11 PrideStaff Inc., dba Rx Relief	No	Temporary Staffing Services- Pharmacists and Pharmacy Technicians	\$50,000.00	\$50,000.00	9/01/2022-8/31/2023	GR	Request for Proposal	Annual renewal of Temporary Staffing Services- Pharmacists and Pharmacy Technicians.
West Publishing Corporation dba 12 Thomson Reuters Business	No	Westlaw Subscription	\$5,382.12	\$5,382.12	9/01/2022-8/31/2023	GR	Legal Subscription Service	Annual renewal of Legal Research subscription for the Contracts Services Department.
The Academy of Cognitive Therapy dba Academy of Cognitive and Behavioral Therapies	NO	Rate and Assessment of Agency's Therapists for Cognitive Therapy.	\$18,000.00	\$18,000.00	9/01/2022-8/31/2023	GR	Competitive Bid; Request for Proposal	Annual renewal of Rate and Assessment services of Agency's Therapists for Cognitive Therapy.
14 Indio Beam, LLC	NO	Pre-paid Consulting Services for SharePoint (DIR-TSO-4078 Tag-on).	\$30,000.00	\$30,000.00	9/01/2022-8/31/2023	GR	Tag-On	Annual renewal. Consulting Services for SharePoint (DIR-TSO-4078 Tag-on).

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
CONTINUIONO	HOUMITTEE	DECORAL TOOL		1112721100111		1 01101110	J.D. V.A.G-GIV	- John Live
Morning Star Psychiatric Services, 5 PLLC	No	Consultant Services for development and implementation of a Post Graduate Physician Assistant Psychiatry Residency Program	\$30,000.00	\$30,000.00	9/1/2022 -8 /31/2023	GR		Annual renewal of Consultant Services for development and implementation of a Post Graduate Physician Assistant Psychiatry Residency Program at The Harris Center.
6 Next Level Medical, LLC	Yes	Workers' Compensation Medical Treatment Services.	\$6,000.00	\$6,000.00	9/1/2022-8/31/2023	GR	Request for Qualification	Annual renewal of Workers' Compensation Medical Treatment Services.
Southeast Texas Regional 7 Advisory Council (SETRAC)	No	Hospital Healthcare Preparedness Program ("HPP").	\$125.00	\$125.00	7/1/2022-6/30/2023	GR	Consumer Driven	Annual renewal of Hospital Healthcare Preparedness Program (*HPP*).
3 Shi Gov't Solutions	No	Kaspersky license and support	\$20,501.75	\$30,000,00	9/26/2022-9/25/2023	GR	Tag-On	Annual renewal of Tag-On to Omnia Partners- IT Solutions Contract for Kaspersky license and support services,
		Skillsoft Percipio Software.						
SkillSoft Corporation	No	DIR-TSO-3899. Agency Wide Shoretel	\$44,740.00	\$14,330.00	9/6/2019-9/5/2022	GR	Tag-On	Annual renewal of Skillsoft Percipio Software. Annual renewal of Agency Wide Shoretel
Affiliated Telephone, Inc.	No	telephone equipment, maintenance & support	\$85,000,00	\$85,000.00	9/1/2022-8/31/2023	GR	N/A	telephone equipment, Maintenance & Support Services.
BMC Software, Inc.	No	Track-IT Support Software	\$14,694.54		9/1/2022-8/31/2023	GR	N/A	Annual Renewal.
Bud Griffin Customer Support, Inc.	No	Service and Maintenance Support for UPS AC	\$10,000.00		9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Service and Maintenance Support for UPS AC.
CDWG	No	DUO Authentication Software	\$61,500.00	\$70,000.00	9/16/2022-9/15/2023	GR	Tag-On	Annual renewal of Tag-On to National IPA contract for DUO Authentication Software.
Centre Technologies, Inc.	No	Technical Consultant Services (DIR-TSO-4144 Tag-on)	\$30,000.00		9/1/2022-8/31/2023	GR	Tag-On	Annual renewal of Technical Consultant Services.
5 Centre Technologies, Inc.	No	VMware Software Subscription, Maintenance & Support; DIR-TSO-4288.	\$48,393.30	\$50,000.00	10/17/2022-10/16/2023	GR	Tag-On	Annual renewal of VMware Software Subscription, Maintenance & Support Services,
CenturyLink / Lumen / Level 3 6 Communications	No	Back-up Data Circuits for EPIC	\$24,000,00	\$50,000.00	9/1/2022-8/31/2023	GR		Annual renewal of Back-up Data Circuits for EPIC.
7 Citrix Systems, Inc.	No	Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software). VECTRA is a network-based	\$80,374.00		11/1/2022-10/31/2023	GR		Annual renewal of Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software). Annual renewal of the VECTRA, a network-
B Critical Start, Inc. (Vectra)	No	behavioral anomaly detection solution	\$51,715,24	\$43,361,46	6/20/2022-9/19/2023	GR	Tag-On	based behavioral anomaly detection solution. DIR-TSO-3898 Tag-on.
9 CTEK Security, Inc.	No	HIPAA Privacy and Security Risk Analysis (Internal Only)	\$26,100,00		9/1/2022-8/31/2023	GR	Request for Proposal	Annual renewal of subscription of HIPAA Privacy and Security Risk Analysis.
0 DataVox, Inc.	No	Lifesize Audio Conferencing and Cloud Subscription (TIPS)			9/1/2022-8/31/2023	GR	Tag-On	Annual renewal of Lifesize Audio Conferencing and Cloud Subscription, TIPS Tag-On Contract# 170306.
l Everbridge, Inc.	No	Everbridge provides the Agency's Mass Notification Incident Management Service as well as the Safety Connection Base Service	\$40,537.50	\$45,000.00	9/1/2022-8/31/2023	GR	Tag-On	Annual renewal of Agency's Mass Notification Incident Management Service as well as the Safety Connection Base Service. Tag-on to Harris County No. 17-0304.
Future Com, Ltd. (Cisco 2 SmartNet)	No	CISCO SMARTNET: Extended Service Agreement for Hardware		-	11/1/2022-10/31/2023	GR	Tag-On	Annual renewal of Extended Service Agreement for Hardware and Support.
3 Future Com, Ltd. (Forescout)	No	Forescout maintenance & support	\$35,061.15			GR	Tag-On	Annual renewal of Forescout maintenance and support, Tag-on to DIR-TSO-4288.
ruture Com, Ltd. (Porescout)	LINU	support	_	, #31,000.00	012712022*012312023	LUR	i ag-On	raupport, ray-on to DIN-130-4200.

		Tragarita in the	<u> </u>					
		PRODUCT/SERVICE	FY2022	FY2023				
CONTRACTORS	HUB/MWBE	DESCRIPTION	NTE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
Future Com, LTD. (Formerly Got 34 Net Security)	No	Digital Defense Assessments	\$27,540.00	\$27,540,00	9/1/2022-8/31/2023	GR GR		Annual renewal of Digital Defense Assessments.
- Trick Goddinyy		Master Participation	0	33.,00				Annual renewal of Internet-Based system that provides secure electronic exchange of PHI
35 Greater Houston Healthconnect	No	Agreement	\$15,500.00	\$15,500.00	9/1/2022-8/31/2023	GR		information with other providers.
36 InstaMed Communications, LLC	No	Credit Card Payment Processing System for EPIC and throughout Agency.	\$33,000.20	\$35,000.00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Credit Card Payment Processing System for EPIC and throughout Agency.
Intrado Interactive Services 37 Corporation (West)	No	Televox Software Subscription Services for an Agency wide phone tree.	\$53,250.00	\$65,000.00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Televox Software Subscription Services for an Agency wide phone tree.
38 Knowledge Lake, Inc.	No	Sharepoint/HRIS related Software Support and Maintenance.	\$39,500.00	\$37,500.00	9/1/2022-8/31/2023	GR		Annual renewal of software support and maintenance.
Softwieuge Lake, IIIG.	140	wanterance.	338,500.00	\$37,500.00	31 112022-013 112023	- SK	 	manienance,
39 Parata Systems, LLC (SW Clinic)	No	Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location.	\$11,220.00	\$13,000.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location.
40 Parata Systems, LLC (NE Clinic)	No	Emergency replacement for Parata Max Robot for the reopening of the NE Clinic	\$10,500.00	\$12,000.00	9/01/2022-8/31/2023q	GR	N/A	Annual renewal of the Emergency replacement for Parata Max Robot for the reopening of the NE Clinic.
41 Inmar Rx Solutions, Inc.	No	Third Party Rx Reconciliation and Analytical Services	\$75,000.00	\$75,000.00	9/01/2022-8/31/2023	GR	Competitive Bid	Annual renewal of Third Party Rx Reconciliation and Analytical Services.
42 ScriptPro USAm Inc. (NW)		Support & Maintenance for Pharmacy equipment at the NW Clinic.	\$8,772,00	\$10,000,00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Support & Maintenance for Pharmacy equipment at the NW Clinic.
Defensive Driver Online, Ltd. d/b/a	No	Online Defensive Driving Course for employees who will be driving on behalf of the Agency.			9/01/2022-8/31/2023	GR	N/A	Annual renewal of Online Defensive Driving Course for employees who will be driving on behalf of the Agency.
43 DeletisiveDriving.com	140	Agency.	36,430.00	\$0,430.00	9/01/2022-0/31/2023	<u> </u>	IN/A	Annual renewal of Coding Consultant Services.
Angela Arnold dba Simmons & 44 Arnold Services	No	Coding Consultant Services	\$62,400.00	\$93,600.00	9/01/2022-8/31/2023	GR	N/A	Consultant will assist with audits to capture lost charges and determine the accuracy of billing as necessary.
Cerner Corporation formerly		Pharmacy software maintenance & suppport;	****	****	0/04/0000 0/04/0000			Annual renewal of Pharmacy software
45 Etreby Computer Company, Inc. 46 Texas Application Specialists, Inc.	No No	eprescibing services. Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services.	\$80,000.00 \$42,000.00		9/01/2022-8/31/2023 9/01/2022-8/31/2023	GR GR	N/A N/A	Annual renewal of the Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services.
47 LogMein USA, Inc.	No	LogMeIn Rescue for IT Users.	\$5,062,50	\$45,000,00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of LogMeIn Rescue for IT Users Agency Wide.
48 MSX Group, LLC	No	Proprietary budgeting software to maintain internal control of Financial operations.			9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Proprietary budgeting software to maintain internal control of Financial operations.
49 NETSPI LLC	No No	Network Penetration Testing Services	\$47,814.30		9/1/2021-8/31/2022	GR	Request for Quote	Annual renewal of Network Penetration Testing Services.
50 NFS Hospitality Corporation, Inc.	No	Rendezvous Workspace rneeting room booking software,	\$3,641.36		9/1/2022-8/31/2023	GR	N/A	Annual renewal of Rendezvous Workspace meeting room booking software.

July 2022 FISCAL 2022-2023

			PRODUCT/SERVICE	FY2022	FY2023				
c	ONTRACTORS	HUB/MWBE	DESCRIPTION		NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
T			9401 Data Center - Liebert						
1			UPS Power and Battery				1		Annual renewal of Liebert UPS Power and
			Maintenance and Support				}		Battery Maintenance and Support Services for
1 Ve	ertiv Corporation	No	Services.	\$11,200.00	\$12,000.00	9/1/2022-8/31/2023	GR	Sole Source	9401 Data Center.
l			Laserfiche licenses,	j				l	Annual renewal of Laserfiche licenses,
	Imaging, Inc. dba DocuNav	N1 -	maintenance & support (Dir-					l <u> </u>	maintenance and support. Tag-on to Dir-CPO-
ziso	olutions	No	CPO-4449)	\$57,411.94	\$45,000.00	9/21/2022-9/21/2023	GR	Tag-On	4449.
ءاء	slam, sam, 11.0	No	License Agreement for	640 500 00	640 500 00	0/4/0000 0/04/0000	GR		Annual renewal of License Agreement for
3 S8	alary.com, LLC	NO	compensation analysis.	\$19,500.00	\$19,500.00	9/1/2022-8/31/2023	GR	N/A	Compensation Analysis.
1	•			İ			[Annual resource of Summand and days for IDEA
1									Annual renewal of Support services for IDEA software license agreement to provide
			Support services for IDEA						comprehensive review of business data to detect
sal Au	dimation Services Inc.	No	software license agreement	\$550.00	\$2,260,00	3/1/2022-2/28/2023	GR	N/A	possible duplicate transactions,
7.7.10	aumaton corvicos me.		Technical Training Services (IT		02,200.00	OF TRUEE DEGREES	<u> </u>	10/4	Annual renewal of Technical Training Services
5 Au	dimation Services, Inc.	No	Script Writing).	\$9,000,00	\$9,000.00	9/1/2022-8/31/2023	GR	N/A	(IT Script Writing).
1			An updated Incident Reporting					.,,,,	
	1		System and Site Hosting	ŀ				1	Annual renewal of Incident Reporting System
6 Da	atix (USA), Inc. dba RLDatix	No	Services.	\$67,222,00	\$15,238.00	11/19/2022-11/18/2023	GR	Tag-On	and Site Hosting Services.
T			Behavior Management					I	
	andle With Care Behavior		Instructor Licensing and					ĺ	Annual renewal of Behavior Management
7 M	anagement System, Inc.	No	Training Services.	\$3,500.00	\$3,500.00	9/1/2022-8/31/2023	GR	N/A	Instructor Licensing and Training Services.
			Organization charting and				j		Annual renewal of the Organization charting and
			planning tool selected by the						planning tool selected by the Agency's Executive
8 Pi	ngboard, Inc.	No	Agency's executive team	\$20,534.28	\$25,000.00	9/1/2022-8/31/2023	GR	N/A	Team.
1.			Consulting service for				1		1
	Taylor & Associates, LLC DBA	**-	physician and provider				1	l	Annual renewal. Consulting services for
29 7 1	aylor	No	compensation programs.	\$77,400.00	\$77,400.00	9/1/2022-8/31/2023	GR	N/A	physician and provider compensation programs.
- [Familia I annual Tanadalian						
			Foreign Language Translation And Assessment Proficiency						A
60 14	asterWord Services, Inc.	Yes	Services.	\$5,000.00	\$5,000,00	9/1/2022-8/31/2023	GR	l _{N/A}	Annual renewal of Foreign Language Translation And Assessment Proficiency Services.
	erox Business Solutions	160	Print Shop Production Copiers	33,000.00	90,000.00	3/ 1/2022-0/3 1/2023	GIV _	Request for	Annual renewal of Agency's Print Shop
	outhwest	No	(2)	\$16,978.05	\$22,637,40	12/31/2021-12/31/2026	GR	Quote	Production Copiers.
		1,12	151	***************************************	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,		Todascust Copicio.
- 1			Master Pool: Three (3) vendor				i		
1			to provide temporary Housing				<u> </u>		Annual renewal of the master pool to provide
			and Tranistional Services' to				1		temporary 'Housing and Transitional Services for
	Housing & Transition Master		consumers in the CCSI	1			1		Consumers in the CCSI Program. The pool
52 PC	ool (CCSI)	No	Program.	\$25,000.00	\$25,000.00	9/01/2022-8/31/2023	Private Grant	N/A	currently has two vendors.
									Annual renewal of Consulting services on an as
	vot Point Consulting, A Vaco		Consulting and IT Staffing	1			1		needed basis for EPIC EHR Reporting and Data
53 Co	ompany	No	Services	\$205,000.00	\$50,000.00	9/1/2022-8/31/2023	GR	Sole Source	Extraction.
- 1				1					<u> </u>
مام			DocuSignEnterpise Pro		ا مما مما	40,000,000,40,40,000	00	l	Annual renewal of DocuSignEnterpise Pro
64 C	arahsoft Technology Corporation	No	Software	\$21,391.80	\$19,641.80	10/2/2022-10/1/2023	GR	Tag-On	Software Agreement.
ا	oto Shroddina Sanince of		Agangu Mido Data Daguerat	ĺ				1	Annual annual of annual visits date day
	ata Shredding Services of exas, Inc.	No	Agency-Wide Data Document Destruction Services	S28.006.00	\$28,006,00	09/01/22- 08/31/23	GR	RFP	Annual renewal of agency-wide data document
, 9 6	onas, like.	140	Destruction Services	320,000.00	\$20,000.00	03/0 //24- 00/3 //23	J GR	KPP	destruction services.
				1				ł	
	ne McMillan Barlow Group, LLC		Executive Coaching Services	1				ŀ	Renewal of Executive Coaching Services for the
66 dt	oa Blue Mesa Group	No	for the Chief Medical Officer	\$20,000.00	\$20,000.00	09/01/22- 08/31/23	GR	RFQ	Chief Medical Officer.
			Employment Engagement	1					
			Technology Software for		ļ				Annual renewal of Employment Engagement
67 0	ualtrics	No	Agency-Wide Surveys	\$26,001,15	\$26,001,15	08/31/22- 09/01/23	GR	N/A	Technology Software for Agency-Wide Surveys
1				020,001.10	020,001.10	03/01/22-00/01/20	<u></u>	13/7	Tooling Sollware for Agency-ville Surveys
			l	l			1		
			Agency-Wide FSA						Annual renewal of Agency-Wide FSA
	EX Health, Inc. dba WEX	No	Administration Services	\$34,749,00	l \$35,000,00l	01/01/22- 12/31/22	l GR	Agreement	Administration Services

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	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
69	WEX Health, Inc. dba WEX	No	Agency-Wide COBRA Benefits Administration Services	\$21,870.00	\$22,000.00	01/01/22- 12/31/22	GR	Benefits Service Agreement	Annual renewal of Agency-Wide COBRA Benefits Administration Services	
	CPEP/CRISIS SERVICES							1		├─
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
70	CC Assessment Services	No	Psychological Testing/Evaluation Services	\$24,500,00	\$24.500.00	9/1/2022-8/31/2023	State	Consumer Driven	Annual renewal of psychological testing/evaluation services to determine IDD eligibility.	
71	Easter Seals of Greater Houston, Inc.	No	Day Camp and Respite Services	\$11,300,00		9/1/2022-8/31/2023	State	Consumer Driven	Annual renewal of Day Camp and Respite Services.	
	Modern Psychological and Allied Services, PLLC	No	Psychological Testing/Evaluation Services	\$24,500.00		09/01/22- 08/31/23	State	Consumer Driven	Annual renewal of psychological testing/evaluation services.	
73	The ARC of Greater Houston	No	Community Family Task Force	\$12,000.00	\$12,000.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Community Family Task Force	
74	The ARC of Greater Houston	No	Camp Champions	\$15,000.00	\$15,000.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Camp Champions Services	
75	The ARC of Greater Houston	No	Overnight Respite Services	\$39,165.00	\$39,165.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Overnight Respite Services	
76	The ARC of Greater Houston	No	Weekend Recreational Services	\$28,700.00	\$28,700.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Weekend Recreational Services	
77	The ARC of Greater Houston	No	Day Respite Services	\$21,986.00	\$21,986.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Day Respite Services	
78	The ARC of Greater Houston	No	Training/Recreational Services	\$70,000.00	\$70,000.00	9/1/2022-8/31/2023	County	Consumer Driven	Annual renewal of Training/Recreational Services	
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI		Mag.	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
	Slosson Educational Publications,	No	License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.	\$371.00	\$371.00	1/25/2021-1/25/2026	State	Consumer Driven	Annual renewal of License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.	
	Christina Kasprzak LEASES	No	Consultant Services to assist The Harris Center Early Childhood Invention (ECI) Program Improve its child outcome performance.	\$6,825.00		9/01/2022-8/31/2023	State Grant	N/A	Annual renewal of Consultant Services Agreement to assist The Harris Center Early Chikhood Invention (ECI) Program with Improving its child outcome performance.	
81	Shirajb LP	No	Property Lease at 817 Southmore, Suite 150, Pasadena, TX	\$14,400.00	\$14,400.00	9/1/2022-8/31/2024	Federal Grant		Annual renewal of the property lease at 817 Southmore, Suite 150, Pasadena, TX	

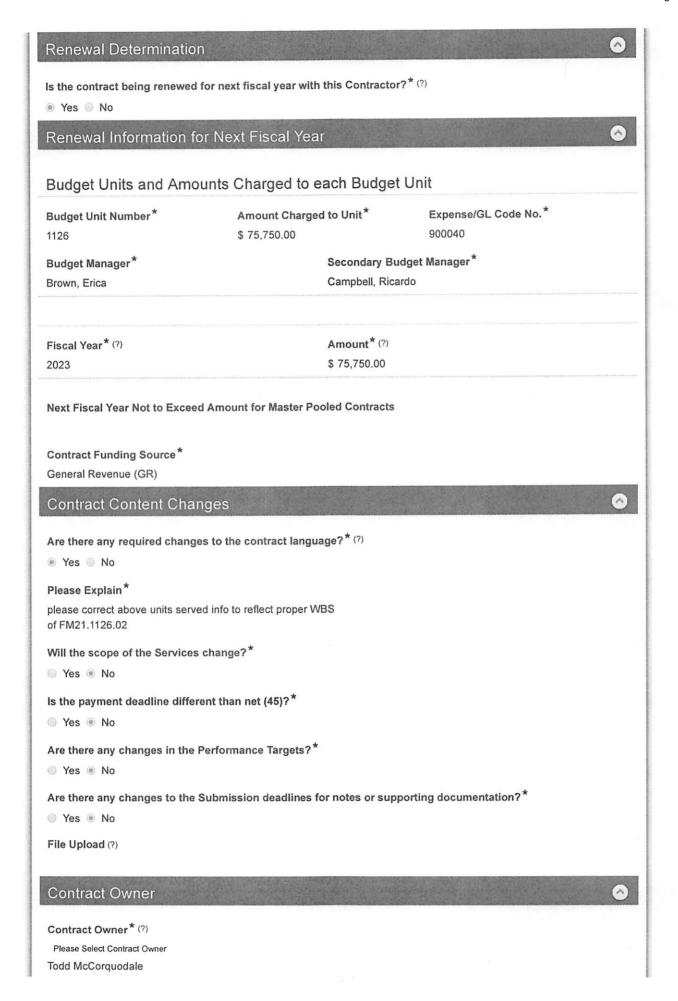
Psychiatric Resident Educational Rotation for Child/Adolescent Psychiatry \$24,907.68 \$25,416.00 07/01/22-06/30/2023 State N/A Psychiatry Resident Agreement for Child/Adolescent Psychiatry Psychiatry Resident Agreement for Child/Adolescent Psychiatry Resident Revised N/A Psychiatry Resident Re			The second secon		r.		· · · · · · · · · · · · · · · · · · ·		
CONTRACTORS HUB/MWISE DISSCRIPTION NTE AMOUNT NTE AMOUNT CONTRACT PERIOD FUNDING BIDITAG-ON COMMENTS			POODUOT/SPOURSE		Exacca				TO NO
Losse Agreement: Hopo Center Houston Will provide the Agency providing outreach and engagement services to hornless infoldidates in the North Houston area. Property-1976 outreach and engagement services to hornless infoldidates in the North Houston area. Property-1976 outreach and engagement services to hornless infoldidates in the North Houston area. Property-1976 outreach and engagement services to hornless infoldidates in the North Houston area. Property-1976 outreach and engagement services to hornless individuals in the North Houston area. Property-1976 outreach are angagement services to hornless individuals in the North Houston area. Property-1976 outreach are angagement services to hornless individuals in the North Houston area. Property-1976 outreach are angagement services to hornless individuals in the North Houston area. Property-1976 outreach are angagement services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach are services to hornless individuals in the North Houston area. Property-1976 outreach area for species individuals in the North Houston area. Property-1976 outreach area for species individuals in the North Houston area. Property-1976 outreach area for species individuals in the North Houston area. Property-1976 outreach area for species individuals in the North Houston area. Property-1976 outreach area for species i		HIIR/MWRE				CONTRACT PERIOD	FILINDING	BID/TAG.ON	COMMENTS
Center Houston will provide the Agency's PATH Outreach team with office space in exchange for the Agency's PATH Outreach and engagement services to homeless individuals in the North Houston area, Property- 1960 Community Hope Center don't Houston area, Property- 1970 Community Hope Center No No Perking Lease for spaces located at Frankfin Lots Garage Premier Parking, 201 Main Street, Houston Texas 1770 2 as needed for TRIAD, RESON Property- 1970 Community Hope Center don't Houston area, Property- 1970 Community Hope Center Houston area, Pro	CONTRACTORS	HODIMAADE		INTE AMOUNT	INTE AMOUNT	CONTRACT PERIOD	TONDING	BID/TAG-OR	COMMENTS
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acchange for the Agency providing outreach and engagement services to homeless individuals in the North Houston area, Property - 821 Peakwood Drive, Houston Texas 77090. Parking Lease for spaces located at Frankfin Loths Garage Premier Parking, 201 Main Street, Houston Texas 77090. RESCU Psychiatry and Transition staff located at the Juvenila Detention Center of downtown. RKG Parking Solutions MENTAL HEALTH SERVICES Psychiatric Resident Educational Rotation for Furniture Bank No Furniture Delivery Sa6,000.00 \$36,000.00 \$1/10022-8/31/2023 \$181e Driven No Consumer Driven Houston Texas 77090. Annual renewal of lease agreement with Hope Center the Agency providing undered as exchange for the Agency Parking Lease for spaces located at Frankfin Loths Garage Premier Parking, 201 Main Street, Houston Texas 77090. Annual renewal of Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Lease for Spaces located at the Juvenila Delention Center of Workman (GR) Parking Mortal Heave (GR) Parking Mortal Heav	1			ľ			1		Į.
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Oversight of Veterans Peer Support Processes in Harris County. Mental Health America of Greater Houston, Inc. No County. Residential Living Services (RO32) Oversight of Veterans Peer Support Sep9,286.00 Sep	The Furniture Bank	No	Furniture Delivery	\$36,000.00	\$36,000.00	9/1/2022-8/31/2023	State	Driven	Annual renewal of furniture delivery services.
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Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2021-0150 Contractor Name* M Strategic Partners Service Provided * (?) Project Management Consultant to assist preparing a RFQ/RFP for the NPC renovations project. Renewal Term End Date* Renewal Term Start Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

	Please provide the HUB status MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.
	Contract NTE (Old Text Field For Reference) (?) \$105,000.00 (includes \$2,000 contingency) (3-years)
	Contract NTE* (?) \$ 105,000.00
	Rate(s)/Rate(s) Description See proposal
	Unit(s) Served* 1126 FM21 1126.020
	G/L Code(s)* 900040
	Current Fiscal Year Purchase Order Number* CT141905
	Contract Requestor* Sarah Harper
	Contract Owner* Todd McCorquodale
	File Upload (?)
The state of the s	Evaluation of Current Fiscal Year Performance
	Evaluation of Surrent 1 150at 1 car r efformation
The same of the sa	Have there been any significant performance deficiencies within the current fiscal year?* Yes No
THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF T	Have there been any significant performance deficiencies within the current fiscal year?*
THE REAL PROPERTY.	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
mana.	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?*
	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?*(?)
	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?*(?)
	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
	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?*(?)
	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?*(?)

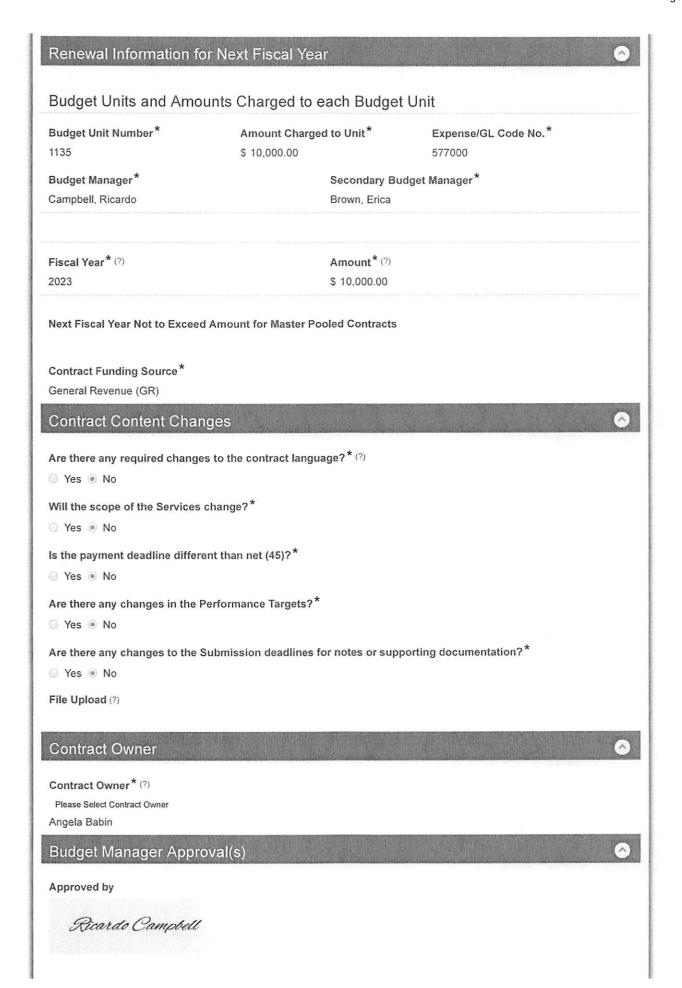


Approved by		
Ekica Brown		
Contract Owner Approval		•
Approved by		
Todd McCorquodale		
Contracts Approval		antamainana da kabumuda
Approve*		
Yes		
YesNo, reject entire submission		
YesNo, reject entire submissionReturn for correction		
YesNo, reject entire submission	Approval Date*	

HARRIS GENTER for

. Mental Health and IDD	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
2021-0288	
Contractor Name*	
Pinnacle Business Solutions (Pharmacy)	
Service Provided* (?)	
Pharmacy Patient Medication Courier Services (Daily Ro	ute and On-Demand)
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
rominer on eyele only (i or released only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000,00)
Board Approval (Total NTE Amount is \$100,000.00+)	-1
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
✓ Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	□ Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 10,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141790
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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?*
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



Contract Owner Approval	
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Shaskyia Behn	6/10/2022

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Current Fiscal Year Contract Information	n 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 199
Current Fiscal Year	
2022	
Contract ID#*	
2021-0183	
Contractor Name *	
Pinnacle Business Solutions (Mail Room)	
Service Provided* (?)	
Courier Services Mail, Pharmaceutical and Medical Reco	rds
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$100	0,000.00)
■ 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding Affiliation or Preceptor 	Amendment to Existing Contract Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	■ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 79,920.91
Rate(s)/Rate(s) Description
Unit(s) Served* 1107
G/L Code(s)* 577000
Current Fiscal Year Purchase Order Number* CT141334
Contract Requestor* Nicole Lievsay
Contract Owner* Nicole Lievsay
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 Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 577000 \$ 79,920.91 1107 Secondary Budget Manager* **Budget Manager*** Brown, Erica Campbell, Ricardo Amount* (?) Fiscal Year* (?) \$ 79,920.91 2023 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 80000 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 Nicole Lievsay Budget Manager Approval(s) Approved by Ricardo Campbell

Approved by		
NICOLE LIEVSAY		
Contracts Approval		atoria na arratanta da ana ana ana ana
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Shaskyia Behn	6/14/2022	

HARRIS CENTER,

Current Fiscal Year Contract Information	Ô
Current Fiscal Year 2022	
Contract ID#* 6048	
Contractor Name * CareFusion Solutions, LLC	
Service Provided * (?) Software License, Equipment & Support Services for CPE	P Pharmacy Medstations.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Unknown □
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 63,526.00 Rate(s)/Rate(s) Description
Unit(s) Served*
9205, 9209 G/L Code(s)* 553001, 552000
Current Fiscal Year Purchase Order Number* CT141394
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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?* 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 \$ 18,624.00 552000 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 9209 \$ 4,660.00 553001 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9205 552000 \$ 34,296.00 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 9205 \$ 6,468.00 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Fiscal Year* (?) Amount* (?) 2023 \$ 64,048.00 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 (?) Carefusion proj fy22 FROM ANGIE 03-23-202	.xlsx 29.89KB
Contract Owner	<u> </u>
Contract Owner* (?) Please Select Contract Owner Angela Babin	
Budget Manager Approval(s)	0
Approved by	
Todel Oshman	
Contract Owner Approval	0
Approved by	
Angela babin	
Contracts Approval	
Approve*	
YesNo, reject entire submissionReturn for correction	
Approved by *	
Shaskyia Behn	Approval Date* 6/14/2022

HARRIS CENTER for

Mental Health and IDD	
Current Fiscal Year Contract Information	0
2 15 17	
Current Fiscal Year	
2022	
Contract ID#*	
7067	
Contractor Name*	
Button's Inventory Service, Inc.	
Service Provided * (?)	
Pharmacy Inventory Services	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
	0/0/1/2020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
U Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other .
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
☐ Pooled Contract☑ Renewal of Existing Contract	☐ Lease ☐ Other
Tronewar or Existing Contract	Ca Ouici
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
O Yes	
No No	
Unknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 90,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1135
	G/L Code(s)* 543067
	Current Fiscal Year Purchase Order Number* ct141395
	Contract Requestor* Angela Babin
	Contract Owner* Angela Babin
	File Upload (?)
Assessment	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?* (?)
ENGINEERING STATES	© Yes ○ No Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 1135 543067 \$ 90.000.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 90,000.00 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?* File Upload (?) **Contract Owner** Contract Owner* (?) Please Select Contract Owner Angela Babin Budget Manager Approval(s) Approved by Ricardo Campbell

Approved by		
Angela Babin		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Shaskyia Behn	6/10/2022	

HARRIS CENTER for Mental Health and IDI

Current Fiscal Year Contract Information	<u> </u>		
Current Fiscal Year 2022			
Contract ID#* 7800			
Contractor Name* American Business Forms, Inc. dba American Solutions for	or Business		
Service Provided* (?) Agency Wide Printing Services, Business Cards, Letterhe	ad and Envelopes.		
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)		
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	□ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	☐ Other		
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)		
○ Yes	Commission Facility		
No			
○ Unknown			

Contract NTE (Old Text	Field For Reference) (?)	3		
Contract NTE* (?) \$ 21,117.50				
Rate(s)/Rate(s) Descrip	tion			
Unit(s) Served* 1107				
G/L Code(s)* 596001				
Current Fiscal Year Pur CT141440	chase Order Number*			
Contract Requestor* Nicole Lievsay				
Contract Owner* Nicole Lievsay				
File Upload (?)				
Evaluation of Cur	rent Fiscal Year Perfo	ormance		0
Have there been any sig ○ Yes No	gnificant performance defici	encies within the cur	rent fiscal year?*	
Were Services delivered ● Yes ○ No	as specified in the contrac	t?*		
Did Contractor perform ● Yes ○ No	duties in a manner consiste	ent with standards of	the profession?*	
Did Contractor adhere t ● Yes ○ No	o the contracted schedule?	* (?)		
Were reports, billing an Yes ○ No 	d/or invoices submitted in a	timely manner?* (?)		
Did Contractor provide Agency?* (?)	adequate or proper support	ing documentation o	f time spent rendering serv	rices for the
	ervices consistent with Age	ncy policy and proce	edures?* (?)	
	red standards for certificati	on, licensure, and/or	training?* (?)	
Renewal Determin	nation			0
Is the contract being re	newed for next fiscal year w	ith this Contractor?*	(?)	

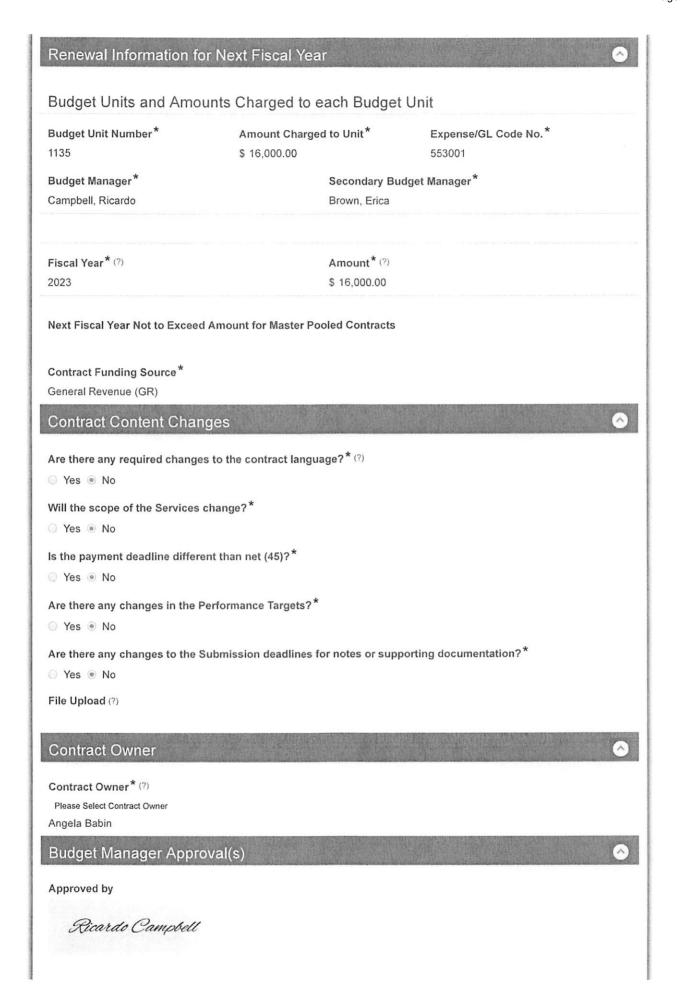
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1107 596001 \$ 21,117.50 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 21,117.50 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 22000 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 Nicole Lievsay Budget Manager Approval(s) Approved by Ricardo Campbell

Contract Owner Approval	<u> </u>
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/14/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
5032	
Contractor Name *	
ScriptPro USA, Inc. (SE)	
Service Provided * (?)	CE Clinia
Support & Maintenance for pharmacy equipment for the	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
	00,000,000
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	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
☐ Not Applicable (If there are no funds required)	Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown Other Unknown
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 9,772.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141369
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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



Approval Date*

6/14/2022

Approved by

Approve* Yes

Approved by *

Shaskyia Behn

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RIP	HARRIS CENTER
010	CENTER fo
Mental	Health and IDI

Current Fiscal Year Contract Information	n		
Current Fiscal Year 2022			
Contract ID#* 7166			
Contractor Name* Dispensary of Hope			
Service Provided* (?) A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).			
Renewal Term Start Date*	Renewal Term End Date*		
9/1/2022	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	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	☐ IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		

Vendor/Contractor a Historically Underutilized Business (HUB) (?)
○ Yes
No
○ Unknown
Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?)
\$ 37,500.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141379
Contract Requestor* Angela Babin
Contract Owner*
Angela Babin
File Unload (2)
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
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?*
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
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?*
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
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?*(?)
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
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
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?* No
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?*(?)

Renewal Determination		
Is the contract being renewed for next fiscal year with this Contractor?* (?)		
● Yes ○ No		
Renewal Information for	Next Fiscal Year	<u> </u>
Budget Units and Amoun	its Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 37,500.00	542000
Budget Manager* Campbell, Ricardo	Secondary Br Brown, Erica	udget Manager*
	ACC 61 ACC 4400 8401	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 37,500.00	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts		
Contract Funding Source*		
General Revenue (GR)		
Contract Content Change	es	0
Are there any required changes to the contract language?* (?) Yes No		
Will the scope of the Services cha	ange?*	
Yes ● NoIs the payment deadline different	then not (45)2*	
Yes No	than het (45)?	
Are there any changes in the Per	formance Targets?*	
○ Yes ● No		
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
○ Yes ⑨ No File Upload (?)		
File Opioad (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner Angela Babin		
Budget Manager Approval(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Angela Babin	
me joge verree	
Contracts Approval	
The state of the s	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/14/2022

HINRES .

Mental Health and HDD	
Current Fiscal Year Contract Information	on ·
Current Fiscal Year	
2022	
Contract ID#*	
2021-0211	
Contractor Name*	
Pitney Bowes	
Service Provided * (?)	
Mail Room Postage Machine Lease Agreement (The Se	endPro P3000)
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Agenda Item Submitted For: (?)	
	00 000 00)
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ 	
Grant Proposal	7)
Revenue	
SOW-Change Order-Amendment#	
Other	
Citici Citici	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
■ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
O Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 9,233.88
Rate(s)/Rate(s) Description \$769.49 per month or \$2,308.47 quarterly
Unit(s) Served* 1107
G/L Code(s)* 577000
Current Fiscal Year Purchase Order Number* CT141443
Contract Requestor* Nicole Lievsay
Contract Owner* Nicole Lievsay
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?* No
Did Contractor perform duties in a manner consistent with standards of the profession?* (a) Yes (b) 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?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes No

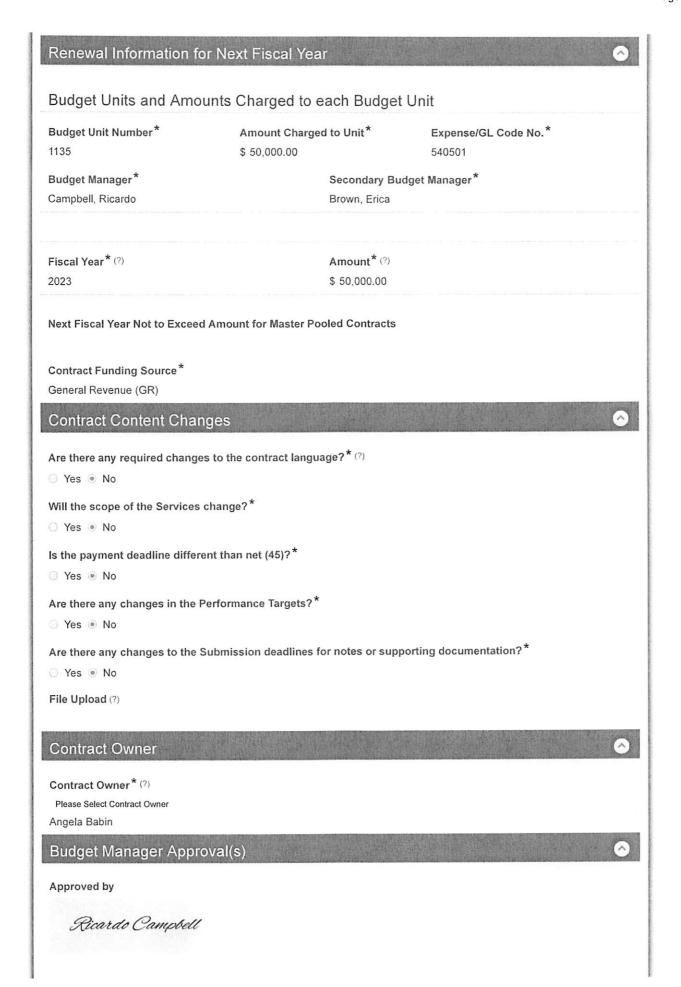
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 577000 1107 \$ 9,233.88 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 9.233.88 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 Nicole Lievsay Budget Manager Approval(s) Approved by Ricardo Campbell

Contract Owner Approval	©
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/14/2022

HARRIS CENTER for

Mental Health and IDD	
Current Fiscal Year Contract Information	•
Current Fiscal Year	
2022	
•	
Contract ID#*	
7192	
Contractor Name*	
PrideStaff Inc., dba Rx Relief	*
Service Provided* (?)	
Temporary Staffing Services-Pharmacists and Pharmacy	Technicians
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Hot Applicable (If there are no fullus requireu)	ta other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 50,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 540501
Current Fiscal Year Purchase Order Number* CT141376
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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?*
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?* (?)
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





HIARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 6168 Contractor Name* West Publishing Corporation dba Thomson Reuters Business Service Provided* (?) Westlaw Subscription Renewal Term Start Date* Renewal Term End Date* 8/31/2023 9/1/2022 Term for Off-Cycle Only (For Reference Only) Evergreen 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Legal Subscription Service Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?) \$5,382.12
Contract NTE* (?) \$ 5,382.12
Rate(s)/Rate(s) Description
Unit(s) Served* 1119
G/L Code(s)* 574000
Current Fiscal Year Purchase Order Number* CT141573
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?* No
Did Contractor perform duties in a manner consistent with standards of the profession?* 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* 1119	Amount Charged \$ 5,382.12	to Unit*	Expense/GL Code No.* 574000	
Budget Manager* Campbell, Ricardo		Secondary Budge Brown, Erica	t Manager*	
Fiscal Year* (?) 2023		Amount* (?) \$ 5,382.12		
Next Fiscal Year Not to Exceed	Amount for Master Poo	led Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Chang	jes			
Are there any required changes Yes No	to the contract langua	ge?* (?)		
Will the scope of the Services of Services	hange?*			
Is the payment deadline differer Yes No	nt than net (45)?*			
Please provide the net days*				
Are there any changes in the Performance Targets?*				
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No				
File Upload (?)				
Contract Owner		scandani i sastata zaman umumba.	⊙	
Contract Owner* (?) Please Select Contract Owner				
Silvia Tiller Budget Manager Appro	val(s)			

Approved by	
Ricardo Campbell	
Contract Owner Approval	•
Approved by	
Sitvia Viller	
Contracts Approval	
Approve*	
Yes	
No, reject entire submissionReturn for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	6/3/2022

HARRIS CENTER to Mental Health and IDD

Current Fiscal Year Contract Information	lacktriangle			
Current Fiscal Year 2022				
Contract ID#* 7358				
Contractor Name* The Academy of Cognitive Therapy dba Academy of Cognitive and Behavioral Therapies				
Service Provided* (?) Rate and Assessment of Agency's Therapists for Cognitive Therapy.				
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 Busine Yes No Unknown	ess (HUB) (?)			

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 18,000.00
Rate(s)/Rate(s) Description \$150.00
Unit(s) Served* 1975
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT141752
Contract Requestor* Ninfa Escobar
Contract Owner* Ninfa Escobar
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
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 Maintained legally required standards for certification, licensure, and/or training?* (?)
Yes ○ NoRenewal 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.* 1975 \$ 18,000.00 549005 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) \$ 18,000.00 2023 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 Ninfa Escobar Budget Manager Approval(s) Approved by Ricardo Campbell

Approved by | Sinfa Escoban| | Contracts Approval | | Approve* | Yes | No, reject entire submission | Return for correction | Approved by * | Balinda Stude | | Approval Date* | | 6/27/2022

HARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7774 Contractor Name* Indigo Beam, LLC Service Provided* (?) Pre-paid Consulting Services for SharePoint (DIR-TSO-4078 Tag-on). Replacement to contract ID 6348. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote ✓ Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 79,250.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT141282
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?) The Harris Center_Support Services Renewal 2022_23_Indigo Beam.pdf 178KB
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See Yes No
Were Services delivered as specified in the contract?*
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

Renewal Information fo	r Next Fiscal Year				
	Renewal Information for Next Fiscal Year				
D. J	L Olympia Library Budge	. I I - 2			
Budget Units and Amol	unts Charged to each Budge	t Unit			
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*			
1130	\$ 30,000.00	542000			
Budget Manager* Secondary Budget Manager*					
Campbell, Ricardo	Brown, Erica				
Fiscal Year* (?)	Amount* (?)				
2023	\$ 30,000.00				
Contract Funding Source* General Revenue (GR) Contract Content Chan					
Are there any required changes to the contract language?* (?)					
Yes No					
Will the scope of the Services	change?*				
Yes No					
Is the payment deadline differe	ent than net (45)?*				
Yes No					
Are there any changes in the P	erformance Targets?*				
Yes No					
Are there any changes to the S	submission deadlines for notes or sup	porting documentation?*			
File Upload (?)					
Contract Owner					
Contract Owner* (?)					
Please Select Contract Owner Mustafa Cochinwala					

Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Contracts Approval	
Approve*	
Approve* Yes	
Approve* Yes No, reject entire submission Return for correction	
Approve* Yes No, reject entire submission	Approval Date*
Approve* Yes No, reject entire submission Return for correction Approved by *	Approval Date*
Approve* Yes No, reject entire submission Return for correction	

HARRISAnnual Renewal Evaluation

Mental Health and IDD			
Current Fiscal Year Contract Informatio	n 🔿		
Current Fiscal Year			
2022			
Contract ID#*			
7754			
Contractor Name *			
Morning Star Psychiatric Services, PLLC			
Service Provided * (?)			
Consultant Services for development and implementation	n of a Post Graduate Physician		
Assistant Psychiatry Residency Program at the Agency.			
Renewal Term Start Date*	Renewal Term End Date*		
9/1/2022	8/31/2023		
T (0%0 0 % D (0)			
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
✓ Information Only (Total NTE Amount is Less than \$1	00,000.00)		
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	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	☐ Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other Consultant Agreement		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
☐ BAA/DUA ☐ Pooled Contract	☐ IT/Software License Agreement		
Renewal of Existing Contract	Other		
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)		
○ Yes			
No			
○ Unknown			

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 30,000.00
Rate(s)/Rate(s) Description Four (4) to Six (6) Hours per week, \$100.00 per Hour
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141288
Contract Requestor* Mercedes Mongomery
Contract Owner* Luming Li
File Upload (?) Morning Star Psychiatric Srvcs FY22 Contract Renewal Document ID 7754 (v.1-Fully Executed)docx.pdf Morning Star Psychiatric Services PLLC Consultant Agreement ID 7754 (v.3-Fully Executed).pdf 676.82KB
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?* No
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
 Yes O No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)
 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

Renewal Determination					
Is the contract being renewed fo	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	\$ 30,000.00	542000			
Budget Manager*	Secondary	Budget Manager*			
Brown, Erica	Campbell, R	icardo			
Fiscal Year* (?)	Amount* (?				
2023	\$ 30,000.00				
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contrac	ts			
Next i iscai Teal Not to Exceed A	amount for master Pooled Contrac				
Contract Funding Source*					
General Revenue (GR)					
Contract Content Chang	es				
Are there any required changes	to the contract language?* (?)				
○ Yes ● No					
Will the scope of the Services ch	ange?*				
○ Yes No					
Is the payment deadline different	t than net (45)?*				
○ Yes ● No	Consessor atom • of				
Are there any changes in the Per	formance Targets?*				
○ Yes ⊚ No	•				
Are there any changes to the Su	bmission deadlines for notes or su	upporting documentation?*			
○ Yes ● No					
File Upload (?)					
Contract Owner					
Contract Owner* (?)					
Please Select Contract Owner					
Dr. Muzquiz					
Budget Manager Approv	al(s)				

Approved by	
Ekica Bhown	
Contract Owner Approval	Ć
Approved by	
2 24 24 24	
Sylvia Muzquiz , M.D.	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	6/21/2022

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Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7530 Contractor Name* Next Level Medical, LLC Service Provided* (?) Workers' Compensation Medical Treatment Services. Renewal Term Start Date* Renewal Term End Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor ■ BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Please provide the HUB status			
WBE - Women owned business.			
Contract NTE (Old Text Field For Reference) (?)			
Contract NTE* (?) \$ 6,000.00			
Rate(s)/Rate(s) Description \$60.00 Drug/Alcohol Screens (=\$35.00 Drug +\$25.00 Alcohol); \$50.00 X-Ray Services Workers' Compensation Treatment: Varies Based On Tdi-Twc Fee Schedule.			
Unit(s) Served* 1117			
G/L Code(s)* 543024			
Current Fiscal Year Purchase Order Number* CT141475			
Contract Requestor* Eggla MacKinney			
Contract Owner* Anthony Robinson			
File Upload (?)			
The optodu (i)			
Evaluation of Current Fiscal Year Performance	©		
	8		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?*	•		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No	•		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No Please Explain* Their invoices have had services not covered by the contract. They've also had the incorrect rate. Their billing department has taken up to two or more months to submit	0		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No Please Explain* Their invoices have had services not covered by the contract. They've also had the incorrect rate. Their billing department has taken up to two or more months to submit their revised invoices to us. Were Services delivered as specified in the contract?*	•		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No Please Explain* Their invoices have had services not covered by the contract. They've also had the incorrect rate. Their billing department has taken up to two or more months to submit their revised invoices to us. Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?*	•		
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No Please Explain* Their invoices have had services not covered by the contract. They've also had the incorrect rate. Their billing department has taken up to two or more months to submit their revised invoices to us. 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?*(?)			
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No Please Explain* Their invoices have had services not covered by the contract. They've also had the incorrect rate. Their billing department has taken up to two or more months to submit their revised invoices to us. 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?*(?)	• the		

Did Contractor render services consistent with Agency policy and procedures?* (?)							
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	d to Unit*	Expense/GL Code No.*				
1117	\$ 6,000.00		543024				
Budget Manager*	Secondary Bud		get Manager*				
Campbell, Ricardo		Brown, Erica	ı, Erica				
Fiscal Year* (?)		Amount* (?)					
2023		\$ 6,000.00					
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?* (?)							
Will the scope of the Services change?*							
○ Yes ● No							
Is the payment deadline different than net (45)?*							
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	
Antiony Robinson	
Budget Manager Approval(s)	<u> </u>
Approved by	
Ricardo Campbell	
Contract Owner Approval	O
Approved by	
D. Anchony Robinson	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/15/2022

SE HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
7326	
Contractor Name *	
Southeast Texas Regional Advisory Council (SETRAC)	
Service Provided * (?)	
Hospital Healthcare Preparedness Program ("HPP").	
Renewal Term Start Date*	Renewal Term End Date*
7/1/2022	6/30/2023
Term for Off-Cycle Only (For Reference Only)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100	0.000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	0,000.00)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
○ Not Applicable (If there are no funds required)	Other Program for Supplies and Equipment for affected consumers and employees
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE * (?) \$ 125.00	
Rate(s)/Rate(s) Description Vary.	
Unit(s) Served* 2379	
G/L Code(s)* 595000	
Current Fiscal Year Purchase Order Number* CT141278	
Contract Requestor* Eggla MacKinney	
Contract Owner* Anthony Robinson	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	The state of the s
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?*	
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 O No	
Renewal Determination	Particular de la constitución de
Is the contract being renewed for next fiscal year with this Contractor?* (?)	

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.* 595000 2379 \$ 125.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 125.00 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?* (?) O 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 Ricardo Campbell

Contract Owner Approval	
Approved by	
D. Anthony Robinson	
Contracts Approval	
Contracts Approval	
Approve*	
Approve* • Yes	
Approve* • Yes • No, reject entire submission • Return for correction	
Approve* • Yes • No, reject entire submission	Approval Date*

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
7814	
Contractor Name*	
Shi Gov't Solutions	
*	
Service Provided* (?)	
Kaspersky license and support renewal. Tag-On to Omn #2018011-02	ia Partners- IT Solutions Contract
Renewal Term Start Date*	Renewal Term End Date *
9/26/2022	9/25/2023
3/20/2022	9/25/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	00,000,00
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	✓ Tag-On Consumer Driven
Not Applicable (If there are no funds required)	
Hot Applicable (if there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA ☐ Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Noneward Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
O Unknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 20,501.75
	Rate(s)/Rate(s) Description Quote
	Unit(s) Served* 1130
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* CT141508
	Contract Requestor* Shawnti Boswell
	Contract Owner* Mustafa Cochinwala
	File Upload (?)
Security Control	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?* 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?* (?)
TO STATE OF THE PARTY OF THE PA	● Yes ○ No Renewal Determination
10	Is the contract being renewed for next fiscal year with this Contractor?* (?)

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 553002 \$ 30,000.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 30,000.00 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 Cochinwala	
Contracts Approval	
Approve*	
Approve	
Yes	
Yes	
YesNo, reject entire submissionReturn for correction	
YesNo, reject entire submission	Approval Date*

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K. ! !	HARRIS	
die	CENTER	ø
Arrest Com	Health and II	Ю

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2022	
Contract ID#*	
7534	
Contractor Name*	
SkillSoft Corporation	
Service Provided* (?)	
Skillsoft Percipio Software. DIR-TSO-3899. New Renewa	al Term unknown. Please provide
an updated Quote if renewing. Previous Sales Order had	
Renewal Term Start Date*	Renewal Term End Date *
9/6/2019	9/5/2022
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	00,000.00)
☐ 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	☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	Consumer Driven
 Not Applicable (If there are no funds required) 	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	New Contract/AgreementAmendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
□ Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ace (HIIR) (2)
Yes	655 (110B) (t)
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 44,740.00
Rate(s)/Rate(s) Description Y1 - \$16,080; Y2 - \$14,330; Y3 \$14,330 = \$44,740.00
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141390
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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 O 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 I	Next Fiscal Year		0
Budget Units and Amoun	ts Charged to each	Budget Un	iit
Budget Unit Number* 1130	Amount Charged to Ur \$ 14,330.00	nit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		ndary Budget n, Erica	Manager*
Fiscal Year* (?) 2023		unt* (?) 330.00	
Next Fiscal Year Not to Exceed An	nount for Master Pooled Co	ontracts	
Contract Funding Source* General Revenue (GR) Contract Content Change	es.		
Are there any required changes to	o the contract language?*	(?)	
Will the scope of the Services cha	inge?*		
Is the payment deadline different	than net (45)?*		
Are there any changes in the Perf	Are there any changes in the Performance Targets?* Yes No		
Are there any changes to the Sub	mission deadlines for note	s or supportin	ng documentation?*
File Upload (?)			
Contract Owner		an an an mha an an an an an an an an an an an an an	<u> </u>
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approva	al(s)	n hankatoka kokan hillorik	0
Approved by			
Ricardo Campbell			

Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/24/2022
Critical de la Contra	



Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 5722 Contractor Name* Affiliated Telephone, Inc. Service Provided * (?) Agency Wide Shoretel telephone equipment, maintenance & support. Vendor's Renewal Agreement needed. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote ☐ Tag-On Interlocal Consumer Driven ○ Not Applicable (If there are no funds required) ✓ Other Negotiated Agreement Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ■ BAA/DUA ☐ IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 85,000.00 Rate(s)/Rate(s) Description
Unit(s) Served*
1171 G/L Code(s)* 564003
Current Fiscal Year Purchase Order Number* CT141289
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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 O 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.* 1171 \$ 85,000.00 564003 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount*(?) 2023 \$ 85,000.00 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?* O 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 *	
	Approval Date*
Shaskyia Behn	6/24/2022

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 6132 Contractor Name* BMC Software, Inc. Service Provided * (?) Track-IT Support Software Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor ■ BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 14,694.54
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141292
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See No.
Were Services delivered as specified in the contract?*
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.* 553002 1130 \$ 16,000.00 Secondary Budget Manager* **Budget Manager*** Brown, Erica Campbell, Ricardo Amount* (?) Fiscal Year* (?) \$ 16,000.00 2023 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



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Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	¹
Current Fiscal Year	
2022	
Contract ID#*	
7780	
Contractor Name *	
Bud Griffin Customer Support, Inc.	
Service Provided* (?)	
Service and Maintenance Support for UPS AC	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$100	0,000.00)
☐ Board Approval (Total NTE Amount is \$100,000.00+)☐ Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Duo o una manda 88-61 1/-1*	
Procurement Method(s)* Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	 ☐ Service/Maintenance ☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
● No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 10,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT141321
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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 553003 \$ 10,000.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 10,000.00 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?* O Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* O 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	6
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
1 Land Land San and the san	Approval Date*
Shaskyia Behn	6/24/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	•
Current Fiscal Year	
2022	
Contract ID#*	
7533	
Contractor Name *	
CDWG	
Service Provided* (?)	
DUO Authentication Software: Tag-On to National IPA co	ntract. Current Term 9/16/2021 -
9/15/2022.	
D *	*
Renewal Term Start Date*	Renewal Term End Date*
9/16/2022	9/15/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
	2 202 203
Information Only (Total NTE Amount is Less than \$100	0,000.00)
☐ Board Approval (Total NTE Amount is \$100,000.00+) ☐ Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
C. C. C. C. C. C. C. C. C. C. C. C. C. C	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	A * 1000 * 30
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 61,500.00	
Rate(s)/Rate(s) Description Quote	
Unit(s) Served* 1130	
G/L Code(s)* 553002	
Current Fiscal Year Purchase Order Number* CT141266	
Contract Requestor* Shawnti Boswell	
Contract Owner* Mustafa Cochinwala	
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?*	
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	
Maintained legally required standards for certification, licensure, and/or training?* (?) ● Yes ○ No	1000
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 \$ 70,000.00 574000 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount*(?) 2023 \$ 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?* Is the payment deadline different than net (45)?* O Yes O 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



Markis Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
Current Fiscal Year	
2022	
Contract ID#*	
7773	
Contractor Name *	
Centre Technologies, Inc.	
Service Provided * (?)	
Technical Consultant Services (DIR-TSO-4144 Tag-on)	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	00,000.00)
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	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	√ Tag-On
Interlocal	Consumer Driven
☐ Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance Service → Ser
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 30,000.00
Rate(s)/Rate(s) Description Vary
Unit(s) Served* 1130
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141502
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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 \$ 30,000.00 542000 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 30,000.00 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



₩ HARRIS CENTER for Annual Renewal Evaluation

Mental Health and IÓD	An and the Market of the Control of
Current Fiscal Year Contract Information	on 💍
Current Fiscal Year	
2022	
Contract ID#*	
7012	
Contractor Name *	
Centre Technologies, Inc.	
Service Provided * (?)	
VMware Software Subscription, Maintenance & Support	t; DIR-TSO-4288. Multiple Term
Dtaes: 10/17/2021 - 10/16/2022 and 11/1/2021 - 10/31/2	2022.
Renewal Term Start Date*	Renewal Term End Date*
10/17/2022	10/16/2023
Term for Off-Cycle Only (For Reference Only)	
to the constant of the constan	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$1	00 000 00)
Board Approval (Total NTE Amount is \$100,000.00+	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
to the second se	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven Other
Not Applicable (if there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	☐ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
 Unknown 	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 48,393.30 Rate(s)/Rate(s) Description
Unit(s) Served*
1130 G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141335
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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 \$ 50,000,00 553002 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount*(?) 2023 \$ 50,000,00 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



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Pain	HARRIS CENTER
Edio	CENTER A
Menus	Health and ID

O O CLN ER Yev Mental Health and IDD	
Current Fiscal Year Contract Information	
Current riscal fear Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
7802	
Contractor Name *	
CenturyLink / Lumen / Level 3 Communications	
Service Provided* (?)	
Back-up Data Circuits for EPIC. 36 month term with a var	ying start. Estimated term
11/2/2020 - 11/2/2023.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10)	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other EPIC related
фриналь (и интернальной применти	2 10 15 10 10
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
O Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 24,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s) * 564004
Current Fiscal Year Purchase Order Number* CT141306
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No
Did Contractor adhere to the contracted schedule?* (?) • Yes O 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 \$ 50,000.00 564004 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 50,000.00 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?* O 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 Cachinwala Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/23/2022

COVO	710	
Mais	HARRIS	
1916	HARRIS CENTER	
Montest	Health and ID	

Mental Health and IDD	
Current Fiscal Year Contract Information	o
Current Fiscal Year	
2022	
Contract ID#*	
6766	
Contractor Name *	
Citrix Systems, Inc.	
Service Provided * (?)	
Software support & maintenance for Xen Desktop Enterp Access Software).	rise Edition (Secure Remote
Renewal Term Start Date*	Renewal Term End Date *
11/1/2022	10/31/2023
T . (0 // 0 . 0 . // 0 . 0 . // 0 . /	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
■ Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
4.3. or diction to Academic Seas with a responsibility of the season of	
Check all that Apply	
Competitive Bid	Competitive Proposal
☐ Request for Proposal☐ Request for Application	Sole Source
Request for Quote	☐ Request for Qualification ☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Unknown
Contract Description / Type	
	Consultant
☐ Personal/Professional Services ☐ Consumer Driven Contract	☐ Consultant☐ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	33 (132) W
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE*(?) \$ 80,374.00 Rate(s)/Rate(s) Description	
Unit(s) Served*	
1130 G/L Code(s)*	
553001, 553002	
Current Fiscal Year Purchase Order Number* CT141509	
Contract Requestor* Shawnti Boswell	
Contract Owner* Mustafa Cochinwala	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
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?* (?)	е
● Yes ○ No Did Contractor render services consistent with Agency policy and procedures?* (?)	
 Yes O No Maintained legally required standards for certification, licensure, and/or training?* (?) Yes O No 	
Renewal Determination	0
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No	

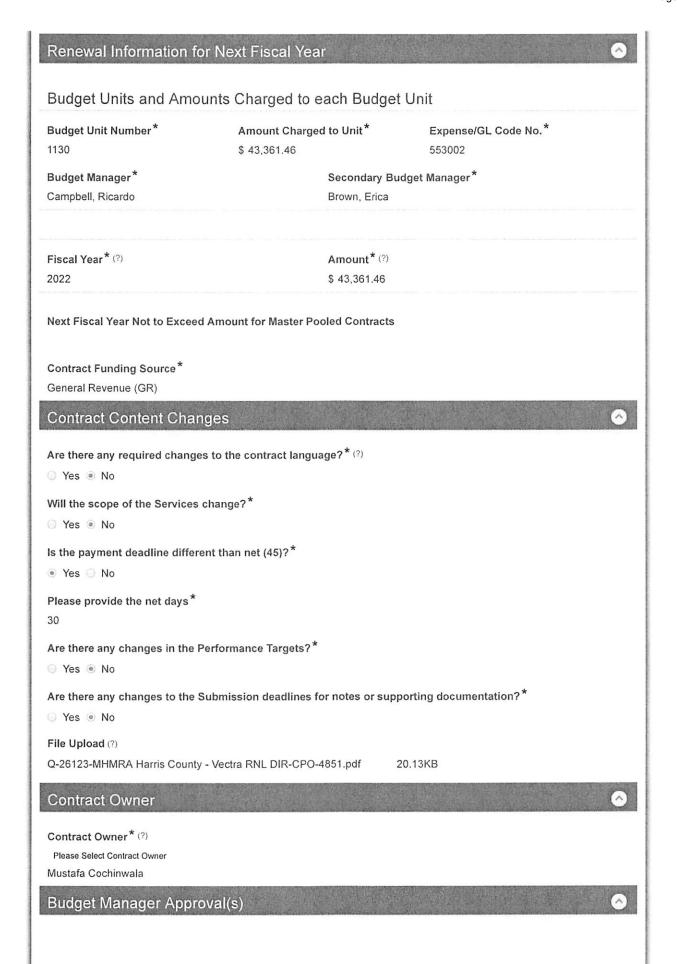
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 6.000.00 553001 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 78,000.00 553002 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 84,000.00 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)?* Are there any changes in the Performance Targets?* O 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 Cochinwala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/23/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2022	
2022	
Contract ID#*	
7145	
Contractor Name *	
Critical Start, Inc. (Vectra)	
Service Provided * (?)	
VECTRA is a network-based behavioral anomaly detecti	on solution. DIR-TSO-3898 Tag-on.
Current Term: 6/20/2021 - 6/19/2022.	and the state of t
Renewal Term Start Date*	Renewal Term End Date *
6/20/2022	9/19/2023
0/20/2022	9/19/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00 000 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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 51,715.24 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s) * 553002
Current Fiscal Year Purchase Order Number* FY21 PO CT141096
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?* (?)



Approved by

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

Shaskyia Behn

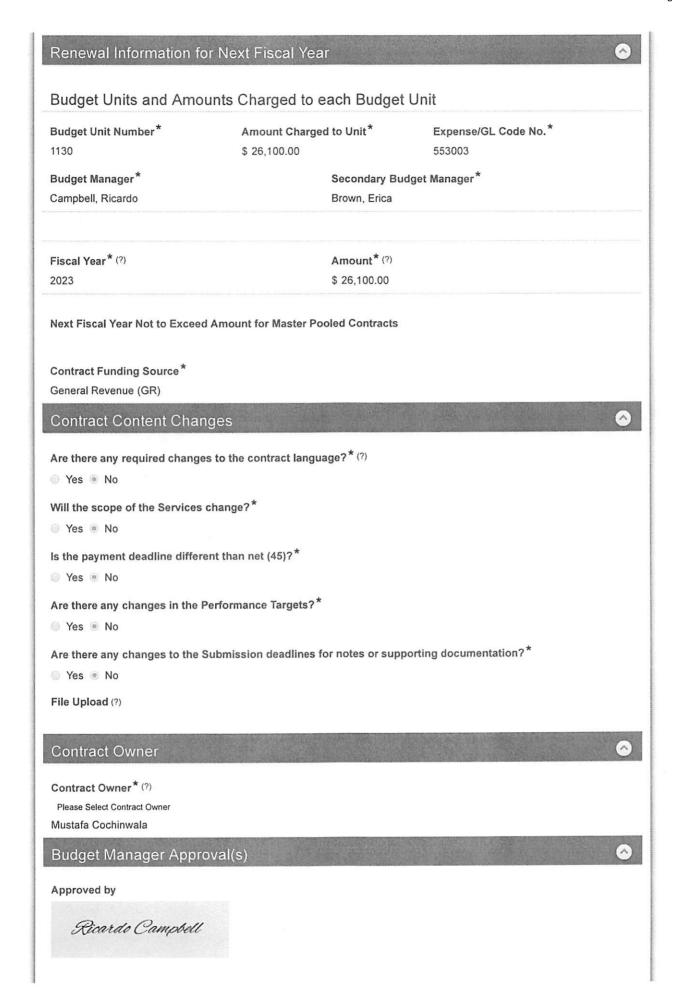
Approval Date*

6/10/2022

HIARRIS CENTER

MemaEl lealth and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7284	
Contractor Name* CTEK Security, Inc.	
Service Provided* (?) HIPAA Privacy and Security Risk Analysis (Internal Only).	Annual Subscription.
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 Busine Yes No Unknown	ss (HUB) (?)

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 26,100.00
Rate(s)/Rate(s) Description FY23 Cost \$104,400 +/-
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT141384
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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?* (?)



pproved by Mustafa Cochinwata Contracts Approval	
ontracts Approval	
pprove*	
Yes	
No, reject entire submission	
Return for correction	
pproved by*	
	Approval Date*
Belinda Stude	6/27/2022

HILLING

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7718 Contractor Name* DataVox, Inc. Service Provided* (?) Lifesize Audio Conferencing and Cloud Subscription (TIPS). TIPS Tag-On Contract# 170306. Renewal Term End Date* Renewal Term Start Date* 9/1/2022 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote ✓ Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 85,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2379
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141326
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
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

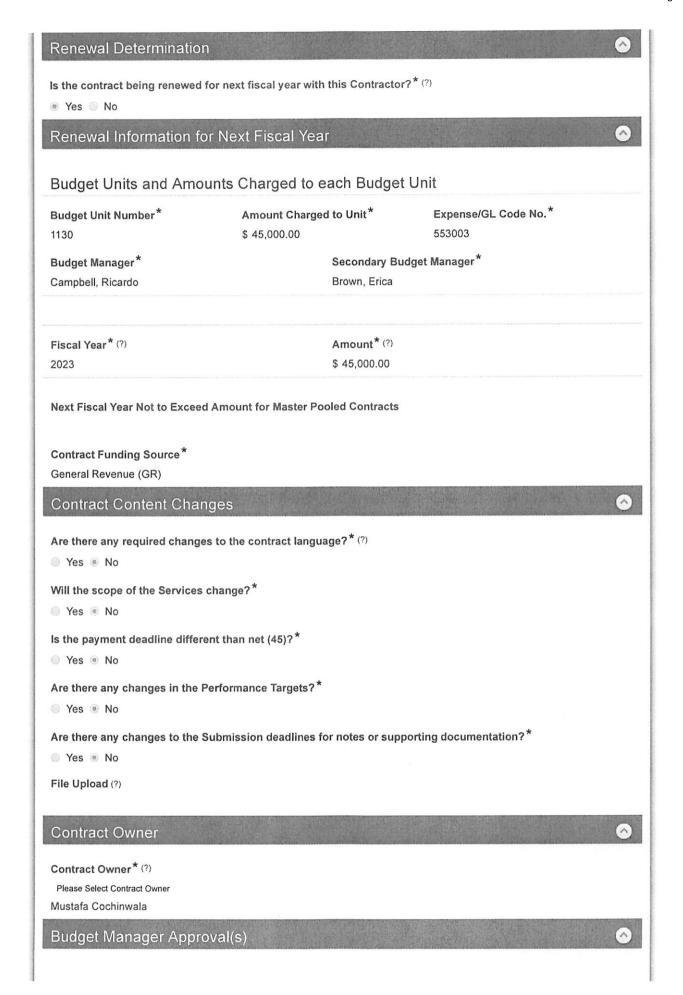
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 553002 1130 \$ 68,000.00 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 68,000.00 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

Approved by Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/27/2022

HIARRIS CENTER

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7807	
Contractor Name * Everbridge, Inc.	
Service Provided * (?) Everbridge provides the Agency's Mass Notification Incide as the Safety Connection Base Service (see amendment of Media Safe Signal.)	
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 Harris County Tag-On No. 17-0304
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* (?)
\$ 40,537.50
Rate(s)/Rate(s) Description
Unit(s) Served*
1130
G/L Code(s)*
553003
Current Fiscal Year Purchase Order Number*
CT141439
Contract Requestor*
Shawnti Boswell
Contract Owner*
Mustafa Cochinwala
File Upload (?)
The opious (-)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?*
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
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?*
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
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?*(?)
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
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?*(?)
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
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?*(?)
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
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?* 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?*(?)
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
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?*(?)

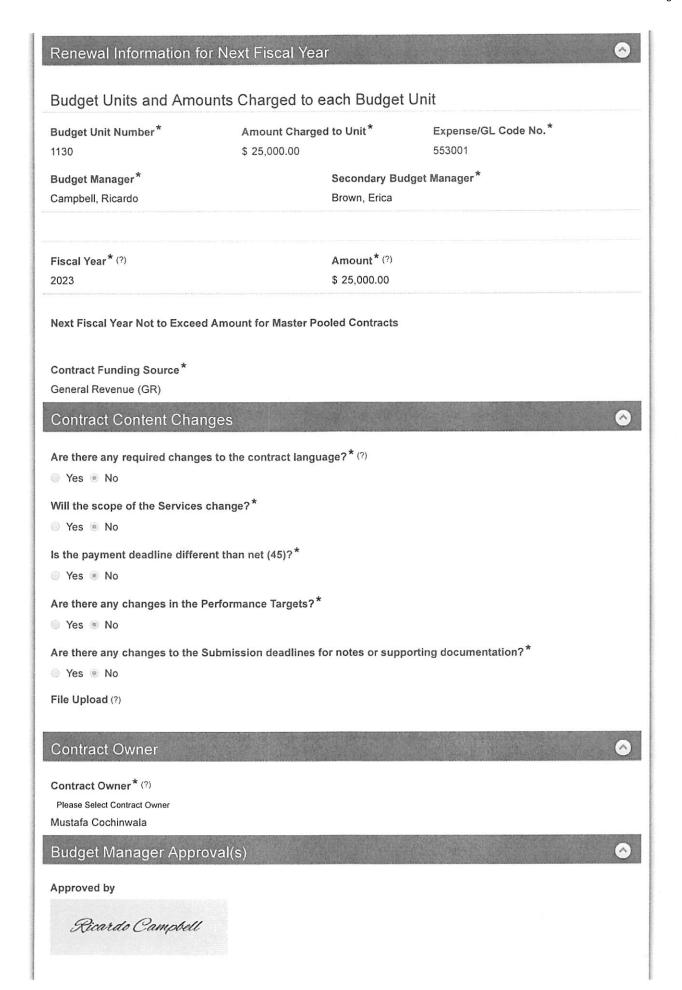


Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Mustafa Cochinwala		
Contracts Approval		Constitution of the Consti
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/27/2022	

SQUARRIS Annual Renewal Evaluation

Mental Health and HDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
6748	
Contractor Name *	
Future Com, Ltd. (Cisco SmartNet)	
Service Provided* (?)	ALLES COLORED COLORED
CISCO SMARTNET: Extended Service Agreement for Ha WS-C6509 (Expert Support Services for Cisco Products).	
Renewal Term Start Date*	Renewal Term End Date*
11/1/2022	10/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100)	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	₹ Tag-On
Interlocal Net Applicable (If there are no funds required)	○ Consumer Driven✓ Other Co-Op Contract# TIPS 20105
Not Applicable (If there are no funds required)	Other Co-op Contract# TIPS 20103
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Popular of Existing Contract	☐ Lease ☐ Other
Renewal of Existing Contract	Cal Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 24,163.86
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141339
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See 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



Approved by Mustafa Cochinnala Contracts Approval Approve*	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	pproval Date*
	27/2022

SCHARRIS Annual Renewal Evaluation

Memal Health said 10D	Conference of the second secon
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2022	
Contract ID#* 6670	
Contractor Name * Future Com, Ltd. (Forescout)	
Service Provided * (?)	
Forescout maintenance & support. Tag-on to DIR-TSO-4	288.
Renewal Term Start Date*	Renewal Term End Date*
8/24/2022	8/23/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	
■ 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	□ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other ■ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE*(?)	
\$ 35,061.15	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1130	
G/L Code(s)*	
553001	
Current Fiscal Year Purchase Order Number*	
CT141357	
Contract Requestor*	
Shawnti Boswell	
Contract Owner*	
Mustafa Cochinwala	
File Upload (?)	
	2550
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 Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 553001 1130 \$ 37,000.00 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) \$ 37,000.00 2023 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



Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 5324 Contractor Name* Future Com, LTD. (Formerly Got Net Security) Service Provided * (?) Digital Defense Assessments. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Other Unknown Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor ☑ IT/Software License Agreement ■ BAA/DUA

Lease

Other

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

- Yes
- No
- Unknown

Pooled Contract

Renewal of Existing Contract

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 27,540.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141342
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
Is the contract being renewed for next fiscal year with this Contractor?* (?)

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 \$ 27,540.00 553002 Secondary Budget Manager* **Budget Manager*** Brown, Erica Campbell, Ricardo Fiscal Year* (?) Amount* (?) 2023 \$ 27,540.00 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



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Mental Health and IDD	
0 15 17 0 1 11 5	
Current Fiscal Year Contract Information	
Current Fiscal Year	
NAME OF THE PARTY	
2022	
Contract ID#*	
2020-0015	
*	
Contractor Name*	
Greater Houston Healthconnect	
Service Provided * (?)	
Master Participation Agreement. Internet-Based system th	nat provides secure electronic
exchange of PHI information with other providers. Initial To	
automatic one year renewals thereafter.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
5/1/2022	0/3/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
■ Information Only (Total NTE Amount is Less than \$100)	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	E Lease
Renewal of Existing Contract	Other

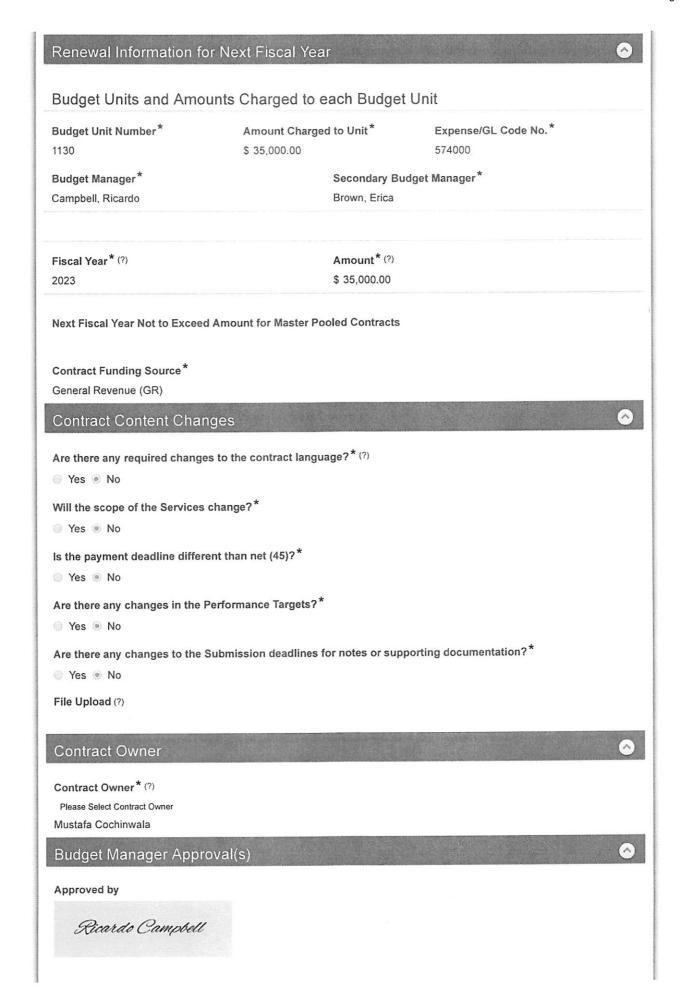
Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes	
No Unknown	
Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 15,500.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 1130	
G/L Code(s)* 574000	
Current Fiscal Year Purchase Order Number* CT141350	
Contract Requestor* Shawnti Boswell	
Contract Owner* Mustafa Cochinwala	
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 Agency?* (?)	for the
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		<u> </u>
Is the contract being renewed for	or next fiscal year with this Contracto	or?* (?)
Yes No		
Renewal Information for	Next Fiscal Year	O
Budget Units and Amou	nts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 15,500.00	574000
Budget Manager*	Secondary B	udget Manager*
Campbell, Ricardo	Brown, Erica	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 15,500.00	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	S
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chang	jes	⊙
Are there any required changes	to the contract language?* (?)	
Yes No		
Will the scope of the Services cl	hange?*	
Yes No		
Is the payment deadline differen	nt than net (45)?*	
Yes No		
Are there any changes in the Pe	rformance Targets?*	
	ubmission deadlines for notes or sup	pporting documentation?*
Yes No		
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Mustafa Cochinwala		
Budget Manager Approv	val(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 *	
	Approval Date*
Belinda Stude	6/27/2022

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
2021-0067	
Contractor Name *	
InstaMed Communications, LLC	
Service Provided* (?)	
Credit Card Payment Processing System for EPIC and th	roughout Agency.
	Renewal Term End Date*
Renewal Term Start Date* 9/1/2022	8/31/2023
	0/3/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100	0,000.00)
☐ 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	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 33,000.20 Rate(s)/Rate(s) Description
Unit(s) Served* 1158
G/L Code(s)* 900020, 900010, 900022
Current Fiscal Year Purchase Order Number* CT141378
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?) Per No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

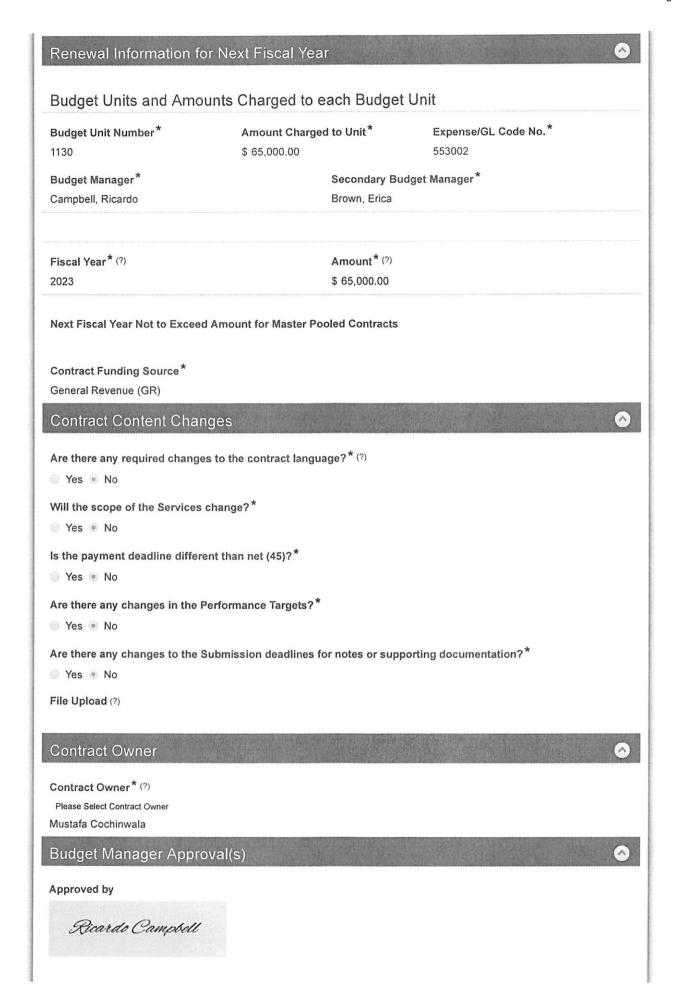


Approved by **Musicafa Ceclumvala** Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * ** **Balinda Stude** 6/27/2022

HIARRIS

Current Fiscal Year Contract Information	1
Current Fiscal Year 2022	
Contract ID#*	
7451	
Contractor Name*	
Intrado Interactive Services Corporation (West)	
Service Provided * (?)	
Televox Software Subscription Services for an Agency w	ide phone tree.
-	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 62,250.00
Rate(s)/Rate(s) Description \$1,760 per month for 60 months
Unit(s) Served* 1171
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141990
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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



Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by *	Approved by	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approved by	
Approve* Yes No, reject entire submission Return for correction	Mustafa Cochinnala	
Approve* Yes No, reject entire submission Return for correction		
 Yes No, reject entire submission Return for correction 	Contracts Approval	
No, reject entire submission Return for correction	The State of the S	
Return for correction	Approve*	
Approved by *) Yes	
	Yes No, reject entire submission	
Approval Date*	Yes No, reject entire submission Return for correction	
Belinda Stude 6/27/2022	Yes No, reject entire submission Return for correction	Approval Date*

HILLING.

Mental Health and 100	
Current Fiscal Year Contract Information	⊙
Current Fiscal Year	
2022	
Contract ID#*	
5039	
Contractor Name*	
Knowledge Lake, Inc.	
Service Provided* (?)	
Sharepoint/HRIS related Software Support and Maintena	nce. Initial Term 10/31/2019 -
10/31/2020 with automatic one-year renewals thereafter.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☑ Information Only (Total NTE Amount is Less than \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
e out	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Unknown
Out of Boundary (Tour	
Contract Description / Type	G Completed
Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 39,500.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141364
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 553002 \$ 37,500.00 1130 Secondary Budget Manager* **Budget Manager*** Brown, Erica Campbell, Ricardo Fiscal Year* (?) Amount* (?) \$ 37,500.00 2023 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?* 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 (?) FW Renewal for FY 23 Budget KNOWLEDGELAKE.msg 213KB Contract Owner Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approval(s) Approved by Ricardo Campbell

Contract Owner Approval Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/30/2022

HARRIS CENTER for

Current Fiscal Year Contract Information	lacktriangle
Current Fiscal Year 2022	
Contract ID#* 5185	
Contractor Name * Parata Systems, LLC (SW Clinic)	
Service Provided* (?) Purchase, License and Support Contract Supplement of t Equipment - SW Clinic location.	he Parata Robot Pharmacy
Renewal Term Start Date * 9/1/2022	Renewal Term End Date* 8/31/2023
Term for Off-Cycle Only (For Reference Only)	0/31/2023
Aganda Itam Submitted Fore (2)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue	0,000.00)
SOW-Change Order-Amendment#Other	
Procurement Method(s)*	
Check all that Apply	
☐ Competitive Bid	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
InterlocalNot Applicable (If there are no funds required)	Consumer Driven
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	 ☐ Amendment to Existing Contract ☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
● No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 11,220.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141366
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 1135 \$ 13,000.00 553002 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 13,000.00 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?* 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 Angela Babin Budget Manager Approval(s) Approved by Ricardo Campbell

Contract Owner Approval	
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Shaskyia Behn	6/8/2022

HARRIS CENTER for

Mental Health and IDD		
Current Fiscal Year Contract Information	<u>^</u>	
Cancilla Isoar Tear Contract Information		
Current Fiscal Year		
2022		
Contract ID#*		
7123		
Contractor Name *		
Parata Systems, LLC (NE Clinic)		
Service Provided* (?)		
Emergency replacement for Parata Max Robot for the rec	opening of the NE Clinic	
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2022	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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
☐ Interlocal	Consumer Driven	
☐ Not Applicable (If there are no funds required)	✓ Other Unknown	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
□ BAA/DUA	☐ IT/Software License Agreement	
☐ Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)	
○ Yes		
No		
Unknown		

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 10,500.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141367
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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 O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) ● Yes ○ No

Renewal Information for I	Next Fiscal Year	0
Budget Units and Amoun	ts Charged to each Budget	Unit
Budget Unit Number* 1135	Amount Charged to Unit* \$ 12,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Bu Brown, Erica	dget Manager*
Fiscal Year* (?) 2023	Amount* (?) \$ 12,000.00	
Next Fiscal Year Not to Exceed Ar	nount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Change	es.	0
Are there any required changes to ○ Yes No	o the contract language?* (?)	
Will the scope of the Services cha	inge?*	
Is the payment deadline different Yes No	than net (45)?*	
Are there any changes in the Perf	ormance Targets?*	
Are there any changes to the Sub	mission deadlines for notes or supp	porting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner		
Angela Babin Budget Manager Approva		
Approved by		
Ricardo Campbell		



HARRIS CENTER for

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2022	
Contract ID#* 2021-0087	
Contractor Name * Inmar Rx Solutions, Inc.	
Service Provided* (?) Third Party Rx Reconciliation and Analytical 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 ☐ Board Approval (Total NTE Amount is \$100,000.00+) ☐ Grant Proposal ☐ Revenue ☐ SOW-Change Order-Amendment# ☐ Other	0,000.00)
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 Busine Yes No Unknown	ess (HUB) (?)

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?)
	\$ 75,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1135
	G/L Code(s)* 542000
	Current Fiscal Year Purchase Order Number*
	CT141380
	Contract Requestor*
	Angela Babin
	Contract Owner*
	Angela Babin
	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?* (?)
	YAS NO

Renewal Information for I	Next Fiscal Year	0	
Budget Units and Amoun	ts Charged to each Budg	et Unit	
Budget Unit Number* 1135	Amount Charged to Unit* \$ 75,000.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo	Secondary Brown, Erica	Budget Manager*	
Fiscal Year* (?) 2023	Amount* (? \$ 75,000.00		
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es.		
Are there any required changes to • Yes • No	the contract language?* (?)		
Will the scope of the Services cha	inge?*		
Is the payment deadline different of Yes No	than net (45)?*		
Are there any changes in the Perf	ormance Targets?*		
Are there any changes to the Sub	mission deadlines for notes or su	pporting documentation?*	
File Upload (?)			
Contract Owner	ang a diservice and a second second and a second diservice and second		
Contract Owner* (?) Please Select Contract Owner			
Angela Babin			
Budget Manager Approva	al(s)		
Approved by			
Ricardo Campbell			

Contract Owner Approval	
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
	6/8/2022
Shaskyia Behn	

HINNER.

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2022	
Contract ID#* 5031	
Contractor Name * ScriptPro USA, Inc. (NW)	
Service Provided* (?) Support & Maintenance for Pharmacy equipment at the N	N Clinic.
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 Unknown
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 Busine Yes No Unknown	ss (HUB) (?)

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 8,772.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141368
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 553001 1135 \$ 10,000.00 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) \$ 10,000.00 2023 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 <a>® No File Upload (?) Contract Owner Contract Owner* (?) Please Select Contract Owner Angela Babin Budget Manager Approval(s) Approved by Ricardo Campbell

Approved by Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/8/2022

HIARRIS CENTER

MCHAIFFEARH and 1979		
Current Fiscal Year Contract Information		
Current Fiscal Year 2022		
Contract ID#* 7251		
Contractor Name* Defensive Driver Online, Ltd. d/b/a DefensiveDriving.com		
Service Provided* (?) Online Defensive Driving Course for employees who will be	pe driving on behalf of the Agency.	
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)	
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 Unknown	
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 Busine Yes No Unknown	ess (HUB) (?)	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 8,430.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1150
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT141491
Contract Requestor* Jessica Soto
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?* (?)
Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes
No

Renewal Information for Budget Units and Amo	A. I	n Budget Unit
Budget Unit Number*	Amount Charged to \$ 30.00	
Budget Manager* Campbell, Ricardo		condary Budget Manager* own, Erica
Budget Unit Number* 1124	Amount Charged to \$ 180.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Brown, Erica		condary Budget Manager* mpbell, Ricardo
Budget Unit Number* 1150	Amount Charged to \$ 30.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Campbell, Ricardo		condary Budget Manager* own, Erica
Budget Unit Number* 2177	Amount Charged to \$ 90.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie		condary Budget Manager* elby, Debbie
Budget Unit Number* 2212	Amount Charged to \$ 300.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie		condary Budget Manager* era, Angelica
Budget Unit Number* 2213	Amount Charged to \$ 120.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie		condary Budget Manager* era, Angelica
Budget Unit Number* 2214	Amount Charged to \$ 240.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie		condary Budget Manager* era, Angelica
Budget Unit Number* 2215	Amount Charged to \$ 510.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie		condary Budget Manager* era, Angelica
Budget Unit Number* 2250	Amount Charged to \$ 150.00	Unit* Expense/GL Code No.* 549005
Budget Manager* Oshman, Jodel		condary Budget Manager* rnmayer, Kimberly

Expense/GL Code No.*

2301 549005 \$ 1,230.00 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 549005 3550 \$ 210.00 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 3585 \$ 240.00 549005 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 549005 \$ 210.00 3609 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 549005 3611 \$ 90.00 Budget Manager* Secondary Budget Manager* Downey, Michael Adams-Austin, Mamie Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 3623 \$ 30.00 549005 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 549005 \$ 90.00 3636 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 549005 \$ 30.00 3692 Secondary Budget Manager* Budget Manager* Adams-Austin, Mamie Downey, Michael Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 549005 \$ 90.00 4323 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica

Amount Charged to Unit*

Budget Unit Number*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6302 \$ 90.00 549005 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 6401 \$ 120.00 549005 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 549005 9206 \$ 840.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Kornmayer, Kimberly Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 549005 9208 \$ 1,080.00 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9209 \$ 60.00 549005 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 549005 9210 \$ 120.00 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 549005 9243 \$ 120.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 549005 \$ 90.00 9244 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9245 \$ 30.00 549005 Secondary Budget Manager*

Kornmayer, Kimberly

Budget Manager*

Oshman, Jodel

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9247 549005 \$ 270.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 270.00 549005 9248 **Budget Manager*** Secondary Budget Manager* Strang, Sarah Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 549005 \$ 180.00 9261 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9263 \$ 60.00 549005 Secondary Budget Manager* **Budget Manager*** Macleod, Ann Oshman, Jodel Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 549005 \$ 30.00 9264 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 549005 9402 \$ 60.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 549005 9403 \$ 390.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 30.00 549005 9404 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 9406 \$ 120.00 549005 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9407 \$ 30.00 549005 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 549005 9501 \$ 60.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 549005 9502 \$ 60.00 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 549005 \$ 30.00 9504 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 9810 \$ 330.00 549005 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 549005 \$ 90.00 9829 Secondary Budget Manager* Budget Manager* Oshman, Jodel Kornmayer, Kimberly Amount* (?) Fiscal Year* (?) \$ 8,430.00 2023 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 <a>® No Will the scope of the Services change?* Is the payment deadline different than net (45)?*

Yes <a>® No

	Are there any changes in the Performance Targets?*		
Yes No			
	eadlines 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	Approved by		
Ricardo Campbell	Enica Brown		
Approved by	Approved by		
Debbie Chambers Shelby	Mamie Adams-Austin		
Approved by	Approved by		
Sheenia Williams-Wesley	Priscilla M. Ramirez		
Approved by			
Sarah Strang			
Contract Owner Approval	6		
Approved by			
Todd McCorquodale			
Contracts Approval			
Approve*			
Yes No, reject entire submission			
Return for correction			

Approved by *

Belinda Stude

Approval Date*
6/28/2022

HARRIS CENTER Jos

Mental Health and IDD	
Current Fiscal Year Contract Information	n 💍
Current Fiscal Year	
2022	
Contract ID#*	
7875	
Contractor Name *	
Angela Arnold dba Simmons & Arnold Services	
Service Provided * (?)	
Coding Consultant Services. Consultant will assist with a determine the accuracy of billing as necessary.	audits to capture lost charges and
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$10	00,000.00)
☐ 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
○ Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 62,400.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1102
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141449
Contract Requestor* Eggla 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	Renewal Information for Next Fiscal Year		
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1102	Amount Charged to Unit* \$ 93,600.00	* Expense/GL Code No.* 542000	
Budget Manager* Brown, Erica		lary Budget Manager* ell, Ricardo	
Fiscal Year* (?) 2023	Amount \$ 93,600		
Next Fiscal Year Not to Exceed A	mount for Master Pooled Cont	tracts	
Contract Funding Source* General Revenue (GR) Contract Content Changes			0
Are there any required changes to the contract language?* (?) • Yes O No Please Explain*			
Current NTE will increase to \$93,600.00 for FY23 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			0
Contract Owner* (?) Please Select Contract Owner			
Anthony Robinson Budget Manager Approva	al(s)		0

Approved by	
Ehica Bhown	
Contract Owner Approval	\odot
Approved by	
D. Anthony Robinson	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
Riference - Housean	Approval Date*
Shaskyia Behn	6/15/2022



SCHARRIS Annual Renewal Evaluation

OO CENTER for Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
5049	
Contractor Name *	
Cerner Corporation formerly Etreby Computer Company	Inc
	,
Service Provided* (?)	
Pharmacy software maintenance & suppport; eprescibin	g services.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000,000
☐ 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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
○ Not Applicable (If there are no funds required)	✓ Other Unknown
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA ☐ Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
O Yes	
No Halmanna	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 80,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1135
G/L Code(s) * 553002
Current Fiscal Year Purchase Order Number* CT141397
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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 O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) ■ Yes ○ No

Renewal Information for No	ext Fiscal Year	0
Budget Units and Amounts	Charged to each Budget l	Jnit
Budget Unit Number* 1135	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary Budo Brown, Erica	get Manager*
Fiscal Year* (?) 2023	Amount* (?) \$ 20,000.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Changes		<u> </u>
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		
Angela Babin Budget Manager Approvale	(s)	
Approved by Ricardo Campbell		

Contract Owner Approval	
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/8/2022

HARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7504 Contractor Name* Texas Applications Specialists, Inc. Service Provided * (?) Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) ✓ Other Unknown Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ☐ IT/Software License Agreement ■ BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) O Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 42,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1135, 1130, 2299
G/L Code(s)* 553002, 553091
Current Fiscal Year Purchase Order Number* CT141381
Contract Requestor* Angela Babin
Contract Owner* Angela Babin
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?*
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.* 1135 553002 \$ 24,000.00 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Brown, Erica Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 1112 \$ 12,000.00 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 2299 553002 \$ 6,000.00 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica 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?* (?) O Yes No Will the scope of the Services change?* O Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* O 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 Angela Babin	
Budget Manager Approval(s)	
Approved by	Approved by
Ricardo Campbell	Debbie Chambers Shelby
Contract Owner Approval	<u> </u>
Approved by	
Angela Babin	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behu	6/8/2022

HIARRIS .

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7211	
Contractor Name * LogMeIn USA, Inc.	
Service Provided* (?) LogMeIn Rescue for IT Users.	
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	☐ Consumer Driven ☐ Other
Not Applicable (if there are no funds required)	Control of the contro
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	* 200
No	
Unknown	
The state of the s	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 5,062.50
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* PO CT141272
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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

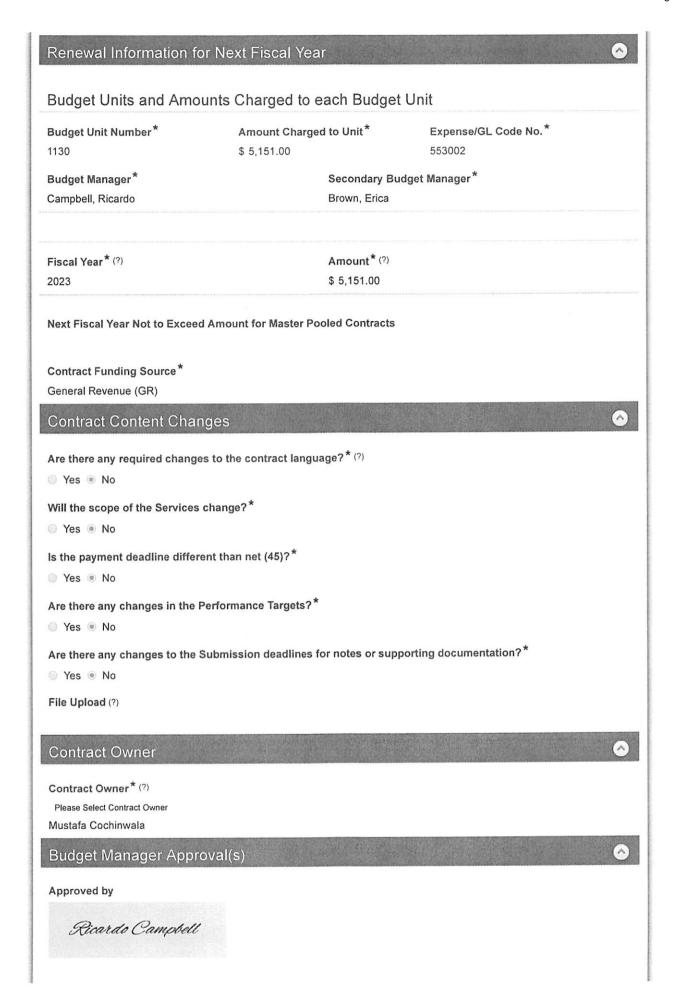
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 45,000.00 553002 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 45,000.00 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

Approved by **Contracts Approval** **Pres*** **No, reject entire submission** **Return for correction** Approved by** **Approval Date** **G/27/2022**

Minnes Annual Renewal Evaluation

Wental Health and HDD	
Current Fiscal Year Contract Information	n •
Current Fiscal Year	
2022	
Contract ID#*	
7414	
Contractor Name*	
MSX Group, LLC	
Service Provided* (?)	
Proprietary budgeting software to maintain internal control	ol of Financial operations.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	○ Other ■ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
O Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 5,151.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141272
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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



Contract Owner Approval	
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	6/27/2022

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	8
Current Fiscal Year Contract Information	©
Course A Fined Vee	
Current Fiscal Year 2022	
Contract ID#*	
7679	
Contractor Name*	
NETSPI LLC	
Service Provided * (?)	
Network Penetration Testing Services. Initial Term expires	8/31/2022. If Services are still
needed, please submit an ECS for a new contract.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2021	8/31/2022
Town for Off Cools Only (For Defenders Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$100	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
✓ Request for Quote	Tag-On
■ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	✓ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 47,814.30 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT141388
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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?* (?)

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.* 553003 1130 \$ 20,000.00 Secondary Budget Manager* **Budget Manager*** Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) 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

Approved by **Contract Owner Approval** **Contracts Approval** Approve* **Yes* No, reject entire submission Return for correction Approved by* **Approval Date* 6/27/2022

HINNE.

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 6665	
Contractor Name * NFS Hospitality Corporation, Inc.	
Service Provided* (?) Rendezvous Workspace meeting room booking software.	Annual Support.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Unknown
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	✓ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine Yes No Unknown	ess (HUB) (?)

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 3,641.36
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141279
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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 Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 553002 \$ 4,000.00 1130 Secondary Budget Manager* Budget Manager* Brown, Erica Campbell, Ricardo Amount* (?) Fiscal Year* (?) \$ 4,000.00 2023 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 *	
	Approval Date *
Belinda Stude	6/27/2022
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Mental Real Condition Mental Relieval Evaluation Mental Relieval Evaluation	
Current Fiscal Year Contract Information	^
Current Fiscal Year	
2022	
Contract ID#*	
7664	
•	
Contractor Name*	
Vertiv Corporation	
Service Provided * (?)	
9401 Data Center - Liebert UPS Power and Battery Main	tenance and Support Services.
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	8/31/2023
5/ 1/2022	0/3/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other State of the state of the
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	Service/Maintenance
Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
•	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
⊚ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 11,200.00 Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553001
Current Fiscal Year Purchase Order Number* CT141399
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
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

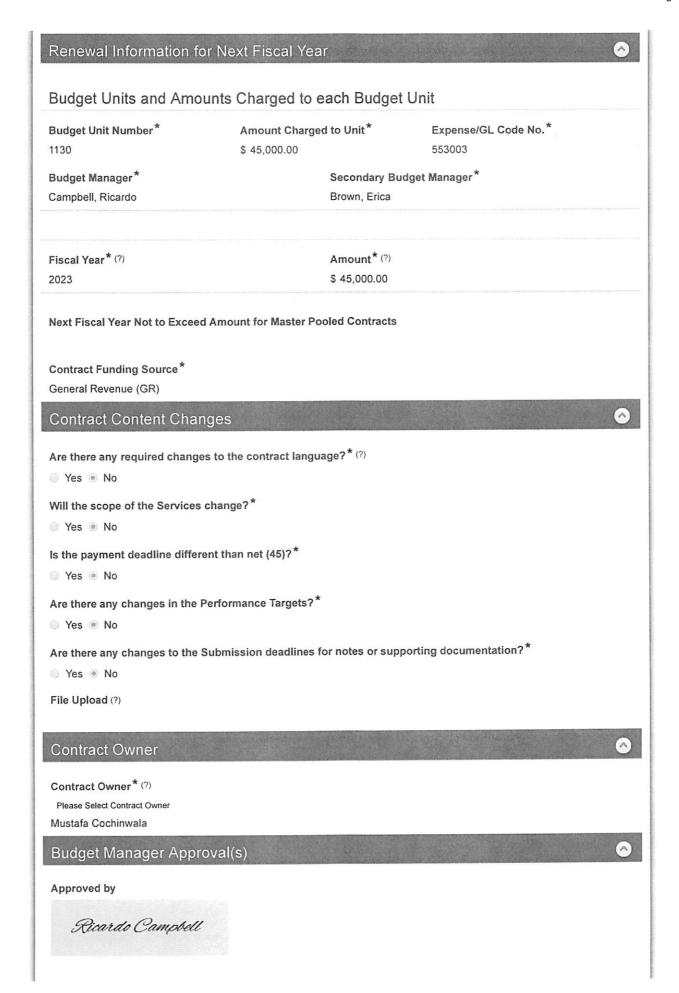
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 12,000.00 553001 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) 2023 \$ 12,000.00 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

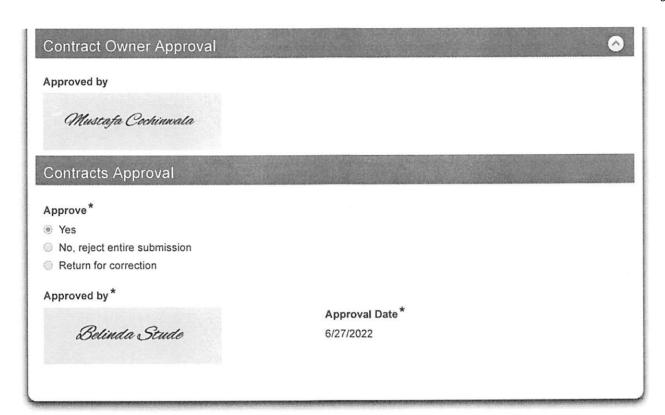
Approved by **Musicafa Cochinmala** Contracts Approval Approve* * Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/27/2022

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Ric	HARRIS
OD	CENTER
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менанчани по	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2022	
Contract ID#*	
7765	
Contractor Name*	
VP Imaging, Inc. dba DocuNav Solutions	
110	
Service Provided* (?)	4440)
Laserfiche licenses, maintenance & support (Dir-CPO-	4449)
Renewal Term Start Date*	Renewal Term End Date*
9/21/2022	9/21/2023
Term for Off-Cycle Only (For Reference Only)	
Annual Maria Calani Wali Farance	
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	7
Revenue	
SOW-Change Order-Amendment#	
□ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 57,411.94
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553002, 553003
Current Fiscal Year Purchase Order Number* CT141274
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See Yes Pos No
Were Services delivered as specified in the contract?*
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?* (?)
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?* (?)





HARRIS CENTER,

Current Fiscal Year Contract Information	©
Current Fiscal Year 2022	
Contract ID#* 5653	
Contractor Name * Salary.com, LLC	
Service Provided* (?) License Agreement for compensation analysis.	
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 Dear Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	☐ Competitive Proposal
☐ Competitive Bid☐ Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Software License Agreement/Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 19,500.00
Rate(s)/Rate(s) Description Companalyst Market Data Software: \$9,500.00 Companalyst Plus + Job Architect Software Add-Ons: \$10,000.00
Unit(s) Served* 1108
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT141251
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?*
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 Amou	unts Charged to each Budge	t Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 19,500.00	Expense/GL Code No.* 553002
Budget Manager* Brown, Erica	Secondary Bo Campbell, Ric	udget Manager* ardo
Fiscal Year* (?)	Amount* (?) \$ 19,500.00	
Next Fiscal Year Not to Exceed NA	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chan	ges	
Are there any required changes to the contract language?* (?) Yes No		
Will the scope of the Services o	change?*	
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 S ○ Yes ● No	ubmission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner		
Kip Baughman		
Budget Manager Appro	val(s)	0

Approved by

Exica Burn

Contract Owner Approval

Approved by

Kip Baughman

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

6/15/2022

Shaskyia Behn

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	•
Current Fiscal Year	
2022	
2022	
Contract ID#*	
7594	
Contractor Name *	
Audimation Services, Inc.	
Service Provided* (?)	
Technical Training Services (IT Script Writing).	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Tama for Off Orallo O 1 / To To 1	
Term for Off-Cycle Only (For Reference Only)	
	,
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
D	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On
Not Applicable (If there are no funds required)	Consumer Driven
Not Applicable (if there are no funds required)	✓ Other Consultant Agreement
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
☐ Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
No	
O Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 9,000.00
Rate(s)/Rate(s) Description N/A.
Unit(s) Served* 1102
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* 2022
Contract Requestor* David Fojtik
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
Please Explain* Services were not yet provided due to timing issues.
Did Contractor perform duties in a manner consistent with standards of the profession?*
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
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 Contracto	pr?* (?)
● Yes ○ No		
Renewal Information fo	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 9,000.00	542000
Budget Manager*	Secondary B	udget Manager*
Brown, Erica	Campbell, Ric	ardo
Fiscal Year* (?)	Amount* (?)	
2023	\$ 9,000.00	
Next Fiscal Year Not to Exceed	I Amount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chan	ges	•
Are there any required change	s to the contract language?* (?)	
○ Yes ● No		
Will the scope of the Services	change?*	
○ Yes ⑨ No	3	
Is the payment deadline differe	ent than net (45)?*	
○ Yes ◉ No	,	
Are there any changes in the P	Performance Targets?*	
○ Yes ● No		
Are there any changes to the S	Submission deadlines for notes or sup	pporting documentation?*
○ Yes ● No		, porting documentation.
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Wayne Young		
Budget Manager Appro	oval(s)	

Approved by	
Ehica Bhown	
Contract Owner Approval	0
Approved by	
David W. Pojtik	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
Transfer Succession Control	Approval Date*
Shaskyia Behn	6/24/2022

Mirans Annual Renewal Evaluation

O O CENTER for Mental Health and IDD	
Current Fiscal Year Contract Information	n 💍
Current Fiscal Year	
Property and	
2022	
Contract ID#*	
7353	
Contractor Name *	
Audimation Services Inc.	
Service Provided * (?)	
Support services for IDEA software license agreement to	provide comprehensive review of
business data to detect possible duplicate transactions.	
Renewal Term Start Date*	Renewal Term End Date*
3/1/2022	2/28/2023
ST TEVEL	212012020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Software License Agreement/Contract
Herryphodole (in there are no funda required)	Solitivate License Agreement/Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Realed Contract	☐ IT/Software License Agreement
□ Pooled Contract☑ Renewal of Existing Contract	☐ Other
Transmit Chiadry Contract	- Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Ounknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE*(?) \$ 550.00
	Rate(s)/Rate(s) Description Single IDEA License Renewal \$590.00, Additional IDEA License Subscription \$1,645.00 and Processing Fee \$25.00
	Unit(s) Served* 1102
	G/L Code(s)* 551003
	Current Fiscal Year Purchase Order Number* CT141003
	Contract Requestor* David Fojtik
	Contract Owner* Wayne Young
	File Upload (?)
The state of the s	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* Ves 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 O No
	Were reports, billing and/or invoices submitted in a timely manner?* ⟨?⟩ ③ 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 O No Maintained legally required standards for certification, licensure, and/or training?* (?)
-	Yes No
-	Renewal Determination

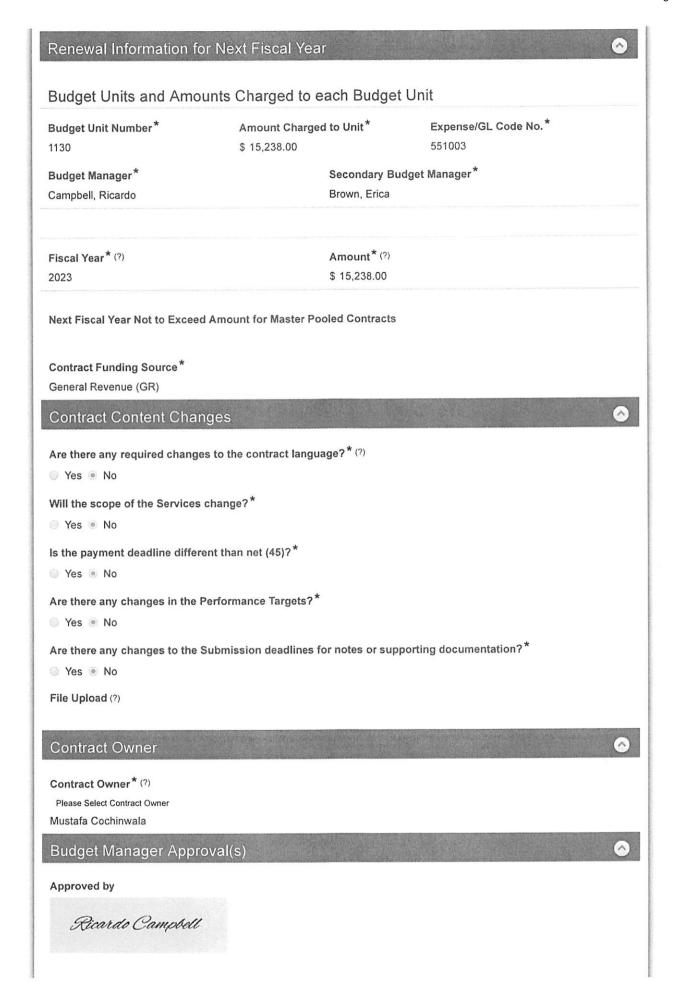
Is the contract being renewed for next fiscal year with this Contractor?* (?)		
Yes No		
Renewal Information for	Next Fiscal Year	<u> </u>
Budget Units and Amou	nts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 2,260.00	551003
Budget Manager*	200-200 Address (100-200 udget Manager*	
Brown, Erica	Campbell, Ric	cardo
Fiscal Year* (?)	Amount* (?)	
2023	\$ 2,260.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	
No. C. Ioda Teal Not to Exceed 7	amount for master r colea contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chang	es	•
Are there any required changes to the contract language?* (?)		
○ Yes ● No		
Will the scope of the Services ch	nange?*	
○ Yes No		
Is the payment deadline different than net (45)?*		
○ Yes ® No		
Are there any changes in the Pe	rformance Targets?*	
○ Yes ® No		
	bmission deadlines for notes or sup	pporting documentation?*
○ Yes ● No		
File Upload (?)		
0		
Contract Owner		<u>\(\)</u>
Contract Owner* (?)		
Please Select Contract Owner		
Wayne Young		
Budget Manager Approv	al(s)	0

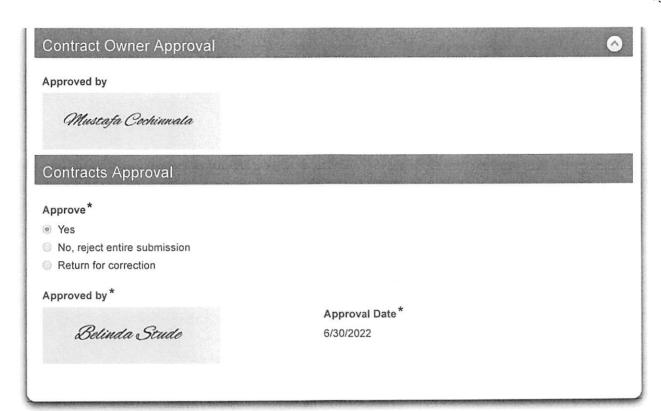
Approved by	
Ehica Bhown	
Contract Owner Assessed	
Contract Owner Approval	
Approved by	
David W. Pojtik	
with 70. Typen	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/23/2022

HI WERTS

Stemal Fearth and 1922	
Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7824	
Contractor Name* Datix (USA), Inc. dba RLDatix	
Service Provided* (?) An updated Incident Reporting System and Site Hosting	Services.
Renewal Term Start Date* 11/19/2022	Renewal Term End Date* 11/18/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Tag-on to TIPS 170306
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 67,222.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1147
G/L Code(s)* 900020
Current Fiscal Year Purchase Order Number* CT141389
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
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?* (?)
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





HIARRIS CENTER

Current Fiscal Year Contract Information	n 📀
Current Fiscal Year 2022	
Contract ID#* 7368	
Contractor Name* Handle With Care Behavior Management System, Inc.	
Service Provided* (?) Behavior Management Instructor Licensing and Training	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 \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Training Contract.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	□ Lease
✓ Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 3,500.00
Rate(s)/Rate(s) Description \$3,000.00 total cost excluding expenses.
Unit(s) Served* 1975
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT141644
Contract Requestor* Ninfa Escobar
Contract Owner* Ninfa Escobar
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 549005 1975 \$ 3,500.00 **Budget Manager*** Secondary Budget Manager* Campbell, Ricardo Brown, Erica Fiscal Year* (?) Amount* (?) \$ 3,500.00 2023 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?* 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 Ninfa Escobar Budget Manager Approval(s) Approved by Ricardo Campbell

HARRIS CENTER,

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n 🙆
Current Fiscal Year	
2022	
Contract ID#*	
7323	
Contractor Name *	
Pingboard, Inc.	
Service Provided* (?)	
	Aganay's avaguting to am
Organization charting and planning tool selected by the A	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
	0,000,00)
☐ 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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	☐ Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Software Agreement/Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
 Memorandum of Understanding 	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
○ Unknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 20,534.28
	Rate(s)/Rate(s) Description N/A.
	Unit(s) Served* 1108
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* CT141263
	Contract Requestor* Kip Baughman
	Contract Owner* Kip Baughman
	File Upload (?)
September 1	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?* No
	Did Contractor adhere to the contracted schedule?* (?) • Yes O No
	Were reports, billing and/or invoices submitted in a timely manner?* (?) • Yes O No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)
	Yes \(\cap \) No Maintained legally required standards for certification, licensure, and/or training?* (?)
	Yes No
-	Renewal Determination State contract being renewed for next fiscal year with this Contractor?* (?)
	● Yes ○ No

Renewal Information for No	ext Fiscal Year	0
Budget Units and Amounts	Charged to each Budge	et Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 25,000.00	Expense/GL Code No.* 553002
Budget Manager* Brown, Erica	Secondary B Campbell, Ric	udget Manager* ardo
Fiscal Year* (?) 2023	Amount* (?) \$ 25,000.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Changes		
Are there any required changes to to Yes No	he contract language?* (?)	
Will the scope of the Services changes of the Services of the Services changes of the Services of the Services changes of the Services of the	ge?*	
Is the payment deadline different the Yes No	an net (45)?*	
Are there any changes in the Perfor ○ Yes No	mance Targets?*	
Are there any changes to the Subm O Yes No	ission deadlines for notes or sup	porting documentation?*
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?) Please Select Contract Owner Kip Baughman		
Budget Manager Approval	(s)	
Approved by		
Ekica Bhown		

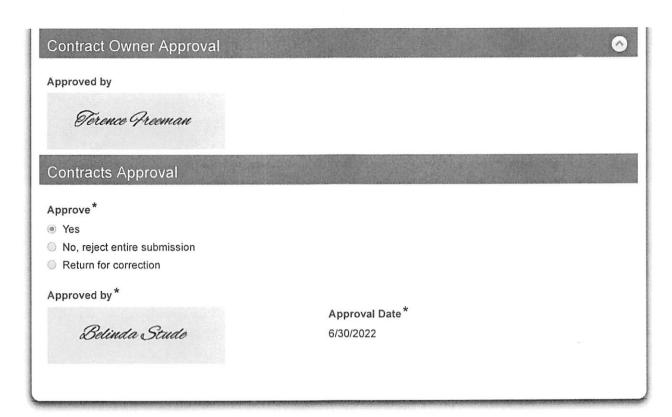
Contract Owner Approval	\odot
Approved by	
Kip Baughman	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/23/2022
The state of the s	

Minis Annual Renewal Evaluation

Mental Health and IDD	
Current Final Year Centrast Informatio	
Current Fiscal Year Contract Informatio	
Current Fiscal Year 2022	
Contract ID#*	
7620	
Contractor Name*	
J. Taylor & Associates, LLC DBA JTaylor	
Service Provided* (?)	
Consulting service for physician and provider compensa	
Renewal Term Start Date * 9/1/2022	Renewal Term End Date* 8/31/2023
Term for Off-Cycle Only (For Reference Only)	0/01/2020
Term for on-cycle only (For Reference only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven
 Interlocal Not Applicable (If there are no funds required) 	✓ Other Consultant Agreement ✓
	Solid Consultant Agreement
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract Service/Maintenance
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease
	Other
Vendor/Contractor a Historically Underutilized Busin	iess (HUB) (?)
Yes	
No Unknown	
Ulikilowii	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 77,400.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141448
Contract Requestor* Terence Freeman
Contract Owner* Terence Freeman
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See 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
Reflewal Determination

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 542000 1108 \$ 77,400.00 Secondary Budget Manager* Budget Manager* Campbell, Ricardo Brown, Erica Amount* (?) Fiscal Year* (?) 2023 \$ 77,400.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 77,400.00 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 Kip Baughman Budget Manager Approval(s) Approved by Exica Brown



HIARRIS CENTER

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7317	
Contractor Name* MasterWord Services, Inc.	
Service Provided* (?) Foreign Language Translation And Assessment Proficience	cy 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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	◆ Other Professional Service(s) Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
 Pooled Contract✓ Renewal of Existing Contract	☐ Lease ☐ Other
Tremewal of Existing Contract	Suid
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
⊚ No	
Unknown	

Please provide the HUB status WBE - Women owned business.	
Contract NTE (Old Text Field For Reference) (?)	
Contract NTE * (?) \$ 5,000.00	
Rate(s)/Rate(s) Description Language Proficiency Assessment: \$85.00. Interpreter Skills Assessment: \$125.00.	
Unit(s) Served* 1108	
G/L Code(s)* 543018	
Current Fiscal Year Purchase Order Number* CT141259	
Contract Requestor* Terence Freeman	
Contract Owner* Terence Freeman	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	1
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No	
Have there been any significant performance deficiencies within the current fiscal year?*	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*	
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?*	
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?*(?)	
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	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* Yes No 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	
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	

Renewal Determination			
Is the contract being renewed	for next fiscal year with this Contracto	r?*(?)	
Yes No	,		
Renewal Information for	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	\$ 5,000.00	543018	
Budget Manager*	Secondary Bu	udget Manager*	
Brown, Erica	Campbell, Rica	ardo	
Fiscal Year* (?)	Amount*(?)		
2023	\$ 5,000.00		
Contract Funding Source* General Revenue (GR) Contract Content Chan	ides		
Contract Content Char	ges		
Are there any required change Yes No	s to the contract language?* (?)		
Will the scope of the Services	change?*		
○ Yes ◉ No	U		
Is the payment deadline differen	ent than net (45)?*		
Are there any changes in the F	erformance Targets?*		
Yes No			
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No			
File Upload (?)			
The opious (//			
Contract Owner		<u>~</u>	
Contract Owner* (?)			
Please Select Contract Owner			
Terence Freeman			
Budget Manager Approval(s)			

Approved by	
Enica Brown	
Contract Owner Approval	
Approved by	
Terence Greeman	
Contracts Approval	
Approve*	
YesNo, reject entire submission	
Return for correction	
Approved by *	
Approved by	Approval Date*
Belinda Stude	6/30/2022
Deunaa Suae	
Deunaa Suae	

₩IIMRRIS Annual Renewal Evaluation

Mental Frediti and 1010	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
2021-0236	
Contractor Name*	
Xerox Business Solutions Southwest	
Service Provided * (?)	
Print Shop Production Copiers (2). Note: This contract red Xerox invoicing MFD Lease Cost only and Dahill Office To Cost.	
Renewal Term Start Date *	Renewal Term End Date*
12/31/2021	12/31/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole SourceRequest for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract Momerandum of Understanding	 New Contract/Agreement Amendment to Existing Contract
Memorandum of Understanding Affiliation or Preceptor	Amendment to Existing Contract Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other State of the

Vendor/Contractor a Historically Underutilized Business (HUB) (?)
○ Yes
No
Unknown
Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?)
\$ 16,978.05
Rate(s)/Rate(s) Description
\$1,022.45 - Total Monthly Lease Rate; \$864 - Estimated
Monthly Cost Per Copy Rate; Total Rate for 12 months =
\$22,637.40
Unit(s) Served*
1107
01. 0 - 1-1-1-1*
G/L Code(s)*
552002
Current Fiscal Year Purchase Order Number*
CT141667 and CT141686
Contract Requestor*
Nicole Lievsay
Contract Owner*
Nicole Lievsay
provided the state of the state
File Upload (?)
Evaluation of Current Fiscal Year Performance
the state of the s
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?* (?)
Agency?*(?) • Yes • No
● Yes ◎ No

Maintained legally required standards for certification, licensure, and/or training?* (?)			
Yes No			
Renewal Determination			
Is the contract being renewed for	or next fiscal year with this Contracto	r?* ^(?)	
● Yes ◎ No			
Renewal Information for Next Fiscal Year			
Budget Units and Amou	ints Charged to each Budge	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1107	\$ 22,637.40	552002	
Budget Manager*	100-01	udget Manager*	
Campbell, Ricardo	Brown, Erica		
Fiscal Year* (?)	Amount* (?)		
2023	\$ 22,637.40		
General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?* (?) Yes No			
Will the scope of the Services o	hange?*		
Is the payment deadline differen	nt than net (45)?*		
Yes No			
Are there any changes in the Pe	erformance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
File Upload (?)			
File Upload (?)	ubmission deadlines for notes or sup	porting documentation?*	
File Upload (?) Contract Owner	ubmission deadlines for notes or sup	porting documentation?*	
Contract Owner* (?)	ubmission deadlines for notes or sup	porting documentation?*	
Contract Owner	ubmission deadlines for notes or sup	porting documentation?*	

Budget Manager Approval(s)	•
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
NICOLE LIEVSAY	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HILLER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7810 Contractor Name* P-Housing & Transition Master Pool (CCSI) Service Provided* (?) Master Pool: Three (3) vendor to provide temporary 'Housing and Transitional Services' to consumers in the CCSI Program. Renewal Term End Date* Renewal Term Start Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement ■ BAA/DUA Pooled Contract Lease Other Renewal of Existing Contract 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* 9229
G/L Code(s)* 543074
Current Fiscal Year Purchase Order Number* CT141271
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?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 543074 \$ 25,000.00 9229 Secondary Budget Manager* Budget Manager* Kornmayer, Kimberly Oshman, Jodel Amount* (?) Fiscal Year* (?) \$ 25,000.00 2023 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 2023 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 Todel Oshman

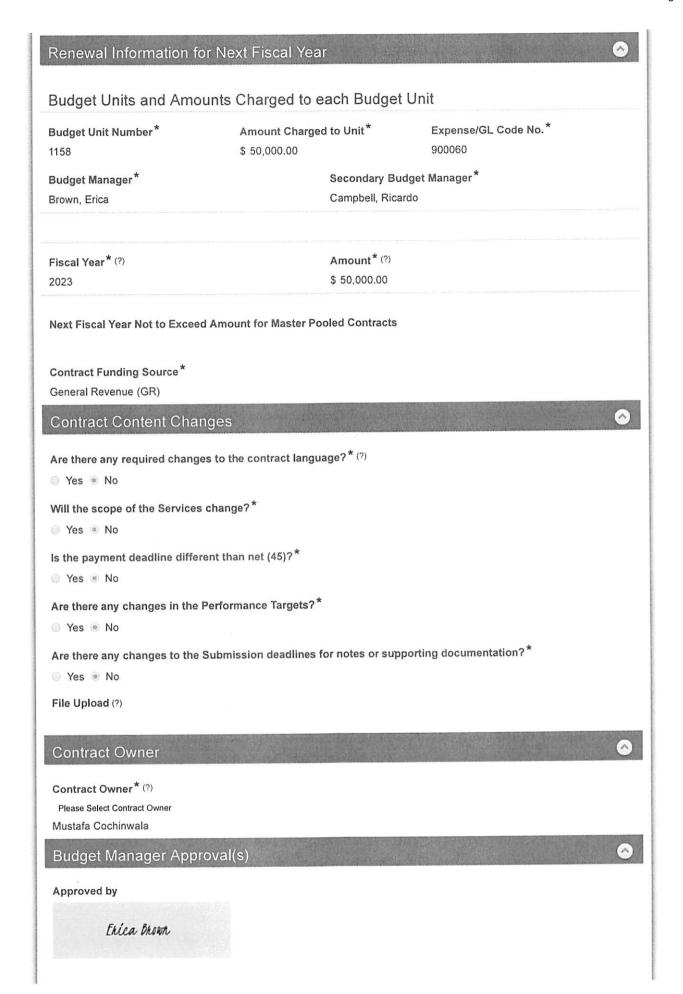
Contract Owner Approval Approved by Fin For Nuayer Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 5/19/2022

Current Fiscal Year Contract Information	on
urrent Fiscal Year	
)22	

ontract ID#*	
021-0145	
ontractor Name*	
vot Point Consulting, A Vaco Company	
ervice Provided* (?)	
onsulting and IT Staffing Services. Pivot Point Consul	ting will provide Services on an as
eeded basis for EPIC EHR Reporting and Data Extrac	
enewal Term Start Date*	Renewal Term End Date*
1/2022	8/31/2023
erm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?)	
T.	(00,000.00)
Information Only (Total NTE Amount is Less than \$1	
Information Only (Total NTE Amount is Less than \$1	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment#	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement Method(s)*	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other Check all that Apply	•)
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other Check all that Apply Competitive Bid	
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement Method(s) * Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement 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
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) ontract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) ontract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement 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) rontract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ Grant Proposal Revenue SOW-Change Order-Amendment# Other rocurement 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) contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract

YesNoUnknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 205,000.00 Reto(c)/Pate(s) Description
Rate(s)/Rate(s) Description
Unit(s) Served* 1158, 1147
G/L Code(s)* 900060
Current Fiscal Year Purchase Order Number* CT141409
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
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?* (?)





HARRIS CENTER for Mental Health and IDD

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n
Current Fiscal Year	
2022	
Contract ID#*	
7844	
Contractor Name*	
Carahsoft Technology Corporation	
Service Provided * (?)	
DocuSignEnterpise Pro Software	
Renewal Term Start Date*	Renewal Term End Date*
10/2/2022	10/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	
Board Approval (Total NTE Amount is \$100,000.00+)	
☐ Grant Proposal ☐ Revenue	
SOW-Change Order-Amendment#	
Other	
*	
Procurement Method(s)*	
Check all that Apply	C. O. C. C. C. C. C. C. C. C. C. C. C. C. C.
☐ Competitive Bid☐ Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal	☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	○ New Contract/Agreement
Memorandum of Understanding	☐ Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA ☐ Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
O Yes	
No Hinknown	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 21,391.80
Rate(s)/Rate(s) Description
Unit(s) Served* 1147
G/L Code(s) * 900021
Current Fiscal Year Purchase Order Number* CT141382
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
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* \$ 19,641.80	Expense/GL Code No.* 900021		
Budget Manager* Brown, Erica	Secondary B Campbell, Ric	udget Manager* cardo		
Fiscal Year* (?) 2023	Amount* (?) \$ 19,641.80			
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts			
Are there any required changes of Yes No Will the scope of the Services changes of Yes No Is the payment deadline different Yes No	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)?*			
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 (?)				
Harris Center for Mental Health Ca Quote 34286149.pdf	rahsoft - DocuSign - 06.09.2022 -	189.52KB		
Contract Owner		<u>^</u>		
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala Budget Manager Approv	al(s)			

Approved by	
Ehica Bhown	
Contract Owner Approval	
Approved by	
Mustafa Cochinvala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/23/2022



Marris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
7623	
*	
Contractor Name *	
Data Shredding Services of Texas, Inc.	
Service Provided* (?)	
Agency-Wide Data Document Destruction Services.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	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 \$10	0,000,000
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Dun a	
Procurement Method(s)*	
Check all that Apply	Compatitive Proposal
☐ Competitive Bid✓ Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	······································
No	
○ Unknown	

	Contract NTE (Old Text Field For Reference) (?) 28,006.00
	Contract NTE* (?) \$ 28,006.00
	Rate(s)/Rate(s) Description \$15.00 for the first (1st) Bin, \$5.00 for each additional Bin per location.
	Unit(s) Served* VARY.
	G/L Code(s)* 543034
	Current Fiscal Year Purchase Order Number* CT141464
	Contract Requestor* Rita Alford
	Contract Owner* Mustafa Cochinwala
	File Upload (?) DATA SHRED. FY22 PO CT141464 AMENDMENT No 6 (latest).pdf 203.1KB
-	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 O 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
1	Nonewar Determination

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

\$ 200.00

543034

Budget Manager*

Secondary Budget Manager*

Brown, Erica

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No. *

1105

\$ 4,000.00

543034

Budget Manager* Campbell, Ricardo

Secondary Budget Manager*

Brown, Erica

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1107

\$ 150.00

543034

Budget Manager*

Secondary Budget Manager* Brown, Erica

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1108

\$ 330.00

\$ 200.00

543034

Budget Manager*

Secondary Budget Manager*

Brown, Erica

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1119

543034

Budget Manager*

Secondary Budget Manager*

Campbell, Ricardo

Brown, Erica

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1122

\$ 430.00

543034

Budget Manager*

Secondary Budget Manager*

Campbell, Ricardo

Brown, Erica

Expense/GL Code No.*

Budget Unit Number*

Amount Charged to Unit*

543034

\$ 150.00

Secondary Budget Manager*

Budget Manager* Brown, Erica

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1128

1124

\$ 360.00

543034

Budget Manager*

Secondary Budget Manager*

Brown, Erica

Campbell, Ricardo

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

1130 \$ 610.00 543034

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

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

1131 \$ 550.00 543034

Budget Manager*

Shelby, Debbie

Secondary Budget Manager*

Loera, Angelica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

1135 \$ 1,245.00 543034

Budget Manager*

Campbell, Ricardo

Secondary Budget Manager*

Brown, Erica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

1173 \$ 180.00 543034

Budget Manager*

Campbell, Ricardo

Secondary Budget Manager*

Brown, Erica

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

2111 \$ 100.00 543034

Budget Manager*
Shelby, Debbie
Secondary Budget Manager*
Loera, Angelica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*
2180 \$ 75.00 543034

Budget Manager*

Oshman, Jodel

Kornmayer, Kimberly

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*
2200 \$ 1,900.00 543034

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie Loera, Angelica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*
2212 \$ 1,400.00 543034

Budget Manager*

Shelby, Debbie

Loera, Angelica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

2213 \$ 1,100.00 543034

Budget Manager * Secondary Budget Manager *

Shelby, Debbie Loera, Angelica

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 543034 2214 \$ 1,500.00 Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 2215 \$ 500.00 543034 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 543034 2250 \$ 180.00 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 2301 \$ 300.00 543034 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 543034 3353 \$ 980.00 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3355 543034 \$ 220.00 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3360 543034 \$ 1,009.00

Budget Manager* Secondary Budget Manager*

Adams-Austin, Mamie Downey, Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3365 \$ 1,500.00 543034

Secondary Budget Manager* Budget Manager*

Adams-Austin, Mamie Downey, Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3374 \$ 210.00 543034

Budget Manager* Secondary Budget Manager*

Adams-Austin, Mamie Downey, Michael

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3395 \$ 177.00 543034 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No. * 3585 \$ 610.00 543034 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 3623 543034 \$ 188.00 **Budget Manager*** Secondary Budget Manager* Downey, Michael Adams-Austin, Mamie **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3636 \$ 207.00 543034 Secondary Budget Manager* **Budget Manager*** Adams-Austin, Mamie Downey, Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* \$ 700.00 543034 4323 Secondary Budget Manager* Budget Manager* Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 4325 \$ 300.00 543034 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 4736 \$ 900.00 543034 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 4913 \$ 225.00 543034 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit*

\$ 130.00

543034

Secondary Budget Manager*

Jiles, Monalisa

6001

Budget Manager*

Williams-Wesley, Sheenia

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6201 543034 \$ 200.00 Budget Manager* Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* \$ 150.00 6302 543034 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 6601 \$ 300.00 543034 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No. * 6801 \$ 205.00 **Budget Manager*** Secondary Budget Manager* Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 7001 \$ 320.00 **Budget Manager*** Secondary Budget Manager* Ilejay, Kevin Campbell, Ricardo **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9208 543034 \$ 545.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 543034 9210 \$ 800.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Amount Charged to Unit* **Budget Unit Number*** Expense/GL Code No.* 9211 \$ 2,200.00 543034 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9810 \$ 470.00 543034 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly

Amount*(?)

\$ 28,006.00

Fiscal Year* (?)
2023

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 28,006.00			
Contract Funding Source*			
General Revenue (GR)			
Contract Content Changes			
Are there any required changes to the contract languery Yes No	age?* (?)		
Will the scope of the Services change?* ○ Yes ● No			
Is the payment deadline different than net (45)?* ● Yes ○ No			
Please provide the net days*			
Are there any changes in the Performance Targets?* Yes • No			
Are there any changes to the Submission deadlines for notes or supporting documentation?* O Yes No			
File Upload (?) FY2023 Document Destruction Budget Numbers.pdf	72.43KB		
Contract Owner	ં		
Contract Owner* (?)			
Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approval(s)			
Approved by	Approved by		
Enica Brown	Ricardo Campbell		
Approved by	Approved by		
Debbie Chambers Shelby	Mamie Adams-Austin		
Approved by	Approved by		
Sheenia Williams-Wesley	keviu ilejay		
Approved by			
Sign			

Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behu	6/21/2022

Harris Center,

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2021-0195 Contractor Name* The McMillan Barlow Group, LLC dba Blue Mesa Group Service Provided* (?) Executive Coaching Services for the Chief Medical Officer. Renewal Term Start Date* Renewal Term End Date* 9/1/2022 8/31/2023 Term for Off-Cycle Only (For Reference Only) Contract was extended through 8/31/22. 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven ☐ Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services ✓ Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) O Yes No Unknown

Contract NTE (Old Text Field For Reference) (?) \$20,000.00
Contract NTE* (?) \$ 20,000.00
Rate(s)/Rate(s) Description N/A
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141337
Contract Requestor* Mercedes Mongomery
Contract Owner* Luming Li
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

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 1101 \$ 20,000.00 542000 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?* O 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 Luming Li Budget Manager Approval(s) Approved by Frica Brown

Contract Owner Approval	
Approved by	
7	
U	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approved by	*
	Approval Date*
Shaskyia Behn	6/14/2022

HARRIS CENTER JO

Annual Renewal Evaluation

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 6845	
Contractor Name* Qualtrics	
Service Provided* (?) Employment Engagement Technology software for A2ence	y Wide surveys.
Renewal Term Start Date * 8/31/2022	Renewal Term End Date* 9/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	Compatitive Proposel
☐ Competitive Bid ☐ Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
☐ Not Applicable (If there are no funds required)	✓ Other N/A
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	☐ Lease ☐ Other
Renewal of Existing Contract	C. Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 26,001.15
Rate(s)/Rate(s) Description
Unit(s) Served* 1108
G/L Code(s) * 551003
Current Fiscal Year Purchase Order Number* CT140640
Contract Requestor* Terence Freeman
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* 1108	Amount Charged to Unit* \$ 26,001.15	Expense/GL Code No.* 553002
Budget Manager* Brown, Erica	Secondary Bu Campbell, Rica	dget Manager* irdo
Fiscal Year* (?)	Amount* (?)	
2023	\$ 26,001.15	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR)		
Contract Content Change	S	0
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?* O 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		
Terence Freeman		
Budget Manager Approval(s)		
Approved by		
Ekica Bhown		

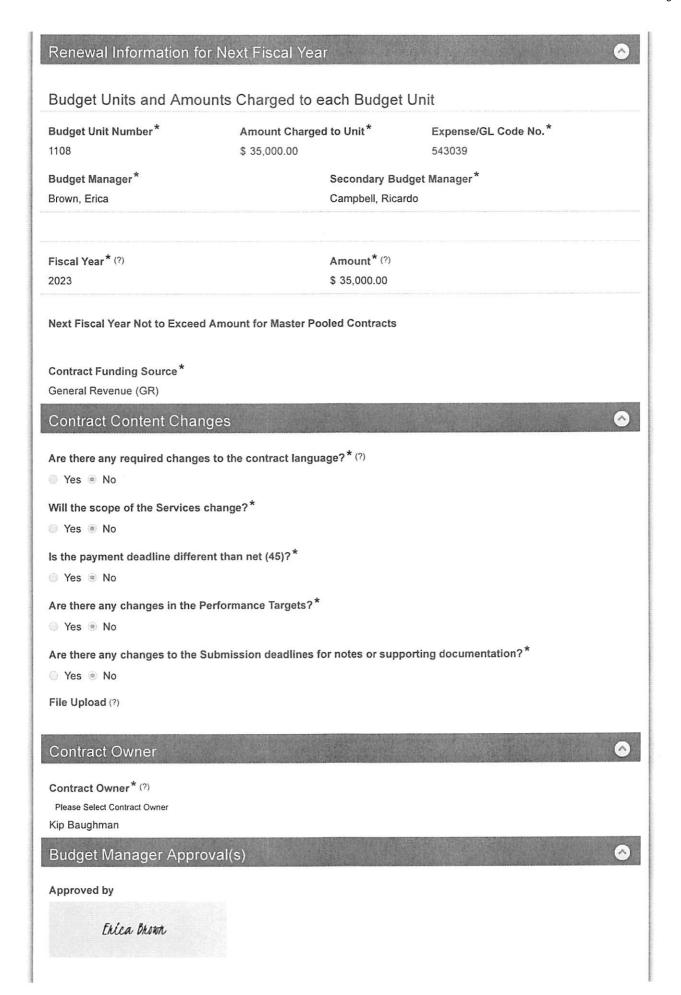
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/21/2022	Contract Owner Approval	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Approved by	
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Terence Greeman	
 Yes No, reject entire submission Return for correction Approved by * Approval Date *	Contracts Approval	
 No, reject entire submission Return for correction Approved by * Approval Date * 	Approve*	
Return for correction Approved by * Approval Date *	Yes	
Approved by * Approval Date *	 No, reject entire submission 	
Approval Date*	 Return for correction 	
	Approved by *	
Shaskyia Behn 6/21/2022		Approval Date*
	Shaskyia Behn	6/21/2022

HIARRIS LENIER

Annual Renewal Evaluation

MOTION AMERICA	
Current Fiscal Year Contract Information	<u>^</u>
Current Fiscal Year 2022	
Contract ID#* 5749	
Contractor Name* WEX Health Inc. DBA WEX	
Service Provided* (?) FSA Administration Services Agency Wide.	
Renewal Term Start Date* 1/1/2022	Renewal Term End Date* 12/31/2022
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification Tag-On
Request for Quote Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Ø Other Benefits Service(s) Agreement
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	■ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 34,749.00	
Rate(s)/Rate(s) Description Vary. (Annual on-cycle funding)	
Unit(s) Served* 1108	
G/L Code(s)* 543039	
Current Fiscal Year Purchase Order Number* CT141435	
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?* See No.	
Were Services delivered as specified in the contract?* ■ Yes □ No	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?) • Yes • No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
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?* (?)	
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	



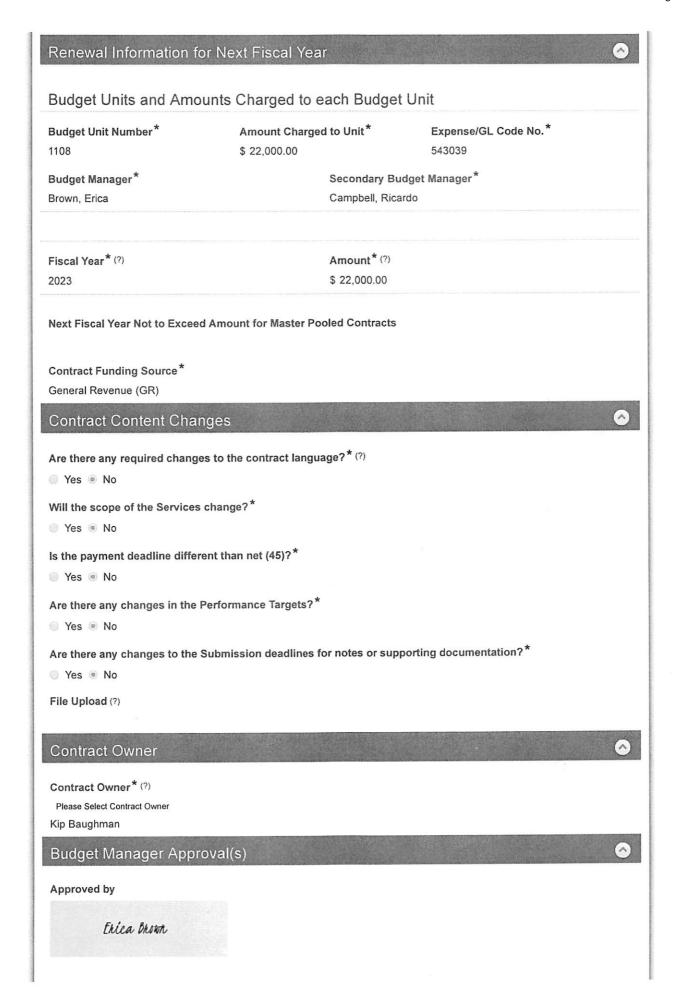
Contract Owner Approval	
Approved by	
Kip Baughman	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/27/2022

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Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 5748 Contractor Name* WEX Health Inc. DBA WEX Service Provided* (?) COBRA Benefits Administration Services Agency Wide. Renewal Term Start Date* Renewal Term End Date* 12/31/2022 1/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application ■ Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) ✓ Other Benefits Service(s) Agreement Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 21,870.00
Rate(s)/Rate(s) Description Vary. (Annual on-cycle funding)
Unit(s) Served* 1108
G/L Code(s)* 543039
Current Fiscal Year Purchase Order Number* CT141434
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?*
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)



Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/27/2022	Contract Owner Approval	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approved by	
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Kip Baughman	
 Yes No, reject entire submission Return for correction Approved by * Approval Date *	Contracts Approval	
 No, reject entire submission Return for correction Approved by * Approval Date *	Approve*	
Approved by * Approval Date *	Yes	
Approved by * Approval Date *	 No, reject entire submission 	
Approval Date*	 Return for correction 	
Approval Date*	Approved by *	
		Approval Date*
	Belinda Stude	

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IÓD	
Current Fiscal Year Contract Information	Ó
Current Fiscal Year	
2022	
Contract ID#* 7871	
Contractor Name* CC Assessment Services	
Service Provided * (?) Psychological Testing/Evaluation Services to determine ID	DD Eligibility
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 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	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Professional Services Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
No	
Ounknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 24,500.00
	Rate(s)/Rate(s) Description \$350.00 per Assessment with a maximum of ten (10)
	Unit(s) Served* 3355
	G/L Code(s)* 540503
	Current Fiscal Year Purchase Order Number* CT141255
	Contract Requestor* Margo Childs
	Contract Owner* Janice Baines
	File Upload (?)
Name and Address of the Owner, where	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
PRINCESSORY OF THE PRINCESSORY O	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes O No

Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charged to Unit* \$ 24,500.00	Expense/GL Code No.* 540503	
Budget Manager* Adams-Austin, Mamie	Secondary Bouney, Mich.	udget Manager* ael	
Fiscal Year* (?) 2023	Amount* (?) \$ 24,500.00		
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	
Tanice Baines	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022

HARRIS CENTER JO

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7206 Contractor Name* Easter Seals of Greater Houston, Inc. Service Provided * (?) Day Camp and Respite Services. Renewal Term Start Date* Renewal Term End Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Interlocal ✓ Consumer Driven Not Applicable (If there are no funds required) Other Professional Service(s) Contract Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 11,300.00
	Rate(s)/Rate(s) Description \$8.76 per hour (up to 43 Consumers x 6 hours/day x 5 days)
	Unit(s) Served* 3519
	G/L Code(s)* 543000
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Margo Childs
	Contract Owner* Janice Baines
J	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?* ②
	● Yes ○ No
	Maintained legally required standards for certification, licensure, and/or training?* (?) ■ Yes ○ No
	Renewal Determination
	s 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 Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 3519 \$ 11,300.00 543000 Budget Manager* Secondary Budget Manager* Downey, Michael Adams-Austin, Mamie Fiscal Year* (?) Amount*(?) 2023 \$ 11,300.00 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 Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* O Yes No Are there any changes in the Performance Targets?* O Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?* O Yes ® No File Upload (?) **Contract Owner** Contract Owner* (?) Please Select Contract Owner Janice Baines Budget Manager Approval(s) Approved by Mamie Oddams-Odustin

Contract Owner Approval	
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
dialoge II. II. II. II.	Approval Date*
Shaskyia Behn	6/16/2022

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	o
Current Fiscal Year	
2022	
Contract ID#*	
7865	
Contractor Name*	
Modern Psychological and Allied Services, PLLC	
Service Provided * (?)	
Psychological Evaluation/Testing Services.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Term for on-cycle only (For Reference only)	
A	
Agenda Item Submitted For: (?)	0.000.00
☑ Information Only (Total NTE Amount is Less than \$100	0,000.00)
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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	 Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
☐ Not Applicable (If there are no funds required)	✓ Other Professional Service(s) Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	C A I I F C C I
3	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	
□ BAA/DUA□ Pooled Contract	Service/Maintenance
BAA/DUA	Service/Maintenance IT/Software License Agreement
□ BAA/DUA□ Pooled Contract	Service/Maintenance IT/Software License Agreement Lease Other
 □ BAA/DUA □ Pooled Contract ✓ Renewal of Existing Contract 	Service/Maintenance IT/Software License Agreement Lease Other
 □ BAA/DUA □ Pooled Contract ✓ Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Busines 	Service/Maintenance IT/Software License Agreement Lease Other

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 24,500.00
Rate(s)/Rate(s) Description \$350.00 per evaluation/test
Unit(s) Served * 3355
G/L Code(s)* 540503
Current Fiscal Year Purchase Order Number* CT141248
Contract Requestor* Margo Childs
Contract Owner* Janice Baines
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?*
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.* 3355 \$ 24,500,00 543503 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Fiscal Year* (?) Amount*(?) 2023 \$ 24,500.00 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 Oddams-Austin

Contract Owner Approval	\odot
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Shaskyia Behn	6/16/2022

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Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2022	
Contract ID#*	
7193	
*	
Contractor Name*	
The ARC of Greater Houston	
Service Provided* (?)	
Community Family Task Force	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
	0.0
Term for Off-Cycle Only (For Reference Only)	
	· ·
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000,000
☐ 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	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
✓ Personal/Professional Services	Consultant
 Consumer Driven Contract Memorandum of Understanding 	 New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
□ Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	• 300
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 12,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 3384	
G/L Code(s)* 543000	
Current Fiscal Year Purchase Order Number* CT140583	
Contract Requestor* Margo Childs	
Contract Owner* Janice Baines	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	<u>^</u>
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 Agency?* (?)	g services for the
● Yes ○ No Did Contractor render services consistent with Agency policy and procedures?* (?)	
Yes O 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* \$ 12,000.00	Expense/GL Code No.* 543000	
Budget Manager* Adams-Austin, Mamie	Seconda Baines, J	ry Budget Manager* anice	
Fiscal Year* (?) 2023	Amount \$ 12,000		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Cont	racts	
Contract Funding Source* County			
Contract Content Chan	ges		
Are there any required change	s to the contract language?* (?)		
Will the scope of the Services	change?*		
Is the payment deadline different than net (45)?* O Yes No			
Are there any changes in the Performance Targets?* Yes No			
Are there any changes to the S	submission deadlines for notes o	r supporting documentation?*	
File Upload (?)			
Contract Owner		Ó	
Contract Owner* (?) Please Select Contract Owner			
Janice Baines Budget Manager Appro	oval(s)		
Approved by	Approved by		
OMamie (Adams-Austin			





RANGE Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2022	
*	
Contract ID#*	
7194	
Contractor Name*	
The ARC of Greater Houston	
Service Provided * (?)	
Camp Champions	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	8/31/2023
9/1/2022	0/3/1/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000.00)
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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
☐ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
✓ Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
○ No	
Unknown	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 15,000.00 Rate(s)/Rate(s) Description
	Unit(s) Served* 3384
	G/L Code(s)* 543000
	Current Fiscal Year Purchase Order Number* CT140583
	Contract Requestor* Margo Childs
	Contract Owner* Janice Baines
	File Upload (?)
201000000000000000000000000000000000000	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 O 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 O 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.* 3380 543000 \$ 15,000.00 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Fiscal Year* (?) Amount*(?) 2023 \$ 15,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding Source* **Contract Content Changes** Are there any required changes to the contract language?* (?) Yes No Please Explain* See file upload for changes/corrections. Will the scope of the Services change?* Yes No Please Explain* See file upload. Service description should be CAMP 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 (?) ARC RENEWAL INFORMATION FOR FY2023 for Contract ID 14.81KB 7194.docx **Contract Owner** Contract Owner* (?) Please Select Contract Owner Janice Baines

Budget Manager Approval(s)	0
Approved by	
Manie Adams-Clustin	
Contract Owner Approval	
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/15/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2022	
Contract ID#*	
7196	
Contractor Name *	
The ARC of Greater Houston	
Service Provided * (?)	
Overnight Respite	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	00,000,000
☐ 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	☐ Competitive Proposal
☐ Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	✓ Consumer Driven
☐ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
✓ Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
 Memorandum of Understanding 	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE*(?) \$ 39,165.00 Rate(s)/Rate(s) Description
Unit(s) Served* 3383
G/L Code(s)* 543000
Current Fiscal Year Purchase Order Number* 140522
Contract Requestor* Margo Childs
Contract Owner* Janice Baines
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?*
Did Contractor adhere to the contracted schedule?* (?) (i) Yes (i) 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 O No

Renewal Information f	or Next Fiscal Year		<u> </u>	
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged \$ 39,165.00	to Unit*	Expense/GL Code No.* 543000	
Budget Manager* Adams-Austin, Mamie		Secondary B Downey, Mich	udget Manager* ael	
Fiscal Year* (?) 2023		Amount* (?) \$ 39,165.00		
Next Fiscal Year Not to Excee	d Amount for Master Pool	ed Contracts		
Contract Funding Source*				
County Contract Content Cha	nges			
Are there any required chang • Yes No	es to the contract languag	je ?* (?)		
	See file upload for change to Service provided. Please			
will the scope of the Services Yes No				
Please Explain* See file upload. Service should	be Overnight Respite.			
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 (?) FY 23 Contract Renewal Inform	nation for The ARC Contract	7196.docx	13.34KB	
Contract Owner			<u> </u>	
Contract Owner* (?) Please Select Contract Owner Janice Baines				
Budget Manager Appl	roval(s)			

Approved by	
Mamie Oddams-Odustin	
Contract Owner Approval	
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7197 Contractor Name* The ARC of Greater Houston Service Provided* (?) Weekend Recreational Renewal Term Start Date* Renewal Term End Date* 9/1/2022 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven ☐ Not Applicable (If there are no funds required) Other Contract Description / Type ✓ Personal/Professional Services Consultant Consumer Driven Contract ✓ New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance ■ BAA/DUA ☐ IT/Software License Agreement

Lease

Other

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

O Yes

○ No

Unknown

Pooled Contract

Renewal of Existing Contract

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 28,700.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3382
G/L Code(s)* 543000
Current Fiscal Year Purchase Order Number* CT140523
Contract Requestor* Margo Childs
Contract Owner* Janice Baines
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 O 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.* 543000		
Budget Manager* Adams-Austin, Mamie		lary Budget Manager* , Michael		
Fiscal Year* (?) 2023	Amoun \$ 28,70			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A				
Contract Funding Source*				
Contract Content Changes				
Are there any required changes to the contract language?* (?) ● Yes ○ No				
Please Explain* See file upload.				
Will the scope of the Services change?* ● Yes ○ No				
Please Explain* See file upload. Service provided is Weekend Recreational				
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 (?) FY 23 Contract Renewal Information for The ARC Contract 7197.docx 13.36KB				
Contract Owner				
Contract Owner* (?) Please Select Contract Owner Janice Baines				
Budget Manager Approva	l(s)	0		

Approved by	
Mamie (Adams-Austin	
Contract Owner Approval	>
Approved by	
Tanice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022

HARRIS Annual Renewal Evaluate Mental Health and IDD	tion
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year 2022	
Contract ID#* 7198	
Contractor Name*	
The ARC of Greater Houston Service Provided* (?)	
Day Respite	
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 \$10 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)	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 Busin Yes No Unknown	ess (HUB) (?)

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 21,986.00 Rate(s)/Rate(s) Description
	Unit(s) Served* 3479
	G/L Code(s)* 543000
	Current Fiscal Year Purchase Order Number* CT140584
	Contract Requestor* Margo Childs
	Contract Owner* Janice Baines
	File Upload (?)
-	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* 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?* (?)

Renewal Information for Next Fiscal Year			
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 3479	Amount Charged to \$ 21,986.00	o Unit*	Expense/GL Code No.* 543000
Budget Manager* Adams-Austin, Mamie		econdary Budge owney, Michael	t Manager*
Fiscal Year* (?) 2023		mount* (?) 21,986.00	
Next Fiscal Year Not to Exceed A	Amount for Master Poole	d Contracts	
Contract Funding Source* County			
Contract Content Chang	jes	and distribute to the distribution of	lack
Are there any required changes • Yes O No Please Explain*	to the contract language	?* (?)	
See file upload for changes/corrections.			
Will the scope of the Services of	hange?*		
Please Explain* See file upload for changes/corrections. Service provided is Day Respite			
Is the payment deadline different than net (45)?*			
Are there any changes in the Pe	Are there any changes in the Performance Targets?* Yes No		
Are there any changes to the Su Yes No	ıbmission deadlines for r	notes or support	ing documentation?*
File Upload (?) FY 23 Contract Renewal Informati	on for The ARC Contract 7	'198.docx 13.3	9KB
Contract Owner	anne con a suite ann ann ann an ann ann ann ann ann ann		<u> </u>
Contract Owner* (?) Please Select Contract Owner Janice Baines			
Budget Manager Approv	/al(s)		

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	6
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022



Annual Renewal Evaluation

Mental Health and IDD		
Current Fiscal Year Contract Information	1	9
Current Fiscal Year		prominos
2022		
Contract ID#*		
7199		
Contractor Name*		
The ARC of Greater Houston		
Service Provided* (?)		
Training Services/Recreational Services		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2022	8/31/2023	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
✓ Information Only (Total NTE Amount is Less than \$100)	0,000.00)	
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	☐ Competitive Proposal	
Request for Proposal	☐ Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
☐ Interlocal	✓ Consumer Driven	
 Not Applicable (If there are no funds required) 	Other	
Contract Description / Type		
✓ Personal/Professional Services	Consultant	
Consumer Driven Contract	✓ New Contract/Agreement	
Memorandum of Understanding	 Amendment to Existing Contract 	
Affiliation or Preceptor	Service/Maintenance	
□ BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)	
○ Yes		
○ No		
Unknown		

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 70,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 3528
G/L Code(s)* 543000
Current Fiscal Year Purchase Order Number* CT140661
Contract Requestor* Margo Childs
Contract Owner* Janice Baines
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 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* \$ 70,000.00	Expense/GL Code No.* 543000	
Budget Manager* Adams-Austin, Mamie	Secondary Downey, M	Budget Manager*	
Fiscal Year* (?) 2023	Amount* (\$ 70,000.00		
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contrac	ets	
N/A Contract Funding Source*			
County			
Contract Content Changes	5	0	
Are there any required changes to • Yes • No	the contract language?* (?)		
Please Explain *			
See file upload			
Will the scope of the Services char	nge?*		
Please Explain *			
See file upload. Service provide is Tra Services/Recreational Services	aining		
Is the payment deadline different the	nan net (45)?*		
○ Yes ● No Are there any changes in the Perfo	rmance Targets2*		
○ Yes ● No	inance rangets.		
Are there any changes to the Subm	nission deadlines for notes or s	supporting documentation?*	
File Upload (?)			
FY 23 Contract Renewal Information	for The ARC Contract 7199.docx	13.41KB	
Contract Owner	n North State and the State of		
Contract Owner* (?)			
Please Select Contract Owner Janice Baines			
Budget Manager Approva	l(s)		

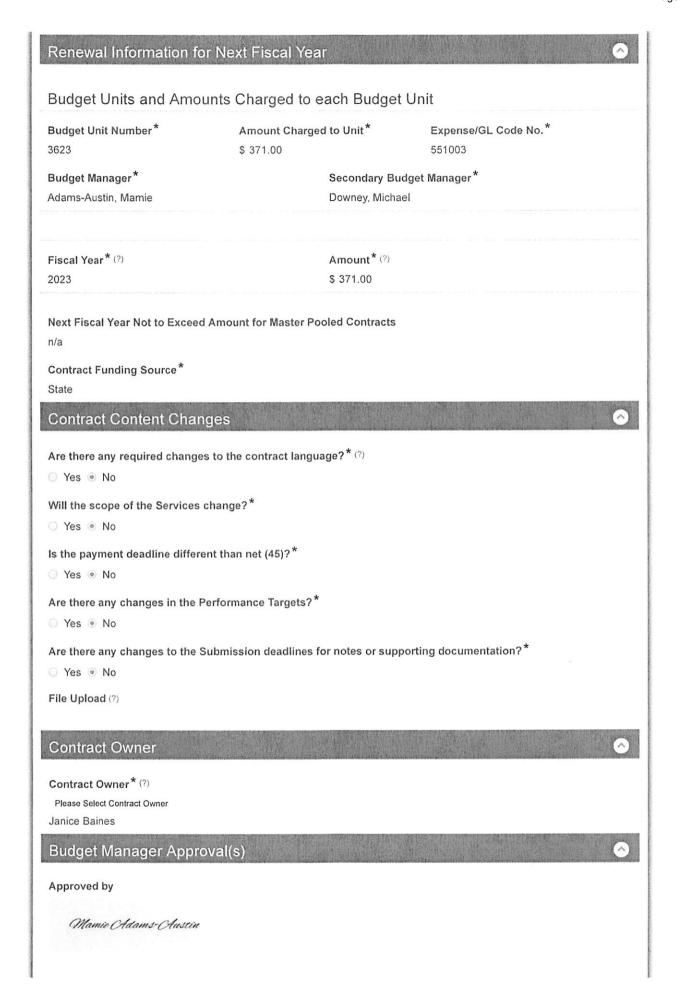
Approved by	
Mamie Adams-Austin	
Contract Owner Approval	\circ
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022

HARRIS CENTER for

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2020-0034 Contractor Name* Slosson Educational Publications, Inc. Service Provided * (?) License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in Renewal Term Start Date* Renewal Term End Date* 1/25/2021 1/25/2026 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote ☐ Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA ☐ IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) O Yes No Unknown

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 371.00
Rate(s)/Rate(s) Description \$2.50 per Reproduction Fee; ABC Kit - \$171
Unit(s) Served* 3623
G/L Code(s)* 551003
Current Fiscal Year Purchase Order Number* CT141373
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 \(\cap \) 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



Contract Owner Approval	
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
	6/15/2022
Shaskyia Behn	

HIMRIS Annual Renewal Evaluation

Memal Health and IDD	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
7656	
Contractor Name*	
Christina Kasprzak	
Service Provided* (?)	
Consultant Services to assist The Harris Center Early Ch	nildhood Invention (ECI) Program
improve its child outcome performance.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	□ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Professional Consultant Agreement
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other State of the state of the
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 6,825.00 Rate(s)/Rate(s) Description
Unit(s) Served* 3360
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT141493
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?*
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* Consultant has been in-serviced on the invoice timeline submission after the service delivery as outline in the agreement.
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?* (?) 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?* (?) Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 542000 3360 \$ 6,825.00 Secondary Budget Manager* **Budget Manager*** Downey, Michael Adams-Austin, Mamie Amount* (?) Fiscal Year* (?) 2023 \$ 6,825.00 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 Please Explain* See uploaded documents 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?* Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No File Upload (?) FY 23 Exhibit A Christina Kasprzak.pdf 41.5KB FY23 Exhibit A-1 Christina Kasprzak budget justification.docx 17.59KB **Contract Owner**

Contract Owner* (?) Please Select Contract Owner	
Tiffanie Williams-Brooks	
Budget Manager Approval(s)	
Approved by	
Mamie Oddams-Odustin	
Contract Owner Approval	
Approved by	
Olffanic Williams-Brooks	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/3/2022

Rarris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Control of the Contro	
Current Fiscal Year	
2022	
Contract ID#*	
6681	
Contractor Name *	
Shirajb LP	
Service Provided * (?)	
Property Lease at 817 Southmore, Suite 150, Pasadena,	TX
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	8/31/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
178 M	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	☐ Sole Source☐ Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Lease Agreement
0	
Contract Description / Type	
Personal/Professional Services	Consultant
 ☐ Consumer Driven Contract ☐ Memorandum of Understanding 	New Contract/Agreement
Affiliation or Preceptor	 ☐ Amendment to Existing Contract ☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
□ Pooled Contract	Lease
Renewal of Existing Contract	Other
Vandar/Contractor a Historically Hadamatiliand Burling	
Vendor/Contractor a Historically Underutilized Busine Yes	ss (nud) (/)
No	

Contract NTE (Old Text I	Field For Reference) (?)
Contract NTE* (?) \$ 14,400.00	
Rate(s)/Rate(s) Descript \$1,200 per month	ion
Unit(s) Served*	
G/L Code(s)* 126006	
Current Fiscal Year Purd CT141393	hase Order Number*
Contract Requestor* Lily Pan	
Contract Owner* Lily Pan	
File Upload (?)	
Evaluation of Curr	ent Fiscal Year Performance
Have there been any sig	nificant performance deficiencies within the current fiscal year?*
Were Services delivered Yes No	as specified in the contract?*
Did Contractor perform	duties in a manner consistent with standards of the profession?*
Did Contractor adhere to	the contracted schedule?* (?)
Were reports, billing and	I/or invoices submitted in a timely manner?* (?)
Did Contractor provide a Agency?* (?)	adequate or proper supporting documentation of time spent rendering services for the
Yes No Did Contractor render se	ervices consistent with Agency policy and procedures?* (?)
Yes No	Avides consistent with Agency policy and procedures?
Maintained legally require	red standards for certification, licensure, and/or training?* (?)
Renewal Determin	ation 🔿
Is the contract being ren	ewed for next fiscal year with this Contractor?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 3585 \$ 14,400.00 555000 Budget Manager* Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Fiscal Year* (?) Amount* (?) 2023 \$ 14,400.00 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* (?) Please Select Contract Owner Lily Pan Budget Manager Approval(s) Approved by Mamie Oddams-Austin

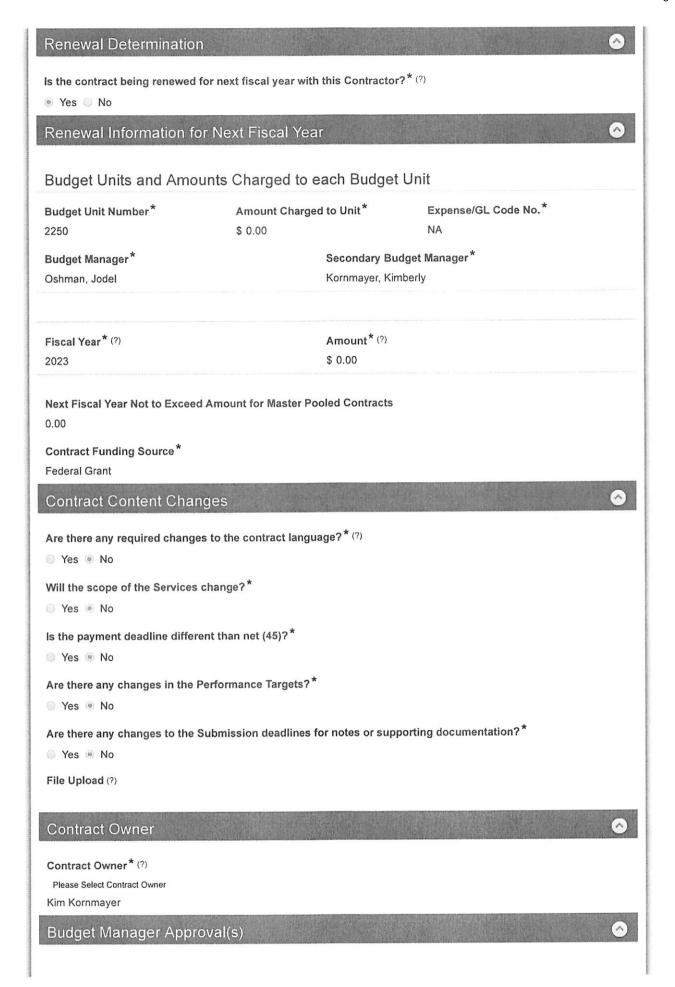
Contract Owner Approval	Ć
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/14/2022

HARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7471 Contractor Name* 1960 Community Hope Center dba Hope Center Houston Service Provided* (?) Lease Agreement: Hope Center Houston will provide the Agency's PATH Outreach team with office space in exchange for the Agency providing outreach and engagement services to homeless individuals in the North Houston area. Property - 821 Peakwood Drive, Houston, Texas 77090. Renewal Term End Date* Renewal Term Start Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other ✓ Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor IT/Software License Agreement ■ BAA/DUA Lease Pooled Contract Renewal of Existing Contract Other

Yes	
No	
Unknown	
Contract NTE (Old Text Field For Reference) (?)	
Contract NTE* (?) \$ 0.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2250	
G/L Code(s)* N/A	
Current Fiscal Year Purchase Order Number* N/A	
Contract Requestor* Omar Sesay	
Contract Owner* Janice Baines	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No	and a
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*	and a
Have there been any significant performance deficiencies within the current fiscal year?* Yes No	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* Yes No	
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?*	
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No	
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?*(?)	
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?*(?)	
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?*(?)	
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	
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?*(?)	
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?*(?)	
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?*(?)	



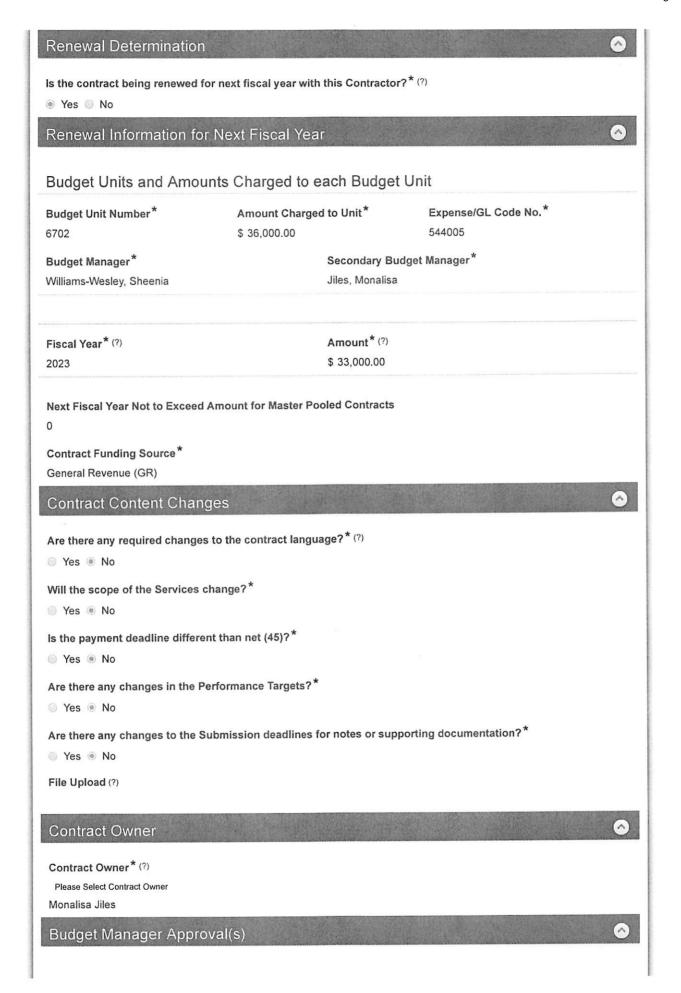
Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Fin KOPNMAYED	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/8/2022

HIARRIS Mental Health and Hi

Annual Renewal Evaluation

Mental Health and 4DD	
Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2022	
Contract ID#* 2021-0133	
Contractor Name * RKG Parking Solutions	
Service Provided* (?) Parking Lease for spaces located at Frankling Lofts Garag Street, Houston Texas 77002 as needed for TRIAD, RESO located at the Juvenile Detention Center downtown.	
Renewal Term Start Date *	Renewal Term End Date*
10/1/2022	9/30/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 Parking Lease
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

	ndor/Contractor a Historically Underutilized Business (HUB) (?)
0	Yes
(0)	No
	Unknown
Co	ntract NTE (Old Text Field For Reference) (?)
	ntract NTE* (?)
	6,000.00
	te(s)/Rate(s) Description 50 per Parking Space; 20 Spaces
Un	it(s) Served*
	- Code(s)* 4005
	rrent Fiscal Year Purchase Order Number* 141613
	ntract Requestor* eenia Williams-Wesley
	ntract Owner* nalisa Jiles
File	e Upload (?)
his constitution of	valuation of Current Fiscal Year Performance
На	valuation of Current Fiscal Year Performance ve there been any significant performance deficiencies within the current fiscal year?* Yes No
Ha We	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pere Services delivered as specified in the contract?*
Ha We	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pere Services delivered as specified in the contract?* Yes No
Ha We	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pere Services delivered as specified in the contract?*
Ha We Die	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pere Services delivered as specified in the contract?* Yes No
Ha We Die	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pre Services delivered as specified in the contract?* Yes No d Contractor perform duties in a manner consistent with standards of the profession?*
Ha We Dic Dic	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pere Services delivered as specified in the contract?* Yes No Contractor perform duties in a manner consistent with standards of the profession?* Yes No
Ha We Dic Dic e	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pre Services delivered as specified in the contract?* Yes No d Contractor perform duties in a manner consistent with standards of the profession?* Yes No d Contractor adhere to the contracted schedule?* (?)
Ha We Dio Dio We	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pre Services delivered as specified in the contract?* Yes No d Contractor perform duties in a manner consistent with standards of the profession?* Yes No d Contractor adhere to the contracted schedule?* Yes No
Ha We Did We Did Aga	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Pre Services delivered as specified in the contract?* Yes No d Contractor perform duties in a manner consistent with standards of the profession?* Yes No d Contractor adhere to the contracted schedule?* Yes No Pre reports, billing and/or invoices submitted in a timely manner?* Yes No d Contractor provide adequate or proper supporting documentation of time spent rendering services for the gency?* Yes Yes No
Ha We Did We Did Aga	ve there been any significant performance deficiencies within the current fiscal year?* Yes No No Contractor perform duties in a manner consistent with standards of the profession?* Yes No Contractor adhere to the contracted schedule?*(?) Yes No No No No No No No No No No
Ha Wee Did Ho Did Did Did Did Did Did Did Di	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Are Services delivered as specified in the contract?* Yes No Contractor perform duties in a manner consistent with standards of the profession?* Yes No Contractor adhere to the contracted schedule?* Yes No Per reports, billing and/or invoices submitted in a timely manner?* Yes No Contractor provide adequate or proper supporting documentation of time spent rendering services for the gency?* Yes No Contractor render services consistent with Agency policy and procedures?* Yes No Contractor render services consistent with Agency policy and procedures?* Yes No
Ha We Did Ha Did Ag Did Ag Did O Did	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Preservices delivered as specified in the contract?* Yes No d Contractor perform duties in a manner consistent with standards of the profession?* Yes No d Contractor adhere to the contracted schedule?*(?) Yes No Preservices billing and/or invoices submitted in a timely manner?*(?) Yes No d Contractor provide adequate or proper supporting documentation of time spent rendering services for the gency?*(?) Yes No d Contractor render services consistent with Agency policy and procedures?*(?) Yes No
Ha We Did Ho Did Ma	ve there been any significant performance deficiencies within the current fiscal year?* Yes No Are Services delivered as specified in the contract?* Yes No Contractor perform duties in a manner consistent with standards of the profession?* Yes No Contractor adhere to the contracted schedule?* Yes No Per reports, billing and/or invoices submitted in a timely manner?* Yes No Contractor provide adequate or proper supporting documentation of time spent rendering services for the gency?* Yes No Contractor render services consistent with Agency policy and procedures?* Yes No Contractor render services consistent with Agency policy and procedures?* Yes No



Approved by

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approved by*

Approved by*

Approval Date*

6/9/2022

HIMER

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)* Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract 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* 2208	Amount Charged to Uni \$ 25,416.00	t* Expense/GL Code No.* 540504	
Budget Manager* Shelby, Debbie	Secon	dary Budget Manager* Angelica	
Fiscal Year* (?) 2022	Amou \$ 4,57		
Fiscal Year* (?) 2023	Amou \$ 20,8		
Next Fiscal Year Not to Exceed A 25,416.00	Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 25,416.00		
Contract Funding Source* State			
Contract Content Chang	es	⊙	
Are there any required changes	to the contract language?* (·)	
Will the scope of the Services ch Yes No	Will the scope of the Services change?* Services change?*		
Is the payment deadline different than net (45)?* Yes No			
Please provide the net days*			
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 Approv	Budget Manager Approval(s)		
Approved by			
Debbie Chambers Shelby			

Approved by Solvin Muzguiz, M.D. Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 5/10/2022

HARRIS GENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	6
Current Fiscal Year 2022	
Contract ID#*	
2022-7566	
Contractor Name *	
The Furniture Bank	
Service Provided*(?)	
Furniture Voucher Services	
Renewal Term Start Date * 9/1/2022	Renewal Term End Date * 8/31/2023
Term for Off-Cycle Only (For Reference Only)	0/01/2020
remines on systematic on the element only,	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100)	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven☐ Other
☐ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
✓ Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 60,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 595009
Current Fiscal Year Purchase Order Number* CT141512
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?*
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* 2200	Amount Charged to Unit* \$ 60,000.00	Expense/GL Code No.* 595009	
Budget Manager* Shelby, Debbie	Secondary E Loera, Angeli	Budget Manager* ca	
Fiscal Year* (?) 2023	Amount*(?) \$ 60,000.00		
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contracts	S	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	s	0	
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 Approva	al(s)		
Approved by			
Debbie Chambers Shelby			



HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal fear Contract information	
Current Fiscal Year	
2022	
Contract ID#*	
2022-7330	
Contractor Name*	
The Furniture Bank	
Service Provided* (?)	
Furniture Delivery	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
	0.0172020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$100	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
 Not Applicable (If there are no funds required) 	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	T/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Business (HUB) (?)	
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 36,000.00 Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 595009
Current Fiscal Year Purchase Order Number* CT141513
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 595009 \$ 36,000.00 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) 2023 \$ 36,000.00 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 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?* O Yes No File Upload (?) **Contract Owner** Contract Owner* (?) Please Select Contract Owner Lance Britt Budget Manager Approval(s) Approved by Debbie Chambers Shelby



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Annual Renewal Evaluation

Memal Health and IDD	A STATE OF THE STA
Current Fiscal Year Contract Information	on <u> </u>
Current Fiscal Year	
2022	
Contract ID#*	
7743	
Contractor Name *	
Mental Health America of Greater Houston, Inc.	
Service Provided* (?)	O. water
Oversight of Veterans Peer Support Processes in Harri	s County.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$1	
Board Approval (Total NTE Amount is \$100,000.004	+)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE* (?) \$ 99,286.00 Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 543053
Current Fiscal Year Purchase Order Number* CT141275
Contract Requestor* Sandra Brock
Contract Owner* Sandra Brock
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

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.* 543053 2200 \$ 99,286.00 Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) 2023 \$ 99,286.00 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 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 Sandra Brock Budget Manager Approval(s) Approved by Debbie Chambers Shelby

Contract Owner Approval	<u> </u>
Approved by	
Sandra Brock	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	6/2/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 💍
Current Fiscal Year	
2022	
Contract ID#*	
7205	
Contractor Name*	
Center for Pursuit DBA The Center	
Service Provided * (?)	
Residential Living Services (RO32)	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
1	
Agenda Item Submitted For: (?)	
	0,000.00)
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 Proposel
☐ Competitive Bid ☐ Request for Proposal	☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other Professional Service(s) Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
□ Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No	
O Unknown	

Co	ntract NTE (Old Text Field For Reference) (?)
	ntract NTE* (?) 51,195.00
	te(s)/Rate(s) Description 5.23/ Day per authorized Consumer
Un 35	it(s) Served* 70
	_ Code(s)* 3004
	rrent Fiscal Year Purchase Order Number* 141596
	ntract Requestor*
	ntract Owner* nice Baines
Fil	e Upload (?)
E	valuation of Current Fiscal Year Performance
	ve there been any significant performance deficiencies within the current fiscal year?* Yes No
	ere Services delivered as specified in the contract?* Yes ○ No
	d Contractor perform duties in a manner consistent with standards of the profession?* Yes No
	d Contractor adhere to the contracted schedule?* (?) Yes ⊝ No
	ere reports, billing and/or invoices submitted in a timely manner?* (?) Yes ○ No
	d Contractor provide adequate or proper supporting documentation of time spent rendering services for the ency?* (?)
	Yes No Contractor render services consistent with Agency policy and procedures?* (?)
•	Yes O No
	intained legally required standards for certification, licensure, and/or training?* (?) Yes O No
Continue	enewal Determination
	the contract being renewed for next fiscal year with this Contractor?* (?) Yes O 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.* 3570 \$ 35,374.00 543004 Secondary Budget Manager* Budget Manager* Adams-Austin, Mamie Downey, Michael Fiscal Year* (?) Amount* (?) 2023 \$ 35,374.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts N/A Contract Funding 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 Janice Baines Budget Manager Approval(s) Approved by Mamie Adams-Austin



EXHIBIT F-16

July 2022 Affiliation Agreements, Grants, MOU's and Revenues Information Only

CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY22 CONTRACTS						
AFFILIATION AGREEMENTS						
MOU						
1 Bloom Community	No	Fitness Exercise Equipment		9/01/2022-8/31/2023	State Funds	Annual renewal of MOU to provide fitness exercise equipment to consumers.
2 The Council on Recovery	No	Community Programs throughout the Greater Houston area provides prevention, education and counseling services in schools, workplaces, community centers and mental health facilities.		9/01/2022-8/31/2023	General Revenue	Annual renewal of MOU agreement for Community Programs throughout the Greater Houston area providing prevention, education and counseling services in schools, workplaces, community centers and mental health facilities.
Goose Creek Consolidated Independent School District	No	The Harris Center staff will perform screenings and assessments, psychosocial services, and follow-up services for children and adolescents ages 3-18 years of age in accordance with DSM V diagnosis		6/01/2022-5/31/2023	General Revenue	Annual renewal of the Agency staff performing screenings and assessments, psycho-social services, and follow-up services for children and adolescents ages 3-18 years of age in accordance with DSM V diagnosis.
Pasadena Independent School District	No	The Harris Center staff person(s) will perform screenings and assessments as needed psycho-social services, and follow-up services.		6/30/2022-8/31/2023	General Revenue	Annual renewal of the Agency staff performing screenings and assessments as needed psycho-social services, and follow-up services.
5 Resource Health Services, Inc.	No	The Contractor shall provide day habilitation services, employment assistance and/or supported employment services for designated, agreed upon consumers		9/1/2022-8/31/2023	State	Annual renewal of agreement to continue providing Day Habilitation Services, Employment Assistance and/or Supporte Employment Services for designated, agreed upon Consumers
6 Houston Center for Independent Living (HCIL)	No	Houston/Gulf Coast Region Relocation Services		9/1/2022 - 8/31/2023	State	Annual renewal of agreement to providing more complete continuum of care for participants.
7 LaPorte ISD 6785	No	Screening & Assessment; Family Support; Skills Training; Individual Therapy; Medication Training; Cognitive Behavioral Therapy; and Case Management		9/1/2022-8/31/2023	General Revenue	Annual renewal of Screening & Assessment; Family Support; Skills Training; Individual Therapy; Medication Training; Cognitive Behavioral Therapy; and Case Management.
8 Center for Urban Transformation	No	Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center.		9/1/2022- 8 /31/2023	Not Applicable If there are no funds required	Renewal of Care Coordination services.
9 Turning Point Center	No	Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center.		2/11/2022-2/12/2023	Not Applicable If there are no funds required	Annual renewal of Care Coordination services.
10 Houston Food Bank	No	A partnership between both parties to provide application and technical assistance for state funded services and other services.		3/24/2022-3/25/2023	Not Applicable If there are no funds required	Annual renewal. A partnership between both parties to provide application and technical assistance for state funded services and other services.

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진하는 사람들은 사람들이 되었다.						
CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
		To provide referral services to MSM				
		Program "Operation ID" in helping				
		clients obtain Legal Identification and	ł			Annual renewal to provide referral services to MSM Program
İ		other legal documents and other			Not Applicable If there are no funds	"Operation (D" in helping clients obtain Legal (dentification an
11 Main Street Ministries	No	needed services.	1	9/1/2022-8/31/2023	required	other legal documents and other needed services.
11 Mail Order Millionics		To provide Distribution of NARCAN		0/112022 <u>-0/01/2020</u>	Togasto	outer legal documents and other needed services.
		supplies as needed to those within the	1			Annual renewal to provide Distribution of NARCAN supplies a
Houston Recovery Center LGC - Sobering	1	Community for the Texas Target Opioid	ł		Not Applicable If there are no funds	
12 Center	No	Response Program.	1	9/1/2022-8/31/2023		needed to those within the Community for the Texas Target
	INO		-	9/ 1/2022-0/3 1/2023	required	Oploid Response Program.
Houston Recovery Center LGC - Sobering		Collaboration to provide referrals for	i I	0445000 05045000	Not Applicable If there are no funds	Annual renewal to provide referrals for substance abuse
13 Center	No	substance abuse services.		9/1/2022-8/31/2023	required	services.
		A partnership to ensure clients are able	1			
	Į.	to be properly referred for substance				Annual renewal to ensure clients are able to be properly
		use and/or mental health services with			Not Applicable If there are no funds	referred for substance use and/or mental health services with
14 Harmony House, Inc.	No	Agency.		9/1/2022-8/31/2023	required	Agency.
•		A mutually supportive "wraparound"	1			
		partnership and the Alternative Drug				
		and Alcohol Treatment Program to	[
		coordinate and ensure provision of	i			
		services for stability and success of			Not Applicable If there are no funds	
15 Career and Recovery Resources	No	Clients and their families.		9/1/2022-8/31/2023	required	Annual Renewal,
						T WITH THE TEXT OF
		Care Coordination services to refer				
		those individuals who receive			ı	
		community based mental health and/or				
		substance abuse use disorder services			Net Appliable 164base are as 6 and	•
40 0 7 5 4 7 7 7	- L			C10010000 C10010000	Not Applicable If there are no funds	1
16 Cenikor Foundation	No	from The Harris Center.		6/29/2022-6/30/2023	required	Annual renewal of Care Coordination services.
	i		1			
		Care Coordination services to refer				
		those individuals who receive				
		community based mental health and/or				
		substance abuse use disorder services			Not Applicable If there are no funds	
17 Houston Habitat for Humanity	No	from The Harris Center.		9/1/2022-8/31/2023	required	Annual renewal of Care Coordination services.
	1					
	l .	Care Coordination services to refer			:	
	i	those individuals who receive				
		community based mental health and/or				
		substance abuse use disorder services			Not Applicable If there are no funds	
18 American Indian Center of Houston	No	from The Harris Center.		9/1/2022-8/31/2023	required	Renewal of Care Coordination services.
			†			
		Care Coordination services to refer				
1		those individuals who receive	1			
l						
1		community based mental health and/or substance abuse use disorder services			Not Applicable If there are a fired-	
40 0 11 01 11		from The Harris Center.		0.000,0000,000,0000	Not Applicable If there are no funds	
19 Catholic Charities	No	from the Hams Center.	-	6/29/2022-6/30/2023	required	Annual renewal of Care Coordination services.
			ļ			
		Care Coordination services to refer				
		those individuals who receive				1
		community based mental health and/or				
		substance abuse use disorder services			Not Applicable If there are no funds	
20 Combined Arms	No	from The Harris Center.		1/19/2023-2/20/2024	required	Annual renewal of Care Coordination services,
	1	Care Coordination services and	į l			
	1	referrals to provide individuals mental				Annual renewal of Care Coordination services and referrals to
	I	health and crisis services through the				provide individuals mental health and crisis services through t
		Agency's MCOT Program and other	į i		Not Applicable If there are no funds	Agency's MCOT Program and other services by The Montrose
21 Montrose Counseling Center	No	services by The Montrose Center .	1	9/1/2022-8/31/2023	required	Center.
v I Invalinge Comiseind Caulet	INU	Services by the Monuese Center.		31 112022-013 112023	required	Control.
	1	Com Constitution	1			
		Care Coordination services to refer	į i			
	1	those individuals who receive	1			
		community based mental health and/or	1		l	
		substance abuse use disorder services			Not Applicable If there are no funds	
22 La Khan MDPA	No	from The Harris Center.	1	11/19/2022-12/20/2023	required	Annual renewal of Care Coordination services.

CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
23 Houston Area Women's Center	No	Mobile Crisis Outreach Team (MCOT) to provide field-based crisis Intervention services to consumers in the community experiencing a mental health crisis.		10/18/2022-10/19/2022	Not Applicable If there are no funds required	Annual renewal for the Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services to consumers in the community experiencing a mental health crisis.
24 Gulf Coast Center	No	Outreach, Screening, Assessment & Referral (OSAR) Program for coordinating a full continuum of care and comprehensive services to adolescents, adults, and their families.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal. Outreach, Screening, Assessment & Referral (OSAR) Program for coordinating a full continuum of care and comprehensive services to adolescents, adults, and their families.
25 The Council on Recovery	No	MOU for Recovery and Support Services.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal for recovery and support services.
26 Diabetes Awareness Wellness Network (DAWN)	No	Collaborative to improve diabetes management and quality of life through HHD's Diabetes Awareness Wellness Network (DAWN) for patients/clients. Psychiatric Services & Case		7/18/2022-7/17/2023	Not Applicable If there are no funds required Not Applicable If there are no funds	Annual renewal. Collaborative to improve diabetes management and quality of life through HHD's Diabetes Awareness Wellness Network (DAWN) for patients/clients. Annual renewal to provide Psychiatric Services & Case
27 Healthcare For The Homeless-Houston	No	Management-DSRIP.		9/1/2022-8/3/2023	required	Management-DSRIP.
28 Houston Area Community Services, Inc. (HACS)	No	Collaboration, screening and patient referrals to enhance accessibility and provision of health care services.		6/3/2022-6/2/2023	Not Applicable If there are no funds required	Annual renewal. A collaboration to provide screening and patient referrals to enhance accessibility and provision of health care services.
29 Santa Maria Hostel, Inc.	No	Referral of patients between The HARRIS CENTER and Santa Maria Hostel, Inc.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual Renewal to provide referrals of clients for services between both The Harris Center and Santa Maria Hostel.
30 reVision Houston	No	MOU to leverage the power of community by connecting youth (many involved with juvenile justice system and child welfare system) with mentors, positive peers and life changing resources through referral services.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual Renewal, MOU to connect youth (many involved with juvenile justice system and child welfare system) with mentors, positive peers and life changing resources through referral services.
31 Volunteers of America Texas Inc.	No	The Harris Center will accept appropriate referrals from VOA for substance abuse treatment or co-occurring disorders treatment of adults or adolescents who qualify under DSMS criteria who do not require higher LOC and reside in Harris County.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal. The Harris Center will receive appropriate referrals from VOA for substance abuse treatment or co-occurring disorders treatment of adults or adolescents who qualify under DSMS criteria who do not require higher LOC and reside in Harris County.
Houston Community Health Centers (DBA 32 Vecino Health Centers)	No	Providing Medical, Counseling and Dental Services in underserved communities.		10/4/2022-10/3/2023	Not Applicable If there are no funds required	Annual renewal to provide Medical, Counseling and Dental Services in underserved communities,
33 Spring Branch Independent School District REVENUE	No	Screenings, Assessments, Psycho- Social Services and Follow-up Services		08/01/22- 06/30/25	State	Annual renewal to perform screenings, assessments, psychosocial services and follow-up services,
34 The Essentiats HCS	No	Day Habilitation Services		9/01/2022-8/31/2023	State	Annual renewal to provide day habilitation serviceds to consumers.
35 Weathers & Associates	No	Day Habilitation Services		9/01/2022-8/31/2023	State	Annual renewal to provide day habilitation serviceds to consumers.
36 CTRL Delivery & Transportation, Inc	No	Delivery and transportation		9/01/2022-8/31/2023	State	Annual renewal of Consumer driven agreement for Delivery and Transportation Services.
37 A Little Something Different	No	Day Habilitation Services		9/01/2022-8/31/2023	State Grant	Annual renewal of agreement to provide day habilitation services to Consumers.
38 1 Care Premier Services, LLC	No	The Contractor shall provide Day Habilitation Services from the Humble Service Center located at 6805 Oak Village Drive, Humble TX		9/01/2022-8/31/2023	State Grant	Annual renewal of agreement to provide day habilitation services at the Humble Service Center located at 6805 Oak Village Drive, Humble TX.

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
39	Above All Others	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
40	Advancing Abilities	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
41	Alexis's Care Facility	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
42	Amcare Residential Living	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
43	Angels That Work For Quality Service, Inc.	No	The Contractor shall provide day habilitation services, employment assistance and/or supported employment services for designated, agreed upon consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services, employment assistance and/or supported employment services for designated, agreed upon Consumers.
44	Compassion Community Living Center, LLC	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
45	Glo's Hope Corporation	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation to Consumers.
46	Laura McKenna, HCS, LLC	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
47	Lisa A. Thomas	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
48	Trinity Ayomide, LLC c/o Christie Samuel	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
49	Vita Living, Inc.	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to provide day habilitation services to Consumers.
50	Citi Health Group Inc.	No	The consumers assigned to this provider has chosen to attend the Hillcroft Empowerment Center		9/01/2022-8/31/2023	State	Annual renewal of Revenue Agreement for Consumers attending the Hillcroft Empowerment Center for Day Habilitation Services.
51	Volunteers of America Texas, Inc.	No	To provide Day Rehabilitation Services to consumers assigned to Volunteers of America		9/01/2022-8/31/2023	State	Annual renewal of revenue agreement to provide Day Rehabilitation Services.
52	NGC Healthcare Service, Inc.	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of Day Habilitation Services Agreement for designated Consumers.
53	Divine Embrace Health Services	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to continue providing day habilitation services for designated, agreed upon Consumers.

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
54	1 on 1 KF Homes	No	The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers		9/01/2022-8/31/2023		Annual renewal of Consumer Day Habilitation Agreement.
34	- On - CAT COINCE	110	The Contractor shall provide Day Habilitation Services for designated,		3/0 112022-0/0 112020		
55	A New Hope Development Program, Inc.	No	agreed upon Consumers		9/01/2022-8/31/2023	State	Annual renewal of agreement to continue providing Day Habilitation Services for designated, agreed upon Consumers.
	A Place to Stand	No	Day Habilitation Services and socialization skill training services		9/1/2022 - 8/31/2023		Annual renewal of Day Habilitation Services Agreement (Revenue generating).
57	Avant Residential and Community Service Inc.	No	Day Habilitation Services		9/1/2022 - 8/31/2023	State	Annual renewal to provide day habilitation condess
5B	S & E Enterprise, LLC	No	Day Habilitation Services		9/1/2022 - 8/31/2023	State	Annual renewal to provide day habilitation services. Annual renewal to provide day habilitation services.
-	O & C Cinciphoo, and	1	Day Flooring to Front Tool		UNITEDEL - GIOTIFECE	Ciato	Annual renewal to provide day nabilitation services.
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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. Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source Request for Qualification
Request for Application Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract✓ Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busines	ss (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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ● No Did Contractor adhere to the contracted schedule?* (?)
 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 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 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
 ● 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?*(?)

Renewal Determination		
Is the contract being renewed f	or next fiscal year with this Contracto	or?*(?)
Yes ○ No		
Renewal Information fo	r Next Fiscal Year	0
Budget Units and Amou	unts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 0.00	n/a
Budget Manager*	Secondary B	udget Manager*
Adams-Austin, Mamie	Downey, Mich	ael
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 Chan	ges	
Are there any required changes	s to the contract language?* (?)	
Will the scope of the Services	change?*	
○ Yes ⊙ No		
Is the payment deadline differe	nt than net (45)?*	
○ Yes ◉ No		
Are there any changes in the P	erformance Targets?*	
Yes No	on on the same of	
Are there any changes to the S	ubmission deadlines for notes or sup	pnorting documentation?*
Yes No	abilitission deadlines for notes of sup	porting documentation:
File Upload (?)		
. no opioau (:/		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Janice Baines		
Budget Manager Appro	oval(s)	

Approved by	
Mamie Chdams-Chustin	
Contract Owner Approval	⊙
Approved by	
Tanice Baines	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	6/9/2022

River Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	Û
Current Final Van	
Current Fiscal Year	
2022	
Contract ID#*	
7694	
Contractor Name *	
The Council on Recovery	
Service Provided*(?)	
Community Programs throughout the Greater Houston are	as provides prevention, education
and counseling services in schools, workplaces, commun	
facilities.	
*	B
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Arranda Itam Culturitted Fav. (2)	
Agenda Item Submitted For: (?)	2000.00
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	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
✓ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)
⊕ No
Unknown
Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?* No 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?* (?)
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? * (?)
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		in the second of	0
Is the contract being renewed for	next fiscal year with t	his Contractor?*	(?)
Yes No			
Renewal Information for	Next Fiscal Year		
Budget Units and Amoun	its Charged to ea	ach Budget Ui	nit
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
2200	\$ 0.00		n/a
Budget Manager*		Secondary Budge	t Manager*
Shelby, Debbie		Loera, Angelica	
Fiscal Year*(?)		Amount* (?)	
2023		\$ 0.00	
Next Fiscal Year Not to Exceed A	mount for Master Pool	led Contracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Change	es		
Are there any required changes t	o the contract languag	ge?*(?)	
○ Yes No			
Will the scope of the Services ch	ange?*		
Is the payment deadline different	than net (45)?*		
Are there any changes in the Per	formance Targets?*		
⊕ Yes ● No			
Are there any changes to the Sub	omission deadlines for	r notes or support	ing documentation?*
⊚ Yes ⊚ No			
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Lance Britt			
Budget Manager Approve	al(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*	
	Approval Date*
Shaskyia Behn	6/15/2022

Consultant

Lease

Other

New Contract/Agreement

Service/Maintenance

Amendment to Existing Contract

IT/Software License Agreement

Contract Description / Type

Personal/Professional Services

Consumer Driven Contract

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Memorandum of Understanding

Renewal of Existing Contract

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*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
Contract Requestor* Tiffanie Williams-Brooks
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?*
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? * (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) No
Maintained legally required standards for certification, licensure, and/or training?*(?)

Renewal Determination		
Is the contract being renewed for next fiscal year with this Contractor?* (?)		
Yes No		
Renewal Information for	or Next Fiscal Year	0
Deviate Heiter and Assess	out Observed to seek Dodgest	611-4
Budget Units and Amo	unts Charged to each Budget	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	
Budget Manager* Shelby, Debbie	Secondary Bu Loera, Angelica	adget Manager*
Oliciby, Debble	Locia, / ligolioc	
Fiscal Year* (?)	Amount*(?)	
2023	\$ 0.00	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chan	iges	⊙
Are there any required change	s to the contract language?* (?)	
Will the scope of the Services	change?*	
Is the payment deadline differen	ent than net (45)?*	
Yes No		
Are there any changes in the P O Yes No	'erformance Targets?*	
Yes No	Submission deadlines for notes or supp	porting documentation?
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Tiffanie Williams-Brooks		
Budget Manager Approval(s)		

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Tiffanie Williams-Brooks	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/7/2022

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Final Very Contract Information	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2022	
Contract ID#*	
7520	
Contractor Name*	
Pasadena Independent School District	
Service Provided * (?)	
The Harris Center staff person(s) will perform screening	gs and assessments as needed
psycho-social services, and follow-up services.	
Renewal Term Start Date*	Renewal Term End Date*
6/30/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
, , , , , , , , , , , , , , , , , , , ,	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$1	00,000.00)
☐ 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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	Service/Maintenance
Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
	Table (IIIID) (I
Vendor/Contractor a Historically Underutilized Busin	ness (nub) (/)
Ves No	
Unknown	
TO SERVENCE (STUDIES)	

	Contract NTE (Old Text Field For Reference) (?)
	Contract NTE* (?) \$ 0.00
	Rate(s)/Rate(s) Description
	Unit(s) Served*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Tiffanie Williams-Brooks
	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 O No Maintained legally required standards for certification, licensure, and/or training?* (?)
500	● Yes ○ No
	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)

Renewal Information for N	ext Fiscal Year	
Budget Units and Amounts	s Charged to each Budg	et Unit
Budget Unit Number* 2200	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000000
Budget Manager* Shelby, Debbie	Secondary Loera, Ange	Budget Manager* lica
Fiscal Year* (?)	Amount* (?	
Next Fiscal Year Not to Exceed Am		
	ount for master Pooled Contract	S
Contract Funding Source* General Revenue (GR)		
Contract Content Changes	3	⊙
Are there any required changes to Yes No	the contract language?* (?)	
Will the scope of the Services chan ○ Yes ● No	ge?*	
Is the payment deadline different the Yes No	nan net (45)?*	
Are there any changes in the Perfo	rmance Targets?*	
Are there any changes to the Subm	nission deadlines for notes or su	pporting documentation?*
File Upload (?)		
Contract Owner		Ö
Contract Owner* (?) Please Select Contract Owner		
Tiffanie Williams-Brooks Budget Manager Approval	(s)	<u>^</u>
Approved by		
Debbie Chambers Shelby		



HARRIS CENTER.

Annual Renewal Evaluation

Current Fiscal Year Contract Information	•
Current Fiscal Year 2022	
Contract ID#* 6401	
Contractor Name* Resource Health Services, Inc.	
Service Provided* (?) The Contractor shall provide day habilitation services, empsupported employment services for designated, agreed up	
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. Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 ☐ Interlocal ☑ Not Applicable (If there are no funds required) 	 ✓ Consumer Driven Other
The replicable (if there are no rando required)	C. C. C. C. C. C. C. C. C. C. C. C. C. C
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busines	ss (HUB) (?)
⊚ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0
Contract NTE*(?) \$ 0.00
Rate(s)/Rate(s) Description \$22.05/ day per consumer - Intermittent \$24.10/ day per consumer - Limited \$31.78/ day per consumer - Extensive \$39.63/ day per consumer - Pervasive \$21.08/ day per consumer - TxHmL
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
Contract Requestor* Thomas Wills
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
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?*
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?*(?)
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?*(?)
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
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?*(?)
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* Yes No No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No 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?*(?)

Is the contract being renewed for next fiscal year with this Contractor?* (?)			
⊚ Yes ⊚ No			
Renewal Information for	Renewal Information for Next Fiscal Year		
Dudget Unite and Amer	unto Chargod to apply Dudget	: Unit	
Budget Units and Amou	ints Charged to each Budget		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
3585	\$ 0.00	000	
Budget Manager*	Control of the Contro	dget Manager*	
Adams-Austin, Mamie	Downey, Micha	el	
Fiscal Year* (?)	Amount* (?)		
2023	\$ 0.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts		
000			
Contract Funding Source*			
State			
Contract Content Chang	ges	•	
Are there any required changes	to the contract language?* (?)		
⊚ Yes ⊕ No			
Will the scope of the Services of	hange?*		
⊚ Yes ⊚ No			
Is the payment deadline differen	nt than net (45)?*		
⊚ Yes ◉ No			
Are there any changes in the Pe	erformance Targets?*		
⊚ Yes ⊚ No			
Are there any changes to the S	ubmission deadlines for notes or sup	porting documentation?*	
⊚ Yes ⊛ No			
File Upload (?)			
Rate Charges HCS and TxHmL P	roviders 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*	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/1/2022

HARRIS CENTER,

Current Fiscal Year Contract Information	9
Current Fiscal Year 2022	
Contract ID#* 7367	
Contractor Name * Houston Center for Independent Living (HCIL)	
Service Provided* (?) Providing a more complete continuum of care for participa	ants
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ No	
Unknown	

Contra	ct NTE (Old Text Field For Reference) (?)
Contra \$ 0.00	ct NTE*(?)
Rate(s)	/Rate(s) Description
Unit(s)	Served*
G/L Co	
Curren NA	t Fiscal Year Purchase Order Number*
Contra Margo	ct Requestor* Childs
	ct Owner* Williams-Brooks
File Up	load (?)
Evalu	uation of Current Fiscal Year Performance
Have the	nere been any significant performance deficiencies within the current fiscal year?* No
Were S	ervices delivered as specified in the contract?*
Did Co Yes	ntractor perform duties in a manner consistent with standards of the profession?*
Did Co Yes	ntractor adhere to the contracted schedule?* (?) No
Were re	eports, billing and/or invoices submitted in a timely manner?* (?) No
Did Co Agency	
	ntractor render services consistent with Agency policy and procedures?* (?)
	ined legally required standards for certification, licensure, and/or training?* (?)
Rene	wal Determination
is the c	contract being renewed for next fiscal year with this Contractor?* (?) No

Renewal Information for Next Fiscal Year			
Budget Units and Amounts	Charged to ea	ach Budget Ui	nit
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
3350	\$ 0.00		n/a
Budget Manager*		Secondary Budge	t Manager*
Adams-Austin, Mamie		Downey, Michael	
Fiscal Year* (?)	3	Amount* (?)	
2023		\$ 0.00	
Next Fiscal Year Not to Exceed Amo	ount for Master Pool	led Contracts	
Contract Funding Source* State			
Contract Content Changes			○
Are there any required changes to t Property Yes No	the contract languag	je?*(?)	
Please Explain* MH will not utilize the MOU.			
Will the scope of the Services chang	ge?*		
Is the payment deadline different th Yes No	an net (45)?*		
Are there any changes in the Perfor	mance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?* O Yes No			
File Upload (?) HCIL MOU Amendment and Renewal Executed).pdf	Document ID 7367 (F	Fully 466.	24KB
Contract Owner			Ó
Contract Owner* (?)			
Please Select Contract Owner Janice Baines			
N. C. T. D. C. C. C. C. C. C. C. C. C. C. C. C. C.			
Budget Manager Approval	(5)	Carally Inch	

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	
Approved by	
Tanice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/16/2022

HIARRIS CENTER,

Current Fiscal Year Contract Information	<u></u>
Current Fiscal Year 2022	
Contract ID#* 6785	
Contractor Name * LaPorte ISD	
Service Provided*(?) Screening & Assessment; Family Support; Skills Training; Training; Cognitive Behavioral Therapy; and Case Manage	
Renewal Term Start Date *	Renewal Term End Date *
5/19/2022	6/19/2023
Term for Off-Cycle Only (For Reference Only) N/A	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	Course Mine Proposal
Competitive Bid Request for Proposal	 ☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
■ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	□ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
⊚ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0
Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Tiffanie Williams-Brooks
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
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?* (?) Solve to the procedure of
Maintained legally required standards for certification, licensure, and/or training?*(?)
Yes No
○ Yes ○ No Renewal Determination

Renewal Information for	Renewal Information for Next Fiscal Year		
Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 2200	Amount Charged to Uni \$ 0.00	t* Expense/GL Code No.* 000000	
Budget Manager* Shelby, Debbie		dary Budget Manager* Angelica	
Fiscal Year*(?) 2023	Amou \$ 0.00		
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Co	ntracts	
Contract Funding Source* General Revenue (GR) Contract Content Char	nges		
Are there any required change	es to the contract language?*	')	
Will the scope of the Services Yes No	change?*		
Is the payment deadline differ	Is the payment deadline different than net (45)?* Yes No		
Are there any changes in the Performance Targets?* See No.			
Are there any changes to the Submission deadlines for notes or supporting documentation?* Or Yes No			
File Upload (?)			
Contract Owner		<u> </u>	
Contract Owner* (?) Please Select Contract Owner Tiffanie Williams-Brooks		Tes.	
Budget Manager Appr	oval(s)		
Approved by Debbie Chambers Shelby			



HIARRIS CENTER

Annual Renewal Evaluation

Current Fiscal Year Contract Information **Current Fiscal Year** 2022 Contract ID#* 2021-0169 Contractor Name* Center for Urban Transformation Service Provided * (?) Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center. Renewal Term End Date* Renewal Term Start Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract 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 N/A
Unit(s) Served* N/A
G/L Code(s)* N/A
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?*
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?* (?)
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 9208 \$ 0.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Kornmayer, Kimberly Amount* (?) Fiscal Year* (?) 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 Kim Kornmayer Budget Manager Approval(s) Approved by Todel Oshman



HI VREES

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2021-0075 Contractor Name* Turning Point Center Service Provided* (?) Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center. Renewal Term Start Date* Renewal Term End Date* 2/11/2022 2/12/2023 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract 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 N/A
Unit(s) Served* N/A
G/L Code(s)* N/A
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?* See No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
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 Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 9208 \$ 0.00 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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 Todel Oshman

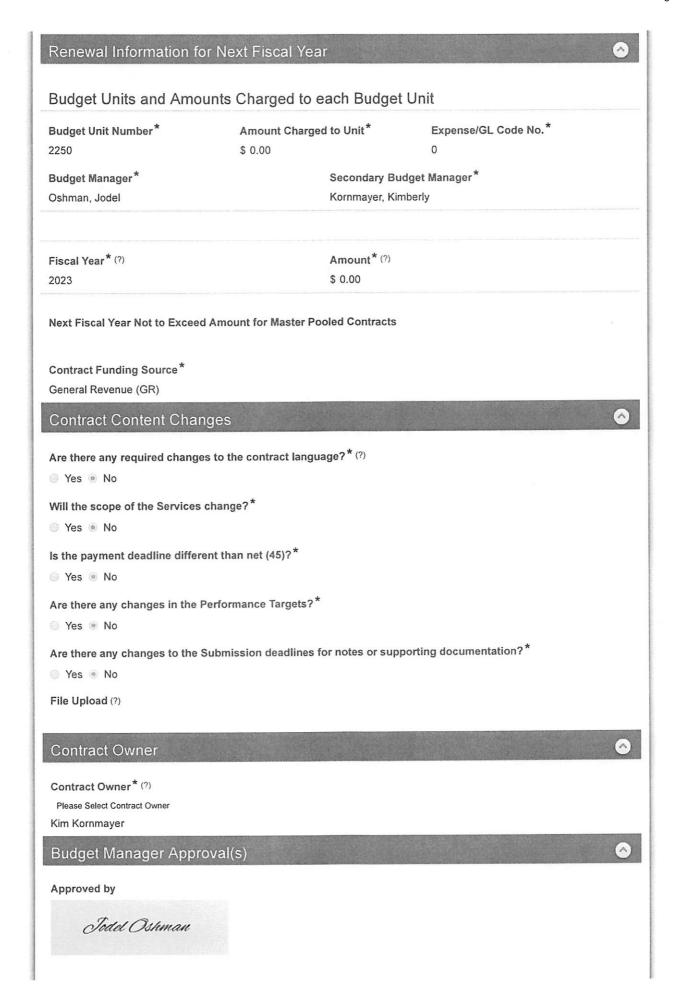
Contract Owner Approval	
Approved by	
fin forwaver	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HINRRIS ...

Mental Health and [D1]	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
2021-0112	
Contractor Name*	
Houston Food Bank	
Service Provided* (?)	
A partnership between both parties to provide application	and technical assistance for state
funded services and other services.	
Renewal Term Start Date*	Renewal Term End Date*
3/24/2022	3/25/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven Other
Het repriedate (in their die ne he hande requires)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Procentor	 Amendment to Existing Contract Service/Maintenance
Affiliation or Preceptor BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
○ No	
Unknown	

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



Contract Owner Approval	
Approved by	
Kin KOPNMAYED	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HINRES.

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2022	
Contract ID#*	
2021-0070	
Contractor Name*	
Main Street Ministries	
Service Provided * (?)	
To provide referral services to MSM Program "Operation	on ID" in helping clients obtain Legal
Identification and other legal documents and other nee	ded services.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
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 ○ NoRenewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

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 \$ 0.00 Secondary Budget Manager* Budget Manager* Oshman, Jodel Macleod, Ann Amount* (?) Fiscal Year* (?) \$ 0.00 2023 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 Todel Oshman

Approved by	
Kin Kop NMAYER	
Contracts Approval	
Contracts Approval	
Approve*	
Approve*	
Approve* Yes	
Approve* Yes No, reject entire submission Return for correction	
Approve* ● Yes ○ No, reject entire submission	Approval Date*

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Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7857 Contractor Name* Houston Recovery Center LGC - Sobering Center Service Provided * (?) To provide Distribution of NARCAN supplies as needed to those within the Community for the Texas Target Opioid Response Program. Renewal Term End Date* Renewal Term Start Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes O No Unknown

Contract NTE (Old Text Field For Reference) (?)
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* 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?* ③ Yes ⑥ No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)

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 \$ 0.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Macleod, Ann Amount* (?) Fiscal Year* (?) 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 Kim Kornmayer Budget Manager Approval(s) Approved by Todel Oshman

Contract Owner Approval	
Approved by	
Kim Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS CENTER

Membertesattrand (DD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2022	
Contract ID#*	
7350	
Contractor Name*	
Houston Recovery Center LGC - Sobering Center	
Service Provided * (?)	
Collaboration to provide referrals for substance abuse ser	rvices.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022 8/31/2023	
Term for Off-Cycle Only (For Reference Only)	
term for our eyere only (i or necessaries only)	
A words New Order Mad Farm (9)	
Agenda Item Submitted For: (?)	0.000.00)
 Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) 	5,000.00)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	

Procurement Method(s)*	
Check all that Apply	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
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?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

Renewal Information for	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Bud	lget Unit
Budget Unit Number* 9263	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager* Oshman, Jodel	Secondar Macleod,	y Budget Manager* Ann
Fiscal Year* (?) 2023	Amount* \$ 0.00	(?)
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contr	acts
Contract Funding Source* General Revenue (GR)		
Contract Content Char		<u> </u>
Are there any required change Yes No	es to the contract language?* (?)	
Will the scope of the Services Yes No	change?*	
Is the payment deadline differ	ent than net (45)?*	
Are there any changes in the I	Performance Targets?*	
	Submission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?) Please Select Contract Owner Kim Kornmayer		
Budget Manager Appr	oval(s)	<u> </u>
Approved by		
Todel Oshman		

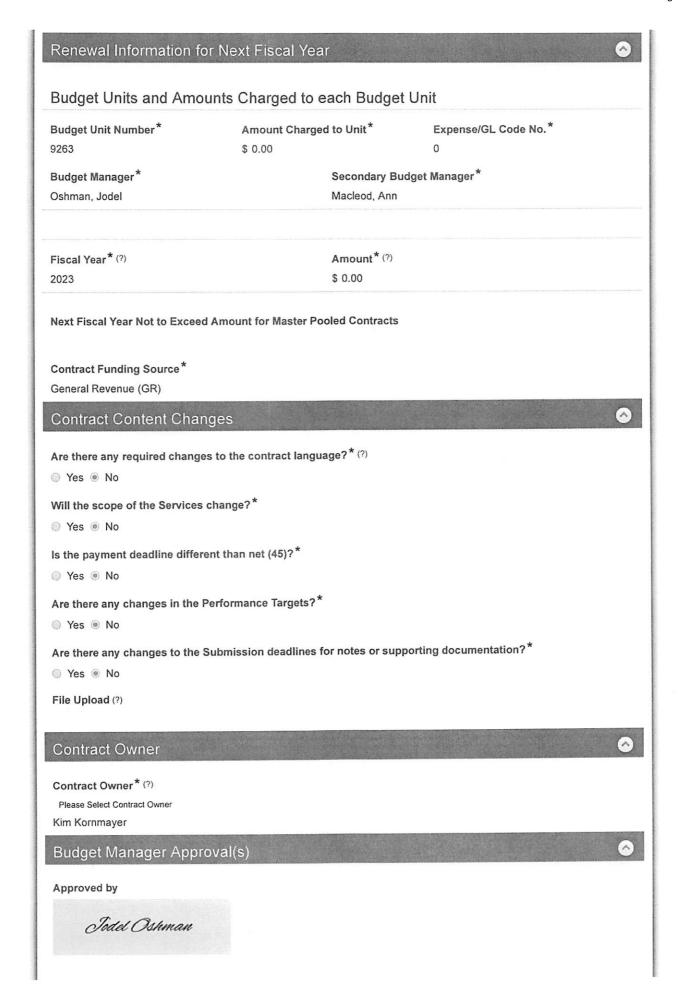
Contract Owner Approval	
Approved by	
Kim KOD NMAYED	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

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Annual Renewal Evaluation

Current Fiscal Year Contract Information **Current Fiscal Year** 2022 Contract ID#* 7878 Contractor Name* Harmony House, Inc. Service Provided* (?) A partnership to ensure clients are able to be properly referred for substance use and/or mental health services with Agency. Renewal Term End Date* Renewal Term Start Date* 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Renewal of Existing Contract 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 N/A
	Unit(s) Served* N/A
	G/L Code(s)* N/A
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor* Patricia Singh
	Contract Owner* Kim Kornmayer
	File Upload (?)
Name and Address of the Owner, where the Owner, which is the Own	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?) (a) Yes (a) 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 State contract being renewed for next fiscal year with this Contractor?* (?)
	Yes No

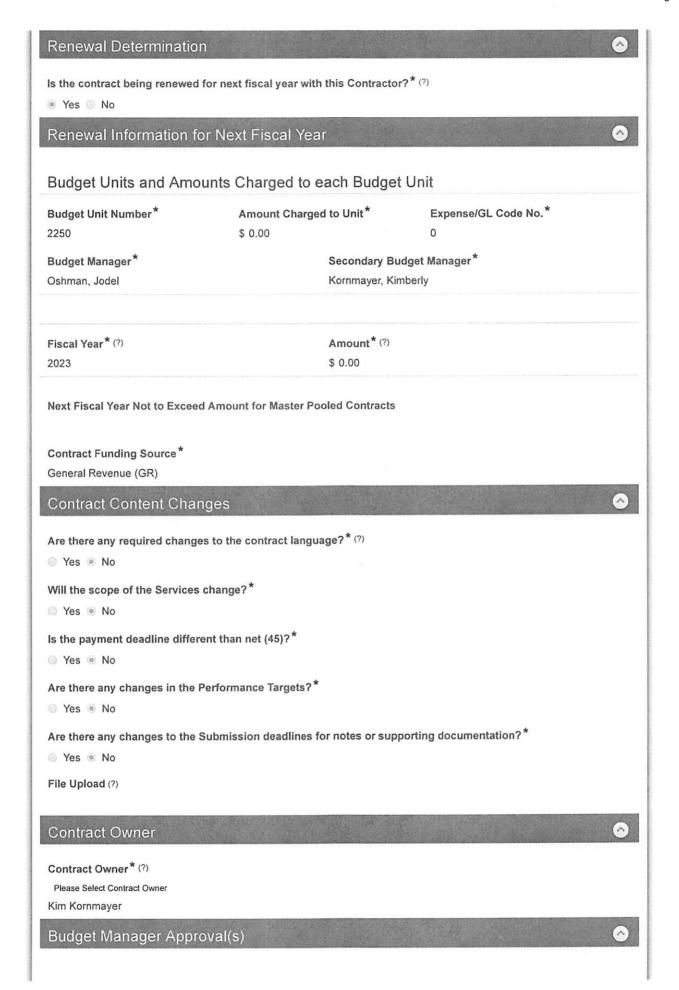


Approved by	
Kin KODNMAYED	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
	6/30/2022
Belinda Stude	6/30/2022

HIARRIS Memorification and 100

Current Fiscal Year Contract Informatio	n 🦱
Current Fiscal Year	
2022	
Contract ID#*	
2021-0246	
Contractor Name*	
Career and Recovery Resources	
Service Provided* (?)	
A mutually supportive "wraparound" partnership and the Treatment Program to coordinate and ensure provision of Clients and their families.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
 Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# 	
Other	
Procurement Method(s) * Check all that Apply	
Procurement Method(s) * Check all that Apply Competitive Bid	Competitive Proposal
Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal	Sole Source
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Sole Source Request for Qualification
Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal	Sole Source
Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Sole SourceRequest for QualificationTag-On
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Sole Source Request for Qualification Tag-On Consumer Driven
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Sole Source Request for Qualification Tag-On Consumer Driven
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) Contract Description / Type	Sole Source Request for Qualification Tag-On Consumer Driven Other
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

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 N/A
Unit(s) Served*
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number*
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
 Yes ○ No Did Contractor adhere to the contracted schedule?* (?) Yes ○ No
Did Contractor adhere to the contracted schedule?* (?)
Did Contractor adhere to the contracted schedule?* (?) • Yes • No Were reports, billing and/or invoices submitted in a timely manner?* (?)
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
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?*(?)
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



Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kin Kopanayep	
Contracts Approval	
Approve*	
Yes	
No, reject entire submissionReturn for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7781 Contractor Name* Cenikor Foundation Service Provided* (?) Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center. Renewal Term Start Date* Renewal Term End Date* 6/29/2022 6/30/2023 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Lease Pooled Contract Renewal of Existing Contract 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 N/A
	Unit(s) Served* N/A
	G/L Code(s)* N/A
	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?* See Yes See No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* 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?* (?) (**) (**)
	Maintained legally required standards for certification, licensure, and/or training?* (?)
13	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.* 9208 \$ 0.00 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount* (?) Fiscal Year* (?) \$ 0.00 2023 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?* 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 Todel Oshman

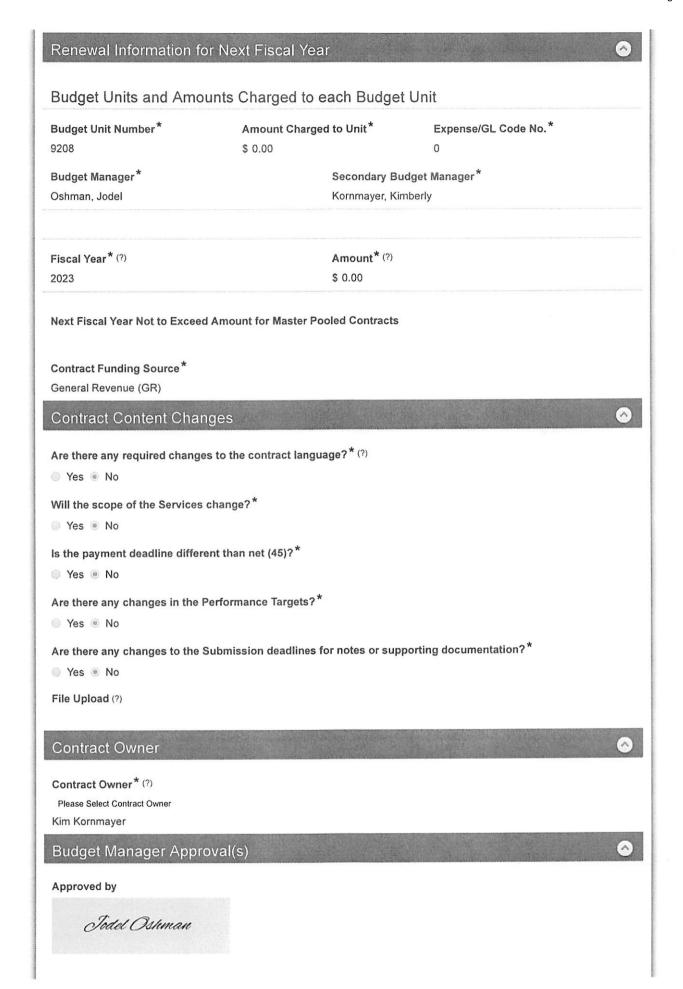
Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HI ARRIS

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7609 Contractor Name* Houston Habitat for Humanity Service Provided* (?) Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from The Harris Center. Renewal Term Start Date* Renewal Term End Date* 8/31/2023 9/1/2022 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor ■ BAA/DUA IT/Software License Agreement Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes O No Unknown

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

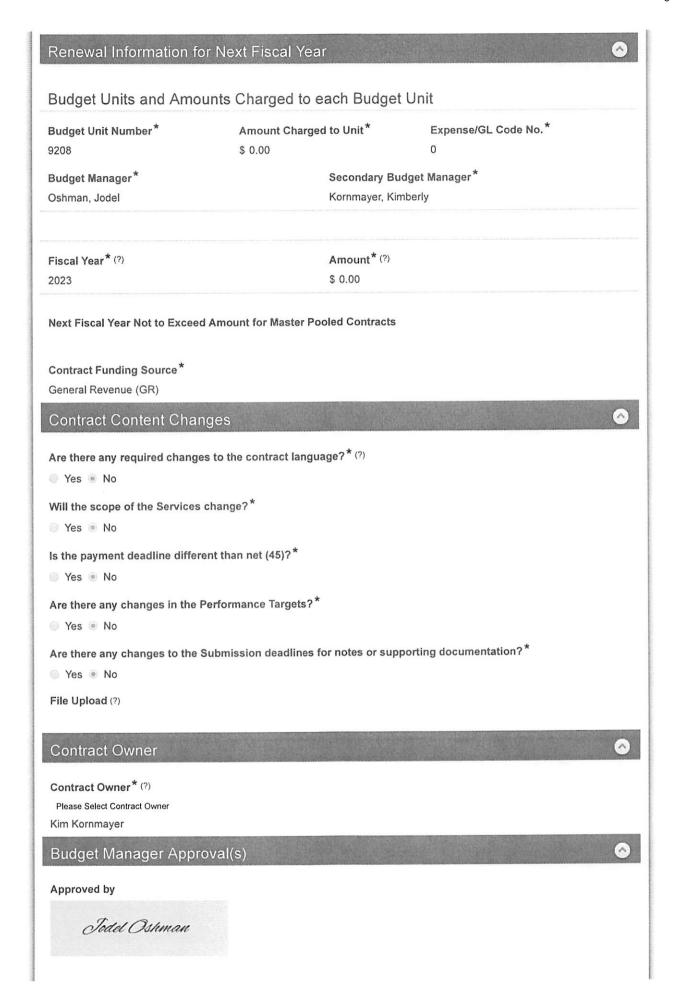


Contract Owner Approval	
Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS CENTER.

Mental Health and 1910		
Current Fiscal Year Contract Information	⊙	
Current Fiscal Year		
2022		
Contract ID#*		
2021-0204		
Contractor Name*		
American Indian Center of Houston		
Service Provided*(?)		
Care Coordination services to refer those individuals who receive community based mental		
health and/or substance abuse use disorder services from		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2022	8/31/2023	
Term for Off-Cycle Only (For Reference Only)		
,		
Agenda Item Submitted For: (?)		
✓ Information Only (Total NTE Amount is Less than \$10	0,000.00)	
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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	☐ Other	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)	
Yes		
◎ No		
Unknown		

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



Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS ...

Method Beams on CIPA		
Current Fiscal Year Contract Information	•	
Current Fiscal Year 2022		
Contract ID#* 7787		
Contractor Name* Catholic Charities		
Service Provided* (?) Care Coordination services to refer those individuals who health and/or substance abuse use disorder services from		
Renewal Term Start Date*	Renewal Term End Date*	
6/29/2022	6/30/2023	
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	Description of the second	
Competitive Bid	Competitive Proposal Sole Source	
Request for Proposal Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	☐ Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA ■ Pooled Contract	 IT/Software License Agreement Lease 	
	Other	
	CHIEROS SE CONTRACTOR DE CONTR	
Vendor/Contractor a Historically Underutilized Busine	ess (ung) (()	
Yes No		
Unknown		

Contract NTE (Old Text Field For Reference) (?)
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* 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.* 9208 \$ 0.00 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly 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 Kim Kornmayer Budget Manager Approval(s) Approved by Todel Oshman

Contract Owner Approval	
Approved by	
Kin KOPNMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HARRIS CENTER 107 Montal Design and 100

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2022	
Contract ID#*	
7381	
Contractor Name *	
Combined Arms	
Service Provided* (?)	
Care Coordination services to refer those individuals wh	
health and/or substance abuse use disorder services from	om The Harris Center.
Renewal Term Start Date*	Renewal Term End Date *
1/19/2023	2/20/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$1	00,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
✓ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
Yes	
O No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?* See 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?* (?) 9 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?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

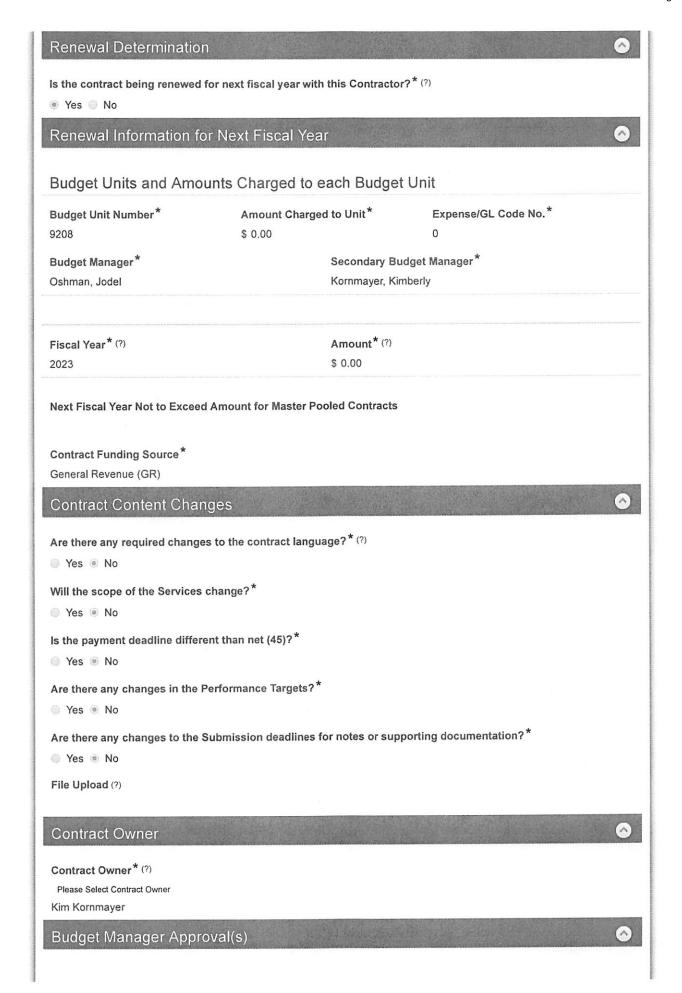
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9208 \$ 0.00 Secondary Budget Manager* **Budget Manager*** Kornmayer, Kimberly Oshman, Jodel Amount* (?) Fiscal Year* (?) \$ 0.00 2023 Next 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 Todel Oshman

Contract Owner Approval	
Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HI WEETE

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 2021-0030	*
Contractor Name * Montrose Counseling Center	
Service Provided* (?) Care Coordination services and referrals to provide individual services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and other to the services through the Agency's MCOT Program and the services through the Agency's MCOT Program and the services through the Agency's MCOT Program and the services through the Agency's MCOT Program and the services through the Agency's MCOT Program and the services through the serv	
Renewal Term Start Date * 9/1/2022	Renewal Term End Date* 8/31/2023
Term for Off-Cycle Only (For Reference Only)	0/3 1/2 0/2 3
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
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
O No
⊚ Unknown
Contract NTE (Old Text Field For Reference) (?)
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* 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?*
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?* (?) 9 Yes 9 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



Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
KIN KOPNNAYEP	
Contracts Approval	
Approve*	
Approve* • Yes	
Approve* Yes No, reject entire submission	
Approve* Yes No, reject entire submission Return for correction	
Approve* Yes No, reject entire submission	Approval Date*
Approve* Yes No, reject entire submission Return for correction	Approval Date* 6/30/2022
Approve* Yes No, reject entire submission Return for correction Approved by*	

HIARRIS CLATER

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7617	
Contractor Name* La Khan MDPA	
Service Provided* (?) Care Coordination services to refer those individuals who health and/or substance abuse use disorder services from	
Renewal Term Start Date*	Renewal Term End Date*
11/19/2022	12/20/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other State of the
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
◎ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
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.* 9208 \$ 0.00 Budget Manager* Secondary Budget Manager* Oshman, Jodel Kornmayer, Kimberly Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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 Todel Oshman

Contract Owner Approval	
Approved by	
Kin Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

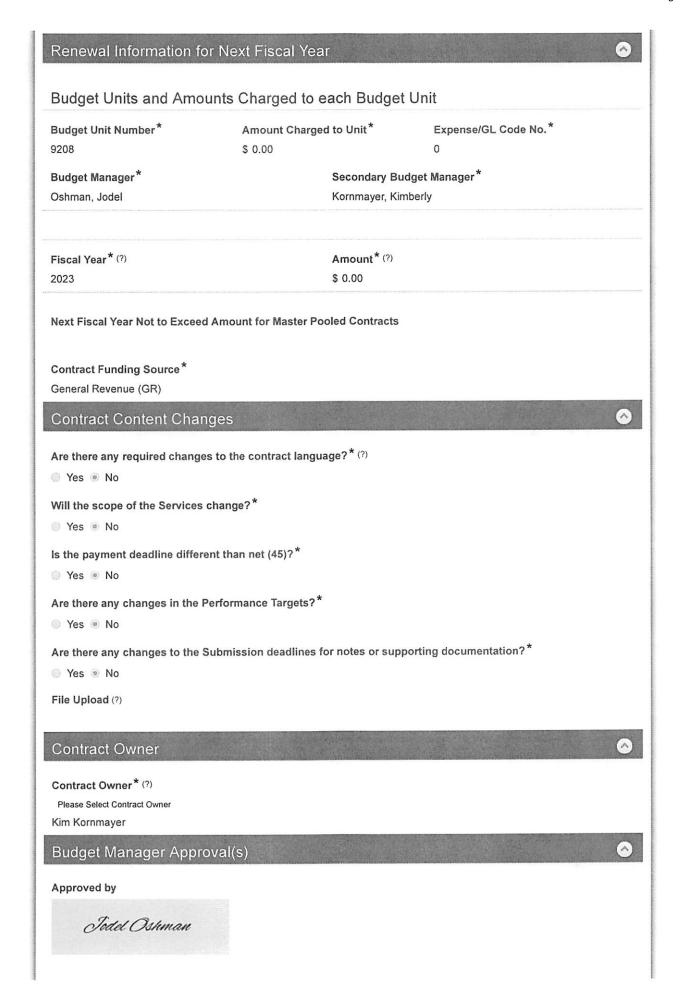
HINE

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 6916 Contractor Name* Houston Area Women's Center Service Provided* (?) Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services to consumers in the community experiencing a mental health crisis. Renewal Term Start Date* Renewal Term End Date* 10/18/2022 10/18/2023 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 Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Lease Pooled Contract Renewal of Existing Contract 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 N/A
	Unit(s) Served* N/A
	G/L Code(s)* N/A
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor* Patricia Singh
	Contract Owner* Kim Kornmayer
	File Upload (?)
The state of the s	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?* (?) • Yes • No
	Were reports, billing and/or invoices submitted in a timely manner?* (?) 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?* (?) No
SPECIAL DESIGNATION OF THE PERSON OF THE PER	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

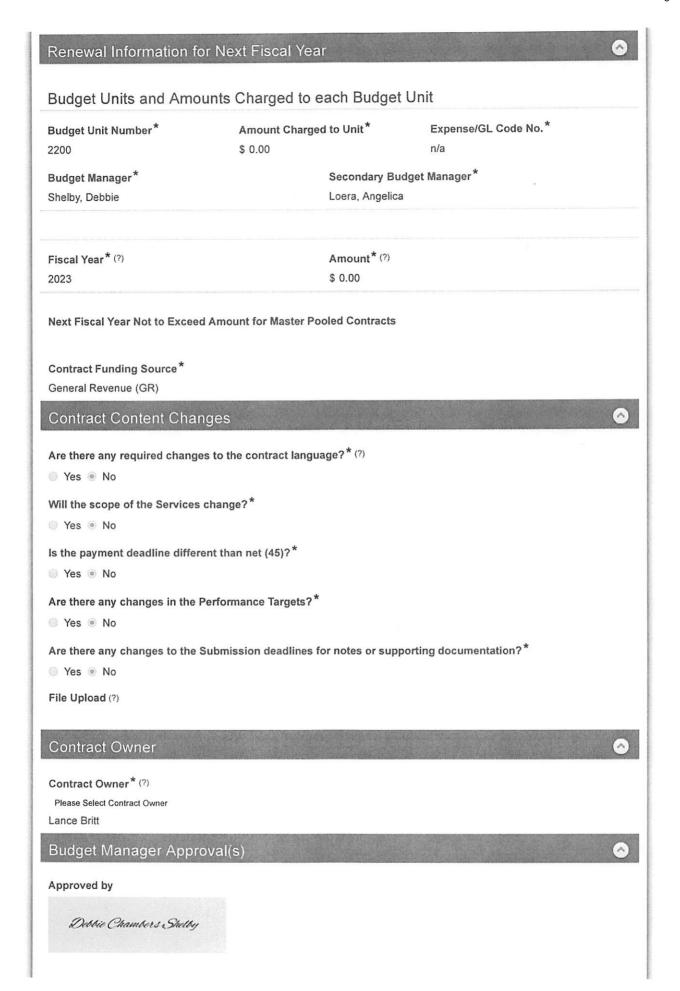


Approved by	
Kim Kop NMAYER	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
	6/30/2022
Belinda Stude	

		n de la compani
Current Fiscal Year Contract Informa	tion	
Current Fiscal Year	*	
022		
Contract ID#*		
575		
Contractor Name*		
Gulf Coast Center		
Service Provided* (?)		
Outreach, Screening, Assessment & Referral (OSAR continuum of care and comprehensive services to ad		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2022	8/31/2023	
Term for Off-Cycle Only (For Reference Only)		
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0		
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*		
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	0+)	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other MOU	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other MOU Consultant	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other MOU Consultant New Contract/Agreement	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other MOU Consultant New Contract/Agreement Amendment to Existing Contract	
Information Only (Total NTE Amount is Less than Board Approval (Total NTE Amount is \$100,000.0 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other MOU Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance	

Unknown

Co	ntract NTE (Old Text Field For Reference) (?)
	ntract NTE* (?)
Rai N/A	te(s)/Rate(s) Description
Un N/A	it(s) Served*
G/L	_ Code(s)*
Cu N/A	rrent Fiscal Year Purchase Order Number*
	ntract Requestor* nce Britt
	ntract Owner* nce Britt
File	e Upload (?)
Εν	valuation of Current Fiscal Year Performance
	ve there been any significant performance deficiencies within the current fiscal year?* Yes No
	ere Services delivered as specified in the contract?* Yes No
	d Contractor perform duties in a manner consistent with standards of the profession?* Yes No
	d Contractor adhere to the contracted schedule?* (?) Yes No
	ere reports, billing and/or invoices submitted in a timely manner?* (?) Yes No
Ag	d Contractor provide adequate or proper supporting documentation of time spent rendering services for the ency?* (?)
	Yes No Contractor render services consistent with Agency policy and procedures?* (?)
(0)	Yes No intained legally required standards for certification, licensure, and/or training?* (?)
	Yes No
the file of the last	enewal Determination
	the contract being renewed for next fiscal year with this Contractor?* (?) Yes No



Approved by **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/30/2022	Contract Owner Approval		•
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Approved by		
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Lance Britt		
 Yes No, reject entire submission Return for correction Approved by * Approval Date *	Contracts Approval		
No, reject entire submission Return for correction Approved by * Approval Date *	Approve*		
Approved by * Approval Date *	Yes		
Approved by * Approval Date *	 No, reject entire submission 		
Approval Date*	Return for correction		
Approval Date*	Approved by *		
		Approval Date*	
	Belinda Stude		

HILARRIS CHATER

Current Fiscal Year Contract Information	1
Current Fiscal Year 2022	
Contract ID#* 2021-0210	
Contractor Name* The Council on Recovery	
Service Provided* (?) MOU for Recovery and Support Services.	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)
Procurement Method(s)*	
Check all that Apply	Constitute Description
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
✓ Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
Did Contractor adhere to the contracted schedule?* (?)
Were reports, billing and/or invoices submitted in a timely manner?* (?) 9 Yes 9 No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) 9 Yes 9 No

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 0.00 n/a 2200 Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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	<u> </u>
Approved by	
Lauce Britt	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS CLASIER

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7087 Contractor Name* Diabetes Awareness Wellness Network (DAWN) Service Provided * (?) Collaborative to improve diabetes management and quality of life through HHD's Diabetes Awareness Wellness Network (DAWN) for patients/clients. Renewal Term Start Date* Renewal Term End Date* 7/18/2022 7/17/2023 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other MOU Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract 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 N/A
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 ○ NoRenewal 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*** Secondary Budget Manager* Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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 <a>® 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

Approved by **Contracts Approval** Approve* * Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/30/2022

36 HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current i iscar Tear Contract information	
Current Fiscal Year	
2022	
Contract ID#*	
6444	
Contractor Name *	
Healthcare For The Homeless-Houston	
Service Provided* (?)	
Psychiatric Services & Case Management-DSRIP.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/3/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$10	0.000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	Competitive Proposal
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)

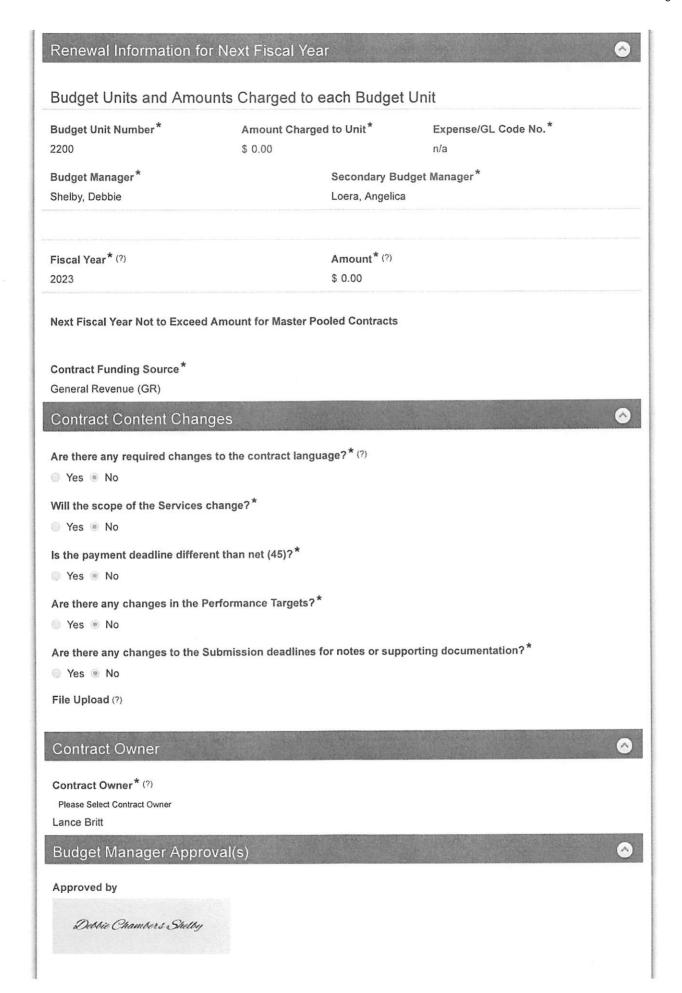
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 2200 \$ 0.00 n/a Secondary Budget Manager* Budget Manager* Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) 2023 \$ 0.00 Next Fiscal 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 *	
	Approval Date*
Belinda Stude	6/30/2022

HIMERIS

Mental Health and IDD	
Current Fiscal Year Contract Informatio	n e e e e e e e e e e e e e e e e e e e
Current Fiscal Year	
2022	
Contract ID#*	
6375	
Contractor Name*	
Houston Area Community Services, Inc. (HACS)	
Service Provided * (?)	
Collaboration, screening and patient referrals to enhance health care services.	e accessibility and provision of
Renewal Term Start Date*	Renewal Term End Date*
6/3/2022	6/2/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$10 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	 ☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?* See 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?* (?) Solution Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
● Yes ○ No
Maintained legally required standards for certification, licensure, and/or training?* (?) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No



Contract Owner Approval	
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS CENTER MORALITATION

Current Fiscal Year Contract Information	⊙
Current Fiscal Year 2022	
Contract ID#* 7099	
Contractor Name* Santa Maria Hostel, Inc.	
Service Provided * (?) Referral of patients between The Harris Center and Santa	Maria Hostel, Inc.
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 MOU
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 Busine Yes No Unknown	ss (HUB) (?)

Contract NTE (Old Text Field For Reference) (?)
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* 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?* See No.
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
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?* (?)

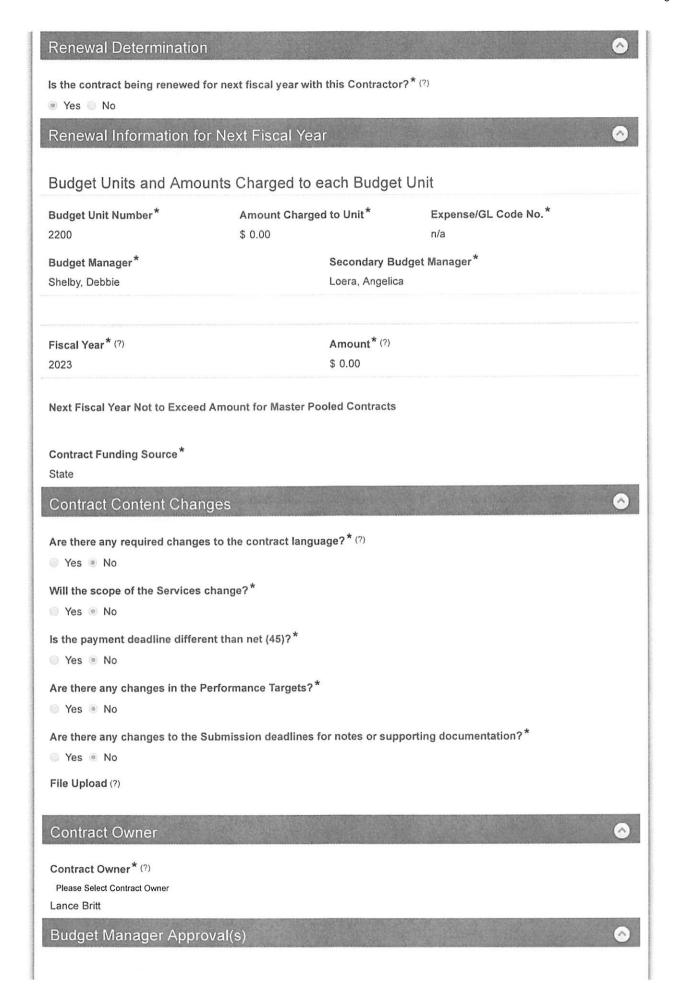
Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 2200 \$ 0.00 n/a Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) \$ 0.00 2023 Next 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

Approved by		
Lance Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
	6/30/2022	
Belinda Stude	0/00/2022	

HIMRIS

Mental Health and IDD	
Current Fiscal Year Contract Information	n 📀
Current Fiscal Year	
2022	
Contract ID#*	
7519	
Contractor Name *	
reVision Houston	
Service Provided * (?)	
MOU to leverage the power of community by connecting justice system and child welfare system) with mentors, p resources through referral services.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	☑ Consumer Driven☑ Other MOU
Contract Description / Type	
Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

vendonoontia	ctor a Historically Underutilized Business (HUB) (?)
Yes	
○ No	
Unknown	
Contract NTE (Old Text Field For Reference) (?)
Contract NTE*	(?)
\$ 0.00	
Rate(s)/Rate(s) N/A	Description
Unit(s) Served N/A	*
G/L Code(s)* N/A	
Current Fiscal N/A	Year Purchase Order Number*
Contract Requ Lance Britt	estor*
Contract Owner	er*
File Upload (?)	
rile opioad (*)	
	of Current Fiscal Year Performance
Evaluation	of Current Fiscal Year Performance en any significant performance deficiencies within the current fiscal year?*
Evaluation Have there bee	
Evaluation Have there bee	en any significant performance deficiencies within the current fiscal year?*
Evaluation Have there becomes the services of	en any significant performance deficiencies within the current fiscal year?*
Evaluation Have there becomes the services of	en any significant performance deficiencies within the current fiscal year?* delivered as specified in the contract?*
Evaluation Have there becomes a Yes No Were Services Yes No Did Contractor Yes No Did Contractor	en any significant performance deficiencies within the current fiscal year?* delivered as specified in the contract?*
Evaluation Have there bed Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No	delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?* r adhere to the contracted schedule?* (?)
Evaluation Have there bee Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No Were reports,	en any significant performance deficiencies within the current fiscal year?* delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?*
Evaluation Have there bed Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No	delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?* r adhere to the contracted schedule?* (?)
Evaluation Have there bee Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No Were reports, Yes No	delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?* r adhere to the contracted schedule?* (?)
Evaluation Have there bee Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No Were reports, Yes No Did Contractor	en any significant performance deficiencies within the current fiscal year?* delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?* r adhere to the contracted schedule?*(?) billing and/or invoices submitted in a timely manner?*(?)
Evaluation Have there bed Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No Were reports, Yes No Did Contractor Yes No Did Contractor Agency?* (?) Yes No Did Contractor	en any significant performance deficiencies within the current fiscal year?* delivered as specified in the contract?* r perform duties in a manner consistent with standards of the profession?* r adhere to the contracted schedule?*(?) billing and/or invoices submitted in a timely manner?*(?)
Evaluation Have there bee Yes No Were Services Yes No Did Contractor Yes No Did Contractor Yes No Were reports, Yes No Did Contractor Yes No Did Contractor Agency?*(?) Yes No Did Contractor Agency?*(?) Yes No Did Contractor Yes No	delivered as specified in the contract?* reperform duties in a manner consistent with standards of the profession?* radhere to the contracted schedule?*(?) billing and/or invoices submitted in a timely manner?*(?) reprovide adequate or proper supporting documentation of time spent rendering services for the

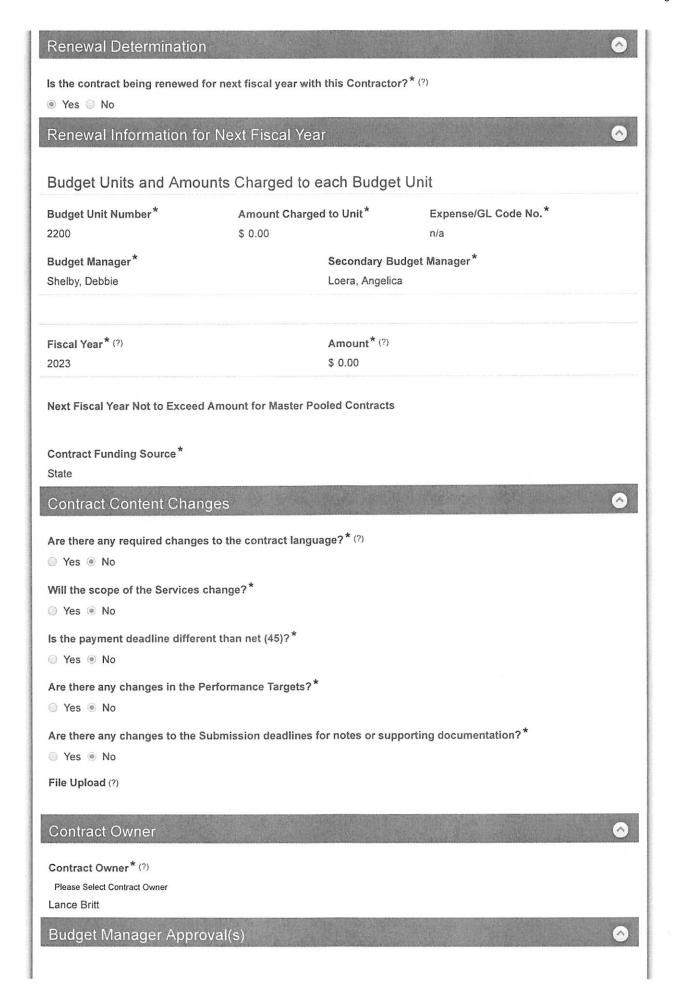


Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	<u> </u>
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HIARRIS CENTER

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year 2022	
Contract ID#* 7698	
Contractor Name * Volunteers of America Texas Inc.	
Service Provided* (?) The Harris Center will accept appropriate referrals from VC or co-occurring disorders treatment of adults or adolescen criteria who do not require higher LOC and reside in Harris	ts who qualify under DSMS
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
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 MOU
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* (?) \$ 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* Lance Britt
Contract Owner*
Lance Britt
File Upload (?)
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance
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?*
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
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?*
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
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?*
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
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?*(?)
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
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?*(?)
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
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?*(?)
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
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?*(?)



Approved by	
Dessie Chambers Shelby	
Contract Owner Approval	•
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/30/2022

HI WIRIS

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7009	
Contractor Name * Houston Community Health Centers (DBA Vecino Health	Centers)
Service Provided* (?) Providing Medical, Counseling and Dental Services in unc	derserved communities.
Renewal Term Start Date* 10/4/2022	Renewal Term End Date* 10/3/2023
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other MOU
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	U Lease ☐ Other
Noticinal of Existing Contract	un Vuidi
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
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* 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?*
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 No **(0)
Did Contractor render services consistent with Agency policy and procedures?* (?)
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?* (?) No

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** n/a 2200 \$ 0.00 Secondary Budget Manager* Budget Manager* Loera, Angelica Shelby, Debbie Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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 Lance Britt Budget Manager Approval(s) Approved by Debbie Chambers Shelby

Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approved by	4
Approved by	Approval Date*

HARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 7401 Contractor Name* Spring Branch Independent School District Service Provided * (?) Will perform screenings and assessments, psycho-social services as needed, and follow-up services Renewal Term Start Date* Renewal Term End Date* 8/1/2022 6/30/2025 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote ☐ Tag-On Interlocal ✓ Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance ■ BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other 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* 0
G/L Code(s)*
Current Fiscal Year Purchase Order Number*
Contract Requestor* Tiffanie Williams-Brooks
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?* O Yes No
Were Services delivered as specified in the contract?*
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?* ②
 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?* (?)

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 000000 \$ 0.00 Budget Manager* Secondary Budget Manager* Shelby, Debbie Loera, Angelica Fiscal Year* (?) Amount* (?) \$ 0.00 2023 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 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 Debbie Chambers Shelby

Contract Owner Approval	
Approved by	
Tiffanie Williams-Brooks	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/10/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2022 Contract ID#* 2022-0416 Contractor Name* The Essentials HCS Service Provided * (?) Revenue - Day Habilitation Services Renewal Term End Date * Renewal Term Start Date * 9/1/2022 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 SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract 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* 3585
	G/L Code(s)* 000000
	Current Fiscal Year Purchase Order Number*
	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?* No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?*(?) No
	Were reports, billing and/or invoices submitted in a timely manner?*(?) 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 **Budget Manager*** Secondary Budget Manager* Adams-Austin, Mamie Downey, Michael Amount*(?) Fiscal Year* (?) 2023 \$ 0.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 000 Contract Funding Source* Contract Content Changes Are there any required changes to the contract language?*(?) Yes No Will the scope of the Services change?* 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 (?) 12.93KB Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 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 *	
	Approval Date*
Shaskyia Behn	6/15/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information **Current Fiscal Year** 2022 Contract ID#* 7509 Contractor Name * Weathers & Associates Service Provided * (?) DayHab Services Renewal Term End Date* Renewal Term Start Date * 8/31/2023 9/1/2022 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Mot Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other 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 (LON 1) {H CS) \$22.05/ day per consumer Limited {LON 5) (HCS) \$24.10/day per consumer Ext ensive {LON 8) (HCS) \$31.78/day per consumer Perva sive {LON 6) {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*
	G/L Code(s)*
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Margo Childs
	Contract Owner* Tiffanie Williams-Brooks
	File Upload (?)
	The opious (1)
-	Evaluation of Current Fiscal Year Performance
	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?*
	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?*
	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
	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
	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
	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?*(?)
	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

Renewal Determination			
Is the contract being renewed for next fiscal year with this Contractor? * (?)			
Yes No	● Yes ○ No		
Renewal Information for I	Next Fiscal Year		
Dudget Units and America	to Changed to cook Dudo	ot Unit	
Budget Units and Amoun			
Budget Unit Number* 3638	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*	
Budget Manager* Adams-Austin, Mamie	Downey, Mic	Budget Manager* chael	
* (2)	Amount*(?		
Fiscal Year* (?) 2023	\$ 0.00	,	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contrac	ts	
n/a			
Contract Funding Source* State			
Contract Content Change	98		
Are there any required changes to	o the contract language?*(?)		
Yes No			
Please Explain*			
Change Rate(s) Rate(s) description uploaded file.	to reflect items on the		
Will the scope of the Services cha	ange?*		
Is the payment deadline different	than net (45)?*		
Are there any changes in the Per Yes No	formance Targets?*		
Are there any changes to the Sub	omission deadlines for notes or s	upporting documentation?*	
Yes No	omission deadlines for notes of si	apporting documentation:	
File Upload (?)			
Rates FY 23.docx		12.65KB	
Contract Owner			

_
Contract Owner* (?)
Please Select Contract Owner
Janice Baines
Budget Manager Approval(s)
Approved by
Mamie Adams-Austin
Contract Owner Approval
Approved by
Tanice Baines
Contracts Approval
Approve*
Yes
No, reject entire submission
Return for correction
Approved by*
Approval Date*
Shaskyia Behn 6/21/2022

Minus Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	•
Current Fiscal Year 2022	
Contract ID#* 7204	
Contractor Name * CTRL Delivery & Transportation, Inc.	
Service Provided * (?) Delivery and transportation	
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 \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	0,000.00)
Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Control Other
Renewal of Existing Contract	e oute
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
∀es	
○ No	
• Unknown	

Contract NTE (Old Text Field For Reference) (?) \$22,000.00
Contract NTE* (?) \$ 12,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* 543014
Current Fiscal Year Purchase Order Number* CT139616
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?* No
Were Services delivered as specified in the contract?*
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?*(?) No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)

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 Budget Manager*	\$ 15,000.00	543014 Budget Manager*
Adams-Austin, Mamie	Downey, Mi	
WIRE THE THE THE THE THE THE THE THE THE TH		
Fiscal Year*(?)	Amount*(
2023	\$ 15,000.00	
Next Fiscal Year Not to Exceed 15,000.00	Amount for Master Pooled Contrac	ts
Contract Funding Source* State		
Contract Content Chang	ges	
Are there any required changes to the contract language?* (?) Yes No		
Will the scope of the Services change?* Services change?*		
Is the payment deadline different than net (45)?* See No.		
Are there any changes in the Performance Targets?* See No.		
Are there any changes to the Submission deadlines for notes or supporting documentation?*		
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?)		
Please Select Contract Owner Lily Pan		
Budget Manager Appro	val(s)	
Approved by		
Mamie Adams-Austin		

Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/21/2022

HIARRIS CENTER,

Current Fiscal Year 2022 Contract ID#* 2022-0372 Contractor Name* A Little Something Different Service Provided* (?) Day Habilitation Services Renewal Term Start Date* 9/1/2022 Term for Off-Cycle Only (For Reference Only)	
Contract ID#* 2022-0372 Contractor Name * A Little Something Different Service Provided * (?) Day Habilitation Services Renewal Term Start Date * 9/1/2022 Renewal Term Find Date * 8/31/2023 Term for Off-Cycle Only (For Reference Only)	(2)
Contractor Name * A Little Something Different Service Provided * (?) Day Habilitation Services Renewal Term Start Date * 9/1/2022 Renewal Term For Off-Cycle Only (For Reference Only)	
A Little Something Different Service Provided * (?) Day Habilitation Services Renewal Term Start Date * Renewal Term End Date * 9/1/2022 8/31/2023 Term for Off-Cycle Only (For Reference Only)	
Day Habilitation Services Renewal Term Start Date* 9/1/2022 Renewal Term End Date* 8/31/2023 Term for Off-Cycle Only (For Reference Only)	
9/1/2022 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#	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid Competitive Proposal	
Request for Proposal Sole Source Request for Application Request for Qualification	
Request for Application Request for Qualification Tag-On	
☐ Interlocal	
□ Not Applicable (If there are no funds required) □ Other	
Contract Description / Type	
Personal/Professional Services Consultant	
Consumer Driven Contract New Contract/Agreement	
Memorandum of Understanding Amendment to Existing Contract	
☐ Affiliation or Preceptor ☐ Service/Maintenance	
■ BAA/DUA ■ IT/Software License Agreement	
Pooled Contract	
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
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?*
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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 State contract being renewed for next fiscal year with this Contractor?*(?)
Yes No

Renewal Information for Next Fiscal Year			
Budget Units and Amo	unts Charged to each	n Budget Ur	nit
Budget Unit Number*	Amount Charged to \$ 0.00	Jnit*	Expense/GL Code No.*
Budget Manager* Adams-Austin, Mamie		condary Budget wney, Michael	t Manager*
Fiscal Year* (?) 2023	Am \$ 0	ount*(?)	
Next Fiscal Year Not to Exceed	I Amount for Master Pooled	Contracts	
Contract Funding Source* State Grant			
Contract Content Char	iges		
Are there any required change Yes No	s to the contract language?	* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference of the Payment deadline deadl	ent than net (45)?*		
Are there any changes in the R	Performance Targets?*		
Are there any changes to the	Submission deadlines for no	tes or supporti	ng documentation?*
File Upload (?) Rate Charges HCS and TxHmL	Providers Fiscal Year 2023.do	cx 12.93	зкв
Contract Owner			⊘
Contract Owner* (?) Please Select Contract Owner Lily Pan			
Budget Manager Appro	oval(s)		0
Approved by			
Mamie Adams-Austin			

Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	5/17/2022
	,

HIARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information **Current Fiscal Year** 2022 Contract ID#* 7703 Contractor Name* 1 Care Premier Services, LLC Service Provided * (?) The Contractor shall provide Day Habilitation Services from the Humble Service Center located at 6805 Oak Village Drive, Humble TX Renewal Term End Date * Renewal Term Start Date * 8/31/2023 9/1/2022 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 SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor BAA/DUA □ IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract 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 (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* N/A
Contract Requestor* Thomas Wills
Contract Owner* Lily Pan
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
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?*
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?*(?)
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?*(?)
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

Renewal Determination				
Is the contract being renewed for next fiscal year with this Contractor?* (?)				
Yes No Papewal Information for Next Fiscal Year				
rectional information for	Renewal Information for Next Fiscal Year			
Budget Units and Amou	nts Charged to each Bu	dget Unit		
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code 000	No.*	
Budget Manager*	Seconda	ry Budget Manager*		
Adams-Austin, Mamie	Downey,	Michael		
Fiscal Year* (?)	Amount'	* (2)		
2023	\$ 0.00	1.7		
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contr	racts		
000				
Contract Funding Source * State Grant				
Contract Content Chang	jes		•	
Are there any required changes	to the contract language?* (?)			
Will the scope of the Services cl	nange? *			
Is the payment deadline differen	it than net (45)?*			
⊚ Yes ⊛ No	*			
Are there any changes in the Pe See No	rformance largets?			
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No			*	
File Upload (?)	ravidara Finant Vany 2023 dany	12 03KB		
Rate Charges HCS and TxHmL Pr	oviders riscal feat 2023.docx	12.93KB		
Contract Owner			0	
Contract Owner* (?) Please Select Contract Owner				
Lily Pan				
Budget Manager Approv	/al(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*	
	Approval Date*
Shaskyia Behn	5/18/2022

HIARRIS CENTER

Mental Health and IDD		
Current Fiscal Year Contract Information	on	
Current Fiscal Year		
2022		
Contract ID#*		
6394		
Contractor Name *		
Above All Others		
Service Provided*(?)		
The Contractor shall provide Day Habilitation Services for designated, agreed upon		
Consumers		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2022	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 \$7	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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
Interlocal	✓ Consumer Driven□ Other	
Not Applicable (If there are no funds required)	G Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Basical Contract	IT/Software License Agreement	
Pooled ContractRenewal of Existing Contract	Other	
Telewal of Existing Contract	E Oute	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
Yes		
⊖ No		
Unknown		

	Contract NTE (Old Text Field For Reference) (?) 0
	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*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor* Thomas Wills
	Contract Owner* Lily Pan
	File Upload (?)
Agenda of the last	Evaluation of Current Fiscal Year Performance
Section Sectio	Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
The state of the s	Have there been any significant performance deficiencies within the current fiscal year?*
National Control of Co	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
BOOK CONTRACTOR CONTRA	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?*
The control of the co	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?*(?)
annicon annico	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?*(?)
	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* No Did Contractor perform duties in a manner consistent with standards of the profession?* 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
Trial contract and	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

Renewal Determination				
Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes No				
Renewal Information for Next Fiscal Year				
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Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 3585	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No	o.*
Budget Manager*	V 0.00	Secondary Bud		
Adams-Austin, Mamie		Downey, Michae		
Fiscal Year* (?)		Amount* (?)		
2023		\$ 0.00		
Next Fiscal Year Not to Exceed A	mount for Master Po	oled Contracts		
Contract Funding Source*				
State				
Contract Content Changes			©	
Are there any required changes to the contract language?* (?) Yes No				
Will the scope of the Services ch	ange?*			
Yes No				
Is the payment deadline different Yes No	than net (45)?*			
Are there any changes in the Per	formance Targets?*			
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)	· · · · · · · · · · · · · · · · · · ·	22 15	2.93KB	
Rate Charges HCS and TxHmL Pro	oviders Fiscal Year 202	23.docx 12	Table 1	•
Contract Owner* (?)				
Please Select Contract Owner				
Lily Pan				
Budget Manager Approval(s)				

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	•
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approved by *	Approval Date*
	Approval Date* 5/17/2022
Approved by* Shaskyia Behn	

HIARRIS CENTER

Current Fiscal Year Contract Information			
Current Fiscal Year 2022			
Contract ID#* 6317			
Contractor Name * Advancing Abilities, 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			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source Request for Qualification		
Request for Application Request for Quote	Request for Qualification Tag-On		
Request for Quote	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
■ BAA/DUA	☐ IT/Software License Agreement		
☐ Pooled Contract☑ Renewal of Existing Contract	☐ Lease ☐ Other		
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)		
Yes			
No No			
Unknown			

	Contract NTE (Old Text Field For Reference) (?) 0
	Contract NTE*(?) \$ 0.00
	Rate(s)/Rate(s) Description Level 1: Intermittent \$22.05/day Level 5: Limited \$24.10/ day Level 8: Extensive \$31.78/ day Level 6: Pervasive \$39.63/ day
	Unit(s) Served* 0
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Thomas Wills
	Contract Owner* Lily Pan
	File Upload (?)
and a second	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?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No No
	Did Contractor adhere to the contracted schedule?*(?) 9 Yes 9 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?* (?) See No.
	Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?) No No				
Renewal Information f	or Next Fiscal Year	o		
Budget Units and Amo	ounts Charged to each Budge	t Unit		
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*		
Budget Manager* Adams-Austin, Mamie	Secondary Bu Downey, Micha	udget Manager* ael		
Fiscal Year* (?) 2023	Amount* (?) \$ 0.00			
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts				
Contract Funding Source* State				
Contract Content Changes				
Are there any required chang Yes No	es to the contract language?* (?)			
Will the scope of the Services Yes No	change?*			
Is the payment deadline differ	rent than net (45)?*			
Are there any changes in the	Performance Targets?*			
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 Appr	oval(s)	^		
- Daaget Manager Appl	σναι(υ)	Y		

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 *	
	Approval Date*
Shaskyia Behn	5/17/2022

HIARRIS CENTER.

Current Fiscal Year Contract Information	•
Current Fiscal Year 2022	
Contract ID#* 7704	
Contractor Name * Alexis's Care Facility	
Service Provided* (?) The Contractor shall provide Day Habilitation Services for Consumers	designated, agreed upon
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On ❤ Consumer Driven
 ☐ Interlocal ☑ Not Applicable (If there are no funds required) 	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled ContractRenewal of Existing Contract	☐ Lease ☐ Other
Tonord of Existing Condition	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0	
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*	
G/L Code(s)* 0	
Current Fiscal Year Purchase Order Number*	
Contract Requestor* Thomas Wills	
Contract Owner* Lily Pan	
File Upload (?)	
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Evaluation of Current Fiscal Year Performance	
	cal year?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal.	eal year?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fisc Yes No Were Services delivered as specified in the contract?*	
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fisc Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the pro-	
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Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the profit 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 s Agency?* No	fession?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the prof 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 stagency?* Yes No Yes No	fession?* pent rendering services for the
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the professor 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 standards?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?	fession?* pent rendering services for the
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal Yes No Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the prof 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 stagency?* Yes No Yes No	fession?* pent rendering services for the

Renewal Determination					
Is the contract being renewed for next fiscal year with this Contractor?* (?)					
Yes No No Pagoval Information for Next Figure Voor					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*			
Budget Manager*		udget Manager*			
Adams-Austin, Mamie	Downey, Micha				
Fiscal Year* (?)	Amount*(?)				
2023	\$ 0.00				
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts				
000					
Contract Funding Source * State					
Contract Content Char	nges	⊙			
Are there any required change	s to the contract language?* (?)				
	Are there any required changes to the contract language?* (?) Yes No				
Will the scope of the Services change?*					
Is the payment deadline different than net (45)?*					
Are there any changes in the Performance Targets?*					
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No					
File Upload (?)	Describer Final Vacy 2022 days	12.93KB			
	Providers Fiscal Year 2023.docx	12.55/10			
Contract Owner					
Contract Owner* (?)					
Please Select Contract Owner Lily Pan					
Budget Manager Approval(s)					

Approved by	
Mamie Chdams-Chustin	
Contract Owner Approval	<u> </u>
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	5/17/2022

HIARRIS CENTER ...

Mensal Heafth and IDD	
Current Fiscal Year Contract Information	n .
Current Fiscal Year	
2022	
Contract ID#*	
6062	
Contractor Name*	
Amcare Residential Living	
Service Provided* (?)	
The Contractor shall provide Day Habilitation Services fo Consumers	r designated, agreed upon
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	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 \$10	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	 ☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	oss (HIIR) (2)
Yes	ess (nob) (i)
O No	
Unknown	

	Contract NTE (Old Text Field For Reference) (?) 0
	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*
	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?* No
	○ Yes ○ No Were Services delivered as specified in the contract?*
	 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 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?*(?)
	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?*(?)
	Were Services delivered as specified in the contract?* ② Yes ② No Did Contractor perform duties in a manner consistent with standards of the profession?* ③ Yes ② No Did Contractor adhere to the contracted schedule?*(?) ③ Yes ② No Were reports, billing and/or invoices submitted in a timely manner?*(?) ④ Yes ② No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) ⑥ Yes ② No
	Were Services delivered as specified in the contract?* ② Yes ② No Did Contractor perform duties in a manner consistent with standards of the profession?* ③ Yes ③ No Did Contractor adhere to the contracted schedule?*(?) ③ Yes ③ No Were reports, billing and/or invoices submitted in a timely manner?*(?) ⑤ Yes ③ No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) ⑥ Yes ③ No Did Contractor render services consistent with Agency policy and procedures?*(?)
	Were Services delivered as specified in the contract?* ② Yes ② No Did Contractor perform duties in a manner consistent with standards of the profession?* ③ Yes ② No Did Contractor adhere to the contracted schedule?*(?) ③ Yes ② No Were reports, billing and/or invoices submitted in a timely manner?*(?) ④ Yes ② No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) ⑥ Yes ② 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 Ui		Expense/GL Code No.	
3585	\$ 0.00		000	
Budget Manager*	Seco	ndary Budge	t Manager*	
Adams-Austin, Mamie	Down	ney, Michael		
2.77.42.40.40.40.40.40.40.40.40.40.40.40.40.40.				
Fiscal Year* (?)		unt* (?)		
2023	\$ 0.0	10		and their short substitution, the content material and their states
Next Fiscal Year Not to Exceed A	mount for Master Pooled C	ontracts		
000				
Contract Funding Source *				
State				Manager Age
Contract Content Change	es Maria de la companya de la companya de la companya de la companya de la companya de la companya de la compa			Û
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)?* Solution 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?*				
File Upload (?)	evidere Finant Voor 2022 doo	x 12.9	2VD	
Rate Charges HCS and TxHmL Pro	oviders Fiscal fear 2025.doc	X 12.9		
Contract Owner				⊘
Contract Owner* (?)				
Please Select Contract Owner				
Lily Pan				
Budget Manager Approval(s)				

Approved by	
Mamie Oddams-Odustin	
Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	5/17/2022

HIARRIS CENTER,

Current Fiscal Year Contract Information	2
Current riscar rear Contract information	<u>'</u>
Current Fiscal Year	
2022	
Contract ID#*	
6767	
Contractor Name *	
Angels That Work For Quality Service, Inc.	
Service Provided * (?)	
The Contractor shall provide day habilitation services, en	
supported employment services for designated, agreed u	pon consumers
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	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 \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
 ■ BAA/DUA ● Pooled Contract 	 ☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
○ Yes	
No Unknown	

Contract NTE (Old Text Field For Reference) (?) 0
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*
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
Contract Requestor* Thomas Wills
Contract Owner* Lily Pan
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencles within the current fiscal year?*
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?*
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?*(?)
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?*(?)
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
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?*(?)

Renewal Determination					
Is the contract being renewed for next fiscal year with this Contractor?*(?)					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number*	Amount Charged to		Expense/GL Code No.	*	
3585	\$ 0.00		000		
Budget Manager*		econdary Budget	Manager*		
Adams-Austin, Mamie	Do	owney, Michael		SECTION OF THE SECTION CONTRACTOR AND AND AND AND AND AND AND AND AND AND	
Fiscal Year* (?)	Ar	mount*(?)			
2023	\$ (0.00			
Next Fiscal Year Not to Exceed Am	nount for Master Pooled	d Contracts			
000					
Contract Funding Source * State					
Contract Content Change	S			<u> </u>	
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?* See Yes No					
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No					
File Upload (?)	idara Finan Van 2023 d	ocx 12.93	N/R		
Rate Charges HCS and TxHmL Prov	nuera i lacdi Tedi ZUZA.U	12.90		<u> </u>	
the control of the second of t					
Contract Owner* (?) Please Select Contract Owner					
Lily Pan					
Budget Manager Approval(s)					

HIARRIS Mental Health and HDD

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 6302	
Contractor Name * Compassion Community Living Center, LLC	
Service Provided * (?) The Contractor shall provide Day Habilitation Services for Consumers	designated, agreed upon
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
⊚ No	
Unknown	

	Contract NTE (Old Text Field For Reference) (?) 0
	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*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Thomas Wills
	Contract Owner* Lily Pan
	File Upload (?)
ALCOHOLD STREET,	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?*
	Were Services delivered as specified in the contract?* No
	Did Contractor perform duties in a manner consistent with standards of the profession?* No
	Did Contractor adhere to the contracted schedule?* (?) See See See 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 N	Renewal Information for Next Fiscal Year				
Budget Units and Amounts	Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to Un	it*	Expense/GL Code No.*	Annes (Angel Cagneria Anne) a fauta duar depar duare depar de la Cagneria del Cagneria de la Cagneria de la Cagneria del Cagneria de la Cagneria del Cagneria de la Cagneria del Cagneria de la Cagneria del Cagneria de la Cagneria de la Cagneria de la Cagneria de la Cagneria del Cagneria de la Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneria del Cagneri	
3585	\$ 0.00		000		
Budget Manager* Adams-Austin, Mamie		ndary Budget ey, Michael	Manager*		
**************************************				i na balanda in cambanan karaka an cana ke	
Fiscal Year*(?)	Amou	ınt* (?)			
2023	\$ 0.00				
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Co	ontracts			
000	out to master to one of	711110000			
Contract Funding Source*					
State					
Contract Content Changes	ŝ			٥	
Are there any required changes to the contract language?* (?) O Yes No					
Will the scope of the Services char	nge?*				
⊚ Yes ⊛ No					
Is the payment deadline different than net (45)?*					
○ Yes ◉ No	- *				
Are there any changes in the Performance Targets?* See Yes No					
Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No					
File Upload (?)					
Rate Charges HCS and TxHmL Provi	ders Fiscal Year 2023.docx	12.93	KB		
Contract Owner				•	
Contract Owner* (?)					
Please Select Contract Owner Lily Pan					
Budget Manager Approval(s)					

Mamie Adams-Austin		
Contract Owner Approval		۵
Approved by		
Lity Pan		
Contracts Approval		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
	The second secon	
Shaskyia Behn	5/17/2022	

HARRIS CENTER

Current Fiscal Year Contract Information				
our entri local roal consider in a maren				
Current Fiscal Year				
2022				
Contract ID#*				
7496				
Contractor Name *				
Glo's Hope Corporation				
Service Provided * (?)				
The Contractor shall provide Day Habilitation Services for	designated, agreed upon			
Consumers				
Renewal Term Start Date *	Renewal Term End Date *			
9/1/2022	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	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote	☐ Tag-On			
☐ Interlocal	✓ Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
■ BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Vendor/Contractor a Historically Underutilized Busine	ss (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 (DAYHAB)* Employment Assistance Supportive Employment Rim \$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
Unit(s) Served*
G/L Code(s)*
Current Fiscal Year Purchase Order Number*
Contract Requestor* Thomas Wills
Contract Owner* Lily Pan
File Upload (?)
Evaluation of Current Fiscal Year Performance
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?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
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?*
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?*(?)
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?*(?)
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
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?* 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?*(?)

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*	oTo	/ Budget Manager*				
Adams-Austin, Mamie	Downey, M	icnael				
Fiscal Year* (?) 2023	Amount* (\$ 0.00	(2)				
2023						
NAME AND ASSOCIATION OF THE PROPERTY OF THE PR	Amount for Master Pooled Contra	cts				
000						
Contract Funding Source * State						
Contract Content Chang	jes					
Are there any required changes	to the contract language?* (?)					
⊚ Yes ⊛ No						
Will the scope of the Services ch	hange?*					
⊚ Yes ⊚ No	********					
Is the payment deadline differen	it than net (45)?					
Are there any changes in the Pe	rformance Targets?*					
⊚ Yes ® No						
Are there any changes to the Su	ibmission deadlines for notes or	supporting documentation?*				
○ Yes ® No						
File Upload (?) Rate Charges HCS and TxHmL Pr	roviders Fiscal Year 2023.docx	12.93KB				
Contract Owner		②				
Contract Owner* (?)						
Please Select Contract Owner Lily Pan						
Budget Manager Approv	val(s)					

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	5/17/2022

HARRIS CENTER JO.

Mental Regith and IDD		
Current Fiscal Year Contract Information	on 🗢	
Current Fiscal Year		
2022		
Contract ID#*		
7498		
Contractor Name *		
Laura McKenna, HCS, LLC		
Service Provided * (?)		
Service Provided "(?) The Contractor shall provide Day Habilitation Services for designated, agreed upon		
Consumers	or designated, agreed apon	
Renewal Term Start Date *	Renewal Term End Date *	
9/1/2022	8/31/2023	
Term for Off-Cycle Only (For Reference Only) N/A		
Agenda Item Submitted For: (?)	200 000 000	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.00+ 		
Grant Proposal)	
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote Interlocal	☐ Tag-On ✓ Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Continue December / Type		
Contract Description / Type Personal/Professional Services	Consultant	
Consumer Driven Contract	 Consultant New Contract/Agreement 	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA		
Pooled Contract	Lease	
Renewal of Existing Contract	☐ Other	
Vendor/Contractor a Historically Underutilized Busi	ness (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 HAB)* Employment Assistance Supportive Employment BiW: \$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
	Unit(s) Served*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Thomas Wills
	Contract Owner* Lily Pan
	File Upload (?)
-	Evaluation of Current Fiscal Year Performance
and the same of th	Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
and the same of th	Have there been any significant performance deficiencies within the current fiscal year?*
	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* No
	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
	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?*
	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?* The current fiscal year?*
	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?*(?)
	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
	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?*(?)

Renewal Determination					
Is the contract being renewed	for next fiscal year with this Contrac	tor?*(?)			
Renewal Information fo	r Next Fiscal Year				
Budget Units and Amou	unts Charged to each Budg	et Unit			
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000			
Budget Manager* Adams-Austin, Mamie	Secondary I Downey, Mic	Budget Manager* hael			
Fiscal Year* (?) 2023	Amount* (?) \$ 0.00				
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contract	s			
Contract Funding Source*					
Contract Content Chan	ges	\odot			
Are there any required change	s to the contract language?* (?)				
Will the scope of the Services change?* Services change?*					
Is the payment deadline different than net (45)?* Yes No					
Are there any changes in the Performance Targets?* See No.					
Are there any changes to the Submission deadlines for notes or supporting documentation?* See 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 Chéams-Chustin	
Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date *
Shaskyia Behn	5/17/2022

HIARRIS CENTER,

Current Fiscal Year Contract Information	⊙			
Current Fiscal Year 2022				
Contract ID#* 7327				
Contractor Name * Lisa A. Thomas				
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)			
Procurement Method(s)*				
Check all that Apply				
Competitive Bid	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application Request for Quote	Request for QualificationTag-On			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	☐ Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	☐ IT/Software License Agreement			
 Pooled Contract✓ Renewal of Existing Contract	☐ Lease ☐ Other			
Trenewal of Existing Contract	- Culci			
Vendor/Contractor a Historically Underutilized Busine	ss (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 HAB)* Employment Assistance Supportive Employment ~ \$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
	Unit(s) Served*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	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
	○ Yes ○ No Were Services delivered as specified in the contract?*
	 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 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?*(?)
	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?*(?)
	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
	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?*(?)

Renewal Determination					
Is the contract being renewed for next fiscal year with this Contractor?* (?)					
Renewal Information for Next Fiscal Year					
Budget Units and Amounts Charged to each Budget Unit					
Budget Unit Number* 3585	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.*		
Budget Manager*		Secondary Budge	et Manager*		
Adams-Austin, Mamie		Downey, Michael		O AND DANGERS OF THE PAR	
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?* (?) Or Yes Or No					
Will the scope of the Services char	nge?*				
⊕ Yes ⊚ No					
Is the payment deadline different t	han net (45)?*				
⊚ Yes ◉ No					
Are there any changes in the Perfo	ormance Targets?*				
⊚ Yes ® No					
Are there any changes to the Subr	Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)					
Rate Charges HCS and TxHmL Prov	viders Fiscal Year 202	3.docx 12.9	93KB		
Contract Owner					
Contract Owner* (?)					
Please Select Contract Owner					
Lily Pan					
Budget Manager Approval(s)					

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	<u> </u>
Approved by	
Lily Pan	
Contracts Approval	
Contracts Approval Approve*	
Approve*	
Approve* • Yes	
Approve* Yes No, reject entire submission Return for correction	
Approve* Yes No, reject entire submission	Approval Date*
Approve* Yes No, reject entire submission Return for correction	Approval Date* 5/17/2022

HIARRIS CENTER OF

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7568	
Contractor Name * Trinity Ayomide, LLC c/o Christie Samuel	
Service Provided * (?) The Contractor shall provide Day Habilitation Services for consumers	designated, agreed upon
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	,000.00)
Other	
Procurement Method(s) *	
Check all that Apply	B. Commentation Property
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	☑ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract Repowel of Existing Contract	☐ Lease ☐ Other
Renewal of Existing Contract	- Other
Vendor/Contractor a Historically Underutilized Busine	ss (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 HAB)* Employment Assistance Supportive Employment ~ \$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
Unit(s) Served*
G/L Code(s) * 0
Current Fiscal Year Purchase Order Number*
Contract Requestor* Thomas Wills
Contract Owner* Lily Pan
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
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?*
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?*(?)
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?*(?)
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
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?*(?)

Renewal Determination				
Is the contract being renewed f	Is the contract being renewed for next fiscal year with this Contractor?* (?)			
Yes No				
Renewal Information fo	r Next Fiscal Year			
Budget Units and Amou	unts Charged to each Budge	et Unit		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
3585	\$ 0.00	000		
Budget Manager*		Budget Manager*		
Adams-Austin, Mamie	Downey, Micl	hael		
Fiscal Year * (?)	Amount* (?)			
2023	\$ 0.00			
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contract	s		
000				
Contract Funding Source *				
State				
Contract Content Chan	ges			
A so bloom any required change	s to the contract language?* (?)			
Yes No	s to the contract language.			
Will the scope of the Services	change?*			
⊚ Yes ⊚ No				
Is the payment deadline differe	ent than net (45)?*			
⊚ Yes ⊛ No				
Are there any changes in the P	Performance Targets?*			
Are there any changes to the S	Submission deadlines for notes or su	pporting 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 Appro	oval(s)			

Approved by	
Mamie Adams-Austin	
Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	5/17/2022

HARRIS CENTER,

Mental Health and IDD	
Current Fiscal Year Contract Information	○
Current Fiscal Year	
2022	
Contract ID#*	
2021-0254	
Contractor Name *	
Vita Living, Inc.	
Service Provided* (?)	
The Contractor shall provide Day Habilitation Services for	designated agreed upon
consumers	acongresses apor
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only) N/A	
Agenda Item Submitted For: (?)	2 200 201
Information Only (Total NTE Amount is Less than \$100	3,000.00)
Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for QualificationTag-On
Request for Quote Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract
Memorandum of Understanding Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	· v· iv·
No No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0	
Contract NTE*(?) \$ 0.00	
Rate(s)/Rate(s) Description Intermittent (LON 1)(HCS) \$24.61/day per consumer Limited (LON 5) (HCS) \$27.08/day per consumer Extensive (LON 8) (HCS) \$32.00/day per consumer Pervasive (LON 6) (HCS)\$39.97/day per consumer TxHmL (DAY HAB)* \$25.95/day per consumer Employment Assistance \$28.96 per hour Supportive Employment \$28.96 per hour	
Unit(s) Served*	
G/L Code(s)* 0	
Current Fiscal Year Purchase Order Number*	
Contract Requestor* Thomas Wills	
Contract Owner* Lily Pan	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	•
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No	0
Have there been any significant performance deficiencies within the current fiscal year?*	٥
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*	٥
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?*	•
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?*(?)	٠
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 Agency?* Yes No	or the
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	or the

Renewal Determination				
Is the contract being renewed for next fiscal year with this Contractor?*(?) • Yes • No				
Renewal Information for	Next Fiscal Year			
tunia di kaondi una di chia mpo molette anno manavia. Il				
Budget Units and Amou	nts Charged to each Budge	et Unit		
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000		
Budget Manager*	1.5	udget Manager*		
Adams-Austin, Mamie	Downey, Mich	nael		
Fiscal Year* (?) 2023	Amount* (?) \$ 0.00			
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	i		
Contract Funding Source*				
State				
Contract Content Chang	ges	•		
Are there any required changes	to the contract language?* (?)			
Will the scope of the Services of Yes No	hange?*			
Is the payment deadline differer	nt than net (45)?*			
Yes No				
Are there any changes in the Performance Targets?* See No.				
Are there any changes to the Submission deadlines for notes or supporting documentation?* O Yes No				
File Upload (?) Rate Charges HCS and TxHmL P	roviders Fiscal Year 2023.docx	12.93KB		
Contract Owner		•		
Contract Owner* (?)				
Please Select Contract Owner Lily Pan				
Budget Manager Approv	val(s)	•		

Contract Owner Approval Approved by Bly Pan Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 5/17/2022	Contract Owner Approval Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approved by	
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Mamie Adams-Austin	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Contract Owner Approval	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approved by	
Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Lity Pan	
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 	 Yes No, reject entire submission Return for correction Approved by * Approval Date * 		
No, reject entire submission Return for correction Approved by * Approval Date *	No, reject entire submission Return for correction Approved by * Approval Date *	Approve*	
Return for correction Approved by* Approval Date*	Return for correction Approved by* Approval Date*		
Approved by* Approval Date*	Approved by* Approval Date*	 No, reject entire submission 	
Approval Date*	Approval Date*		
Approval Date*	Approval Date*		
		Return for correction	
		Return for correction	Approval Date*
		 Return for correction Approved by* 	

HIARRIS CENTER,

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 at Center	tend the Hillcroft Empowerment
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other
Treet, applicable (il arele are ne rando required)	
Contract Description / Type	
Personal/Professional Services	□ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	Service/Maintenance
Pooled Contract	 ☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vandar/Contractor a Historias III. Hadamitilla d Dusines	(UIID) (a)
Vendor/Contractor a Historically Underutilized Busines	(HOD)(i)
Yes No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0	
Contract NTE*(?) \$ 0.00	
Rate(s)/Rate(s) Description	
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?* No	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
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?*(?)	

Renewal Information for	Next Fiscal Year		•	
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to Unit \$ 0.00	* Expense/GL Code No. *	ħ	
Budget Manager* Adams-Austin, Mamie		dary Budget Manager* y, Michael	LINE COLUMN SIN AN ECONO SIN AN ARCHIV	
Fiscal Year* (?) 2023	Amoun \$ 0.00	ıt* (?)		
Next Fiscal Year Not to Exceed A	mount for Master Pooled Con	ıtracts		
Contract Funding Source* State				
Contract Content Change	es		•	
Are there any required changes t ○ Yes ○ No	o the contract language?* (?)			
Will the scope of the Services ch	ange?*			
Is the payment deadline different Yes No	than net (45)?*			
Are there any changes in the Per	formance Targets?*			
Are there any changes to the Sub	omission deadlines for notes	or supporting documentation?*		
File Upload (?) Rate Charges HCS and TxHmL Pro	oviders Fiscal Year 2023.docx	12.93KB		
Contract Owner			•	
Contract Owner* (?) Please Select Contract Owner Lily Pan				
Budget Manager Approva	al(s)		•	
Approved by Mamie Odams-Odustin				

Approved by Lity Flan Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 5/31/2022	Contract Owner Approval	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approved by	
Approve* • Yes • No, reject entire submission • Return for correction Approved by * Approval Date *	Lity Pan	
 Yes No, reject entire submission Return for correction Approved by * Approval Date *	Contracts Approval	
 No, reject entire submission Return for correction Approved by * Approval Date * 	Approve*	
Approved by * Approval Date *	Yes	
Approved by * Approval Date *	No, reject entire submission	
Approval Date*	 Return for correction 	
Approval Date*	Approved by *	
		Approval Date*
	Shaskyia Behn	

HARRIS CENTER for

Current Fiscal Year Contract Information	n distribution of the second o
Current Fiscal Year	
2022	
Contract ID#*	
2021-0248	
Contractor Name *	
Volunteers of America Texas	
Service Provided * (?)	
	training to be providing by the
The purpose is for day habilitation and socialization skills Coffeehouse program.	s training to be providing by the
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Town for Off Cycle Only (For Beforence Only)	
Term for Off-Cycle Only (For Reference Only) N/A	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$10	0,000,00)
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	☐ Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
✓ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
Memorandum of Understanding	 Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (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) \$24.61/day per consumer Limited (LON 5) (HCS) \$27.08/day per consumer Extensive (LON 8) (HCS) \$32.00/day per consumer Pervasive (LON 6) (HCS) \$39.97/day per consumer TxHmL (DAY HAB)* \$25.95/day per consumer Employment Assistance \$28.96 per hour Supportive Employment \$28.96 per hour
	Unit(s) Served* 0
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	0
	Contract Requestor* Margo Childs
	Contract Owner*
	Tiffanie Williams-Brooks
	File Upload (?)
	File Upload (?)
SATURDING STATES OF	Evaluation of Current Fiscal Year Performance
SATEROS SATERONS	
SATISFIES SALES SA	Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
ACCOUNT OF THE PARTY OF THE PAR	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?*
The state of the s	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
Section and Control of	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?*
Section 19 and 1	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?*
and the second s	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
SALESTER SALES SAL	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?*(?)
BASIC CONTRACTOR OF THE PROPERTY OF THE PROPER	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
ENGINEERING PROPERTY OF THE PR	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
A STATE OF THE STA	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
Design Control of the	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 Yes
Design Street Control of the Control	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
RADIO CONTROL OF THE PROPERTY	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?*(?)

Renewal Determination				
Is the contract being renewed for next fiscal year with this Contractor?* (?)				
■ Yes ○ No				
Renewal Information for	Renewal Information for Next Fiscal Year			
Budget Units and Amour	nts Charged to each Bud	get 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, M	ichael		
Fiscal Year* (?)	Amount* (?)		
2023	\$ 0.00			
Next Fiscal Year Not to Exceed A	mount for Mactor Pooled Control	rte		
n/a	anount for master r coled contrac			
Contract Funding Source*				
State				
Contract Content Chang	es			
Are there any required changes t	to the contract language?* (?)			
○ Yes ® No				
Will the scope of the Services ch	ange?*			
○ Yes No	207			
Is the payment deadline different	than net (45)?*			
Yes No				
Are there any changes in the Per	formance 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 Pro	oviders Fiscal Year .docx	12.93KB		
Contract Owner		·		
Contract Owner* (?)				
Please Select Contract Owner				
Janice Baines				
Budget Manager Approv	al(s)			

Approved by	
Mamio Adams-Austin	
Contract Owner Approval	
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date*
Shaskyia Behn	6/15/2022

HIARRIS

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 Consumers	designated, agreed upon
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (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
	Unit(s) Served*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Thomas Wills
	Contract Owner* Tiffanie Williams-Brooks
	File Upload (?)
STATE OF THE PERSONS	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* Solution Yes No
	Were Services delivered as specified in the contract?*
	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	<u> </u>
Dodget Heite and Agency	ete Oberesed to peak Dude	nak I laik
Budget Units and Amour	nts Charged to each Budg	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.* 000
3585	\$ 0.00	
Budget Manager* Adams-Austin, Mamie	Downey, Mic	Budget Manager*
e Abili na abaana ka abilimi na mahamana ama abilancan akilancan akilancan abilancan		
	* (0	
Fiscal Year* (?) 2023	Amount* (?) \$ 0.00	9
* No. 100 100		
	mount for Master Pooled Contract	ets
000		
Contract Funding Source*		
State		
Contract Content Chang	es	
Are there any required changes	to the contract language?* (?)	
⊚ Yes ⊚ No		
Will the scope of the Services ch	ange?*	
⊚ Yes ⊚ No		
Is the payment deadline different	t than net (45)?*	
8 COV Barbach Sun Janadari		
Are there any changes in the Per Section 19 Yes Section 19 No.	formance largets?	
Yes ● No Are there any changes to the Submission deadlines for notes or supporting documentation?*		
Yes No	billission deadiffes for flotes of st	appointing documentation.
File Upload (?)		
Rate Charges HCS and TxHmL Pro	oviders Fiscal Year 2023.docx	12.93KB
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Lily Pan		
Budget Manager Approv	al(s)	

Approved by

Contract Owner Approval

Approved by

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

5/31/2022

HIARRIS.

Mental Health and IDD		
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 fo	r designated, agreed upon	
Consumers		
Renewal Term Start Date *	Renewal Term End Date*	
9/1/2022	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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
☐ Interlocal	Consumer Driven	
✓ Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	 Amendment to Existing Contract Service/Maintenance 	
Affiliation or Preceptor BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busine	ess (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 \$2S.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
	Unit(s) Served* 0
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor* Thomas Wills
	Contract Owner* Tiffanie Williams-Brooks
	File Upload (?)
and the same	Evaluation of Current Fiscal Year Performance
CONTRACTOR OF THE PERSON OF TH	Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
CONTRACTOR OF THE PERSON OF TH	Have there been any significant performance deficiencies within the current fiscal year?*
operation.	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
opposition and the second seco	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?*
questioner.	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?*(?)
obstation	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?*(?)
our control	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
QUESTION .	Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?* Yes No No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No 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?*(?)
questioner.	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

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 Amou	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*		ry Budget Manager *	
Adams-Austin, Mamie	Downey, N	Michael	
Fiscal Year * (?)	Amount*	⁶ (?)	
2023	\$ 0.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contra	racts	
000			
Contract Funding Source*			
State			
Contract Content Chan	ges		
Are there any required changes	s to the contract language?*(?)		
⊚ Yes ⊚ No			
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline differe	nt than net (45)?*		
Yes No			
Are there any changes in the P	erformance Targets?*		
⊚ Yes ® No			
Are there any changes to the Submission deadlines for notes or supporting documentation?*			
⊚ Yes ● No			
File Upload (?)	2 11 5 11 0000 days	40.00//D	
Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Lily Pan			
Budget Manager Appro	oval(s)	<u> </u>	

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 *	
	Approval Date*
Shaskyia Behn	5/31/2022

HIARRIS CENTER

Current Fiscal Year Contract Information	
Current Fiscal Year 2022	
Contract ID#* 7178	
Contractor Name * 1 on 1 KF Homes	
Service Provided*(?) The Contractor shall provide Day Habilitation Services for Consumers	designated, agreed upon
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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
 Interlocal Not Applicable (If there are no funds required) 	✓ Consumer DrivenOther
Not Applicable (If there are no funds required)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	☐ Lease ☐ Other
Renewal of Existing Contract	- Ould
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
⊚ Yes	
No No	
• Unknown	

Contract NTE (Old Text Field For Reference) (?) 0
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 \$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* N/A
Contract Requestor*
Thomas Wills
Contract Owner*
Lily Pan
File Upload (?)
Evaluation of Current Fiscal Year Performance Average there been any significant performance deficiencies within the current fiscal year?*
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?*
Have there been any significant performance deficiencies within the current fiscal year?* No
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?*
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
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?*
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?*(?)
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?*(?)
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
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?*(?)

Renewal Determination		
Is the contract being renewed for next fiscal year with this Contractor?* (?)		
Renewal Information for Next Fiscal Year		
Budget Units and Amounts Charged to each Budget Unit		
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000
Budget Manager*	Secondar	ry Budget Manager*
Adams-Austin, Mamie	Downey, N	Michael
Fiscal Year* (?) 2023	Amount* \$ 0.00	(?)
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contra	acts
Contract Funding Source*		
State Grant		
Contract Content Change	es	0
Are there any required changes to • Yes • No	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
Is the payment deadline different See No	than net (45)? *	
Are there any changes in the Performance Targets?*		
⊚ Yes ® No		
Are there any changes to the Sub	omission deadlines for notes or	supporting documentation?*
File Upload (?) Rate Charges HCS and TxHmL Pro	widers Finest Veer 2023 day	12.93KB
	Middle Fieder Teal 2025, dock	12.0010
Contract Owner		⊙
Contract Owner* (?) Please Select Contract Owner		
Lily Pan		
Budget Manager Approva	al(s)	

Approved by	
Mamie Chdams-Chustin	
Contract Owner Approval	
Approved by	
Lity Pan	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Shaskyia Behn	5/16/2022

HIARRIS CENTER,

Current Fiscal Veer Centrast Information	
Current Fiscal Year Contract Information	mala i a de la companya de la companya de la companya de la companya de la companya de la companya de la compa
Current Fiscal Year	
2022	
Contract ID#*	
6483	
Contractor Name *	
A New Hope Development Program, Inc.	
Service Provided * (?)	
The Contractor shall provide Day Habilitation Services for	designated, agreed upon
Consumers	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2022	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	
SOW-Change Order-Amendment#	
Other Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	■ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busines	ss (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) \$22.05/day per consumer Limited (LON 5) (HCS) \$24. 10/day per consumer Exten sive (LON 8) (HCS) \$31.78/day per consumer Pervasive (LON 6) (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* N/A
Contract Requestor* Thomas Wills
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Have there been any significant performance deficiencies within the current fiscal year?* Yes No Were Services delivered as specified in the contract?*
Have there been any significant performance deficiencies within the current fiscal year?* No
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?*
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?*(?)
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?*(?)
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

Renewal Determination	1	•
Is the contract being renewed Yes No	for next fiscal year with this Contracto	or?* (?)
Renewal Information for	or Next Fiscal Year	
Treflewar information for Next Floor Feat		
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 Bi Downey, Mich	udget Manager* ael
	AND THE RESIDENCE OF THE THE THE THE THE THE THE THE THE THE	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 0.00	
Next Fiscal Year Not to Exceed 000 Contract Funding Source *	I Amount for Master Pooled Contracts	
Contract Content Char	iges	○
Are there any required change	s to the contract language?* (?)	
Will the scope of the Services Yes No	change?*	
Is the payment deadline difference of Yes No	ent than net (45)?*	
Are there any changes in the F	Performance Targets?*	
Are there any changes to the S Yes No	Submission deadlines for notes or sup	pporting documentation?*
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 Appro	oval(s)	

Approved by	
Mamie Oldams-Olustin	
Contract Owner Approval	
Approved by	
Lily Pan	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/1/2022

SC HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2022	
Contract ID#*	
7803	
Contractor Name *	
A Place To Stand HCS LLC	
2	
Service Provided* (?)	
Day Habilitation Services	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2022	8/31/2023
Term for Off-Cycle Only (For Reference Only)	
NA	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$1	(00,000.00)
Board Approval (Total NTE Amount is \$100,000.00+	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
2	
Procurement Method(s)*	
Check all that Apply	C Community Burney
Competitive Bid Request for Proposal	 ☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	▼ Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	☐ New Contract/Agreement
 Memorandum of Understanding 	 Amendment to Existing Contract
 Affiliation or Preceptor 	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 00
Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3636
G/L Code(s) * 000000
Current Fiscal Year Purchase Order Number*
Contract Requestor* Margo Childs
Contract Owner* Mike Downey
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?* 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 O No

Renewal Information for	Next Fiscal Year	
Budget Units and Amou	ints Charged to each Bud	get Unit
Budget Unit Number* 3638	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* n/a
Budget Manager* Adams-Austin, Mamie	Secondary Downey, M	Budget Manager*
Fiscal Year* (?) 2023	Amount* (\$ 0.00	?)
Next Fiscal Year Not to Exceed N/A	Amount for Master Pooled Contrac	cts
Contract Funding Source*		
Contract Content Chang	ges	
Are there any required changes Yes No	to the contract language?* (?)	
Will the scope of the Services o	hange?*	
Is the payment deadline difference of Yes No	nt than net (45)?*	
Are there any changes in the Pe	rformance Targets?*	
Are there any changes to the Su	ubmission deadlines for notes or s	supporting documentation?*
File Upload (?) Rates FY 23.docx		12.65KB
Contract Owner		
Contract Owner* (?) Please Select Contract Owner Janice Baines		
Budget Manager Appro	val(s)	o
Approved by		
Mamie Adams-Austin		

Contract Owner Approval	<u></u>
Approved by	
Janice Baines	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/21/2022

HIARRIS CENTER.

Current Fiscal Year Contract Information	•
Current Fiscal Year 2022	
Contract ID#* 6556	
Contractor Name * Avant Residential and Community Service, Inc.	
Service Provided* (?) Day Habilitation Services; Service will be provided through	the Coffeehouse Program.
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, Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment#	.000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	☐ Tag-On ☑ Consumer Driven
✓ Not Applicable (If there are no funds required)	Other
- Total ppinosato (il antico al california)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
The state of Energy Contract	
Vendor/Contractor a Historically Underutilized Busines	ss (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE (Old Text Field For Reference) (?) 0
Contract NTE*(?) \$ 0.00
Rate(s)/Rate(s) Description Day Habilitation services at a rate of \$23.12/day per consumer
Unit(s) Served* 0
G/L Code(s)* 0
Current Fiscal Year Purchase Order Number*
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?* No No
Did Contractor perform duties in a manner consistent with standards of the profession?* No 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

000	Is the contract being renewed for next fiscal year with this Contractor?* (?)		
Yes No			
Renewal Information for	Next Fiscal Year		<u> </u>
Budget Units and Amou	ints Charged to each l	Budget Unit	
			(OLO - I- N - *
Budget Unit Number* 3638	Amount Charged to Un \$ 0.00	n/a	pense/GL Code No.*
Budget Manager*	Seco	ndary Budget Ma	nager*
Adams-Austin, Mamie		ney, Michael	3
Fiscal Year* (?)	Amo	unt* (?)	
2023	\$ 0.0		
A DECEMBER OF CHILDREN CHILD INC. OF CHILDREN CH		ekanularing (melang) dari pertebuah dari pertebuah dari pertebuah dari pertebuah dari pertebuah dari pertebuah	e de compresente em esta que que mesenques, una una sea, cantiera en tradiçante des abrilantes de compresenta
Next Fiscal Year Not to Exceed n/a	Amount for Master Pooled Co	ontracts	
Contract Funding Source*			
State			
Contract Content Chang	ges		
Are there any required changes	to the contract language?*	(?)	
⊚ Yes ⊚ No			
Will the scope of the Services of Yes No	hange?"		
Is the payment deadline differen	nt than not (45)2*		
Yes No	iit than het (40):		
Are there any changes in the Pe	erformance Targets?*		
○ Yes ◉ No			
Are there any changes to the S	ubmission deadlines for note	s or supporting o	documentation?*
○ Yes ● No			
File Upload (?)			
Rate Charges HCS and TxHmL P	Providers Fiscal Year .docx	12.93KB	
Contract Owner			○
Contract Owner* (?)			
Please Select Contract Owner Janice Baines			
Budget Manager Appro	val(S)		U

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 *	
	Approval Date*
Shaskyia Behn	6/9/2022

HARRIS CENTER,

Current Fiscal Year Contract Information	<u></u>
Current Fiscal Year 2022	
Contract ID#* 6472	
Contractor Name * S & E Enterprise, LLC	
Service Provided * (?) DayHab Services	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2022	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 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	☐ Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
✓ Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
☐ Affiliation or Preceptor ☐ BAA/DUA	Service/Maintenance
Pooled Contract	 ☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
○ No	
Unknown	

Contract NTE (Old Text Field For Reference) (?)
Contract NTE * (?) \$ 0.00
Rate(s)/Rate(s) Description Level of Need Rate Intermittent (LON 1) {HCS) \$22.05/day per consumer Limited (LON 5) (HCS) \$24.10/day per consumer Extensive (LON 8) (HCS) \$31.78/day per consumer Pervasive (LON 6) (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*
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 O 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 no	ext fiscal year with this Contra	actor?*(?)	
Yes No	out Cincol Van		
Renewal Information for N	ext Fiscal Year		
Budget Units and Amounts	S Charged to each Bud	get Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
3638	\$ 0.00	n/a	
Budget Manager*		y Budget Manager*	
Adams-Austin, Mamie	Downey, M	fichael	
Fiscal Year* (?)	Amount*	(?)	
2023	\$ 0.00		
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contra	octs	
n/a			
Contract Funding Source *			
State			
Contract Content Changes	5	<u> </u>	
Are there any required changes to t	the contract language?*(?)		
○ Yes No			
Will the scope of the Services chan	ge?*		
○ Yes No			
Is the payment deadline different th	nan 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?* O Yes No			
File Upload (?)			
Rate Charges HCS and TxHmL Provide	ders 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	
Tanice Baines	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Shaskyia Behn	6/7/2022

EXHIBIT F-17

Transforming Lives





Incorporating Peers into your Practice:

The Harris Center's Model

Presented at Geisinger Grand Rounds

Presented By: Wayne Young MBA, LPC, FACHE

The Harris Center, Chief Executive Officer



Objectives

- 1. The participants will be able to identify the varied types of lived experience and related roles for peer support professionals.
- 2. The participants will be able list at least 3 settings where peer support professionals have been utilized with positive impact.
- 3. The participants will be able to articulate an understanding of the basic principles of peer support and how they manifest in a large behavioral health system of care.





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 90K individuals annually.

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.



90K+ Individuals Served



599KAdult Mental Health
Services



214K Child/Adolescent Mental Health Services



227.8KIDD & Autism Services



379.2K
Crisis Line and
Access Calls



20KCOVID-19 Support Calls



5.4K 911 Calls Diverted



131.7KPsychiatric Crisis
Services



91.2K Early Childhood Intervention

What is Peer Support?

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HARRIS
CENTER for
Mental Health and IDD

- According to the Substance Abuse and Mental Health Services Administration, peer support workers are individuals who have been successful in their recovery from mental illness or addition, or both, and can help people experiencing similar situations.
- Peers may have histories of criminal justice involvement, homelessness, child protective services involvement, and military service.
- These shared lived experiences facilitate a peer's establishment of trust and engagement of patients and reduce the likelihood of relapse.





Benefits of Peers

"Peer specialists are living proof that people can successfully recover from mental illness and addiction. They can help people figure out how to deal with family members who don't understand and always say the wrong things. They can even work with your family and help them learn how to help. Peers can help people work through life challenges like getting a job or housing, and they can provide support and reassurance that it is okay to experience symptoms of mental illness, like anxiety when things aren't going right and depression when a person is feeling down. Peers can show people with mental illness how to get their lives back."

Texas Health and Human Services Commission



Funding and Sustainability

- CMS declared peer support services "an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders."
- Effective January 1, 2019, the Texas Health and Human Services Commission implemented a new peer support benefit for the state Medicaid Program.
- Peers have a mandatory training and certification process to be eligible to bill Medicaid.
- Once certified, individuals will have the credential of "Mental Health Peer Specialist" (MHPS) or Recovery Support Peer Specialist (RSPS), rather than the designation of Certified Peer Specialist (CPS). An RSPS is a peer specialist that works in the substance use area.





Peers at The Harris Center

Peers at The Harris Center



 The Harris Center is the largest employer of peers in Texas.

Adult Mental Health Respite, Rehab, and Reentry Center

PEERS House

Children's Mental Health

Mobile Crisis
Outreach Team

Services for People experiencing Homelessness

Veterans Services

 Our 52 peers are critical members of clinical teams across the agency.

Neuropsychiatric Center

Harris County Jail

Jail-based Competency Restoration

Children's Mental Health Services



"Parent peer support, also commonly called family peer support or family support services, offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health, substance use, and related service systems." - Substance Abuse Mental Health Services Agency

 Lived experience – mental illness, have children with diagnoses or who receive special education services, substance abuse histories, CPS histories, juvenile justice, attempted suicide, or domestic violence

- Family partners assist in the recovery process:
 - Group and individual sessions;
 - Help families navigate different systems, including CPS and school;
 - Assist with day-to-day behavioral problems;
 - Connect parent with adult services if needed.
 - Adult peer helps the transitional youth find the vision of their future and the family partner helps the family to take a step back.

Page 892 of 907 HARRIS CENTER for Mental Health and IDD Transforming Lives

Outpatient Mental Health Services

- Eight peers play a critical role on the clinical teams that provide adult mental health services and provide a lot of wellness tools.
- Lived experience: serious mental illness, substance use, criminal justice involvement, suicide ideation, LGBTQ, and domestic violence.
- Peers are matched with patients with similar experiences to the extent possible and participate in group and individual sessions.
- Peers assist patients leaving in-patient services in their transition to the community and sometimes help get them to appointments.





Crisis Services: Respite, Rehabilitation, and Reentry Center

- Voluntary programs for individuals with serious mental illness who are diverted from jail
 or transitioning back to community from an inpatient facility or jail. Many are homeless.
- Lived experience: Person with mental illness and some have criminal histories or may have been homeless.
- Peers are the 1st person that a patient meets if he or she is dropped off by the police.



- Peers participate in
 - Groups and individual sessions;
 - Coordination of care;
 - Outings; and
 - On-site activities.

Crisis Services: PEER's House

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HARRIS
CENTER for
Mental Health and IDD

- The PEER's House provides community-based, recovery-oriented respite care and peer support for adults experiencing a mental health crisis or seeking to prevent a crisis.
- 9 beds open 24/7 to voluntary and selfreferred Harris County residents who are capable of independent living.
- 15 Peers, including a program manager run the House.
- The House operates on the premise that people with lived experiences bring a unique perspective to wellness and recovery.
- Video on PEER's House <u>https://www.youtube.com/watch?v=UGA6cQcU6LU</u>



Crisis Services: Neuropsychiatric Center

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HARRIS
CENTER for
Mental Health and IDD

- Located in the Texas Medical Center, the Neuropsychiatric Center and the Crisis Stabilization Unit are open 24/7 for acute psychiatric emergencies.
- Voluntary, including walk-ins, involuntary admissions, and up to 48 hours for observation.
- Lived experience: the peers have mental illness and many have experience with involuntary hospitalizations.
- Peers help at the front door and the back door:
 - Understand and address patients' expectations;
 - Provide support, calming presence, and reassurance, especially to those brought by police; and
 - Engage.
- Peers participate in groups; coordinate activities; and are a flexible team member.



Crisis Services: Mobile Crisis Outreach Teams



- The Mobile Crisis Outreach Team (MCOT) is community-based, non-law enforcement response to children and adults experiencing a mental health crisis.
- MCOT is an interdisciplinary team including a Psychiatrist, a Registered Nurse, Licensed Clinicians, Master's Level Clinicians, Bachelor Level Clinicians, Psychiatric Technicians, and Peers.
- Lived experience: mental illness, substance use, and juvenile justice involvement.
- Peers play an important role in follow-up services and can participate in the emergency response.



Crisis services: Homelessness



- The Behavioral Health Response Team is a multi-disciplinary team including a nurse, LCDC, Masters level clinician, care coordinator, and peer specialist.
- Lived experience: all have a mental illness and many have a history of homelessness.
- The team works with the Coalition for the Homeless:
 - Encampments;
 - Navigation center; and
 - Housing supports after the person is housed.
- One peer is based at the navigation center.
- One peer is based on-site at the Villas (Eastwood) to provide housing supports, including peer and recreation support.

Veteran Peers



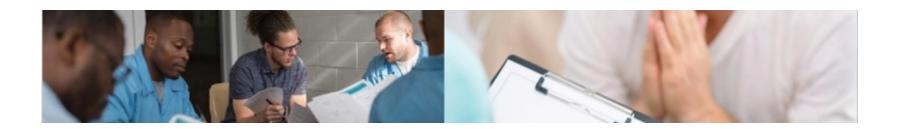
- The Harris Center partners with Mental Health of America of Greater Houston and together have 17 veteran peers.
- Two peers are employees of The Harris Center.
- Lived experience: all are veterans, and some have criminal histories.
- They mentor justice-involved veterans:
 - Jail in-reach;
 - Veterans Court;
 - Reintegration; and
 - Coordinate with organizations serving veterans.



Peer Re-entry



- In the Harris County Jail, peer navigators and peer educators perform 90% of their services face-to-face. They are able to build rapport faster than anyone.
- Lived experience: All have mental health histories, and many have substance abuse and criminal histories.
- Peers are critical members of the jail-based team:
 - Clinical 2 peers are assigned to the infirmary and step-down units. They work with more acute patients and in group and individuals services.
 - Texas Targeted Opioid Response part of the recovery team.
 - Peer re-entry once the release date is known, peers begin engagement with the person.
 - Post-release services and warm hand-off into outpatient services.
 - Jail-based Competency Restoration peers are part of the treatment team and provide great insight.
- Video on Peer Re-entry https://www.youtube.com/watch?v=u_qHOC1j4XE



Statewide Peers Meetings and Trainings



- The Texas Council of Community Centers hosts monthly meetings for
 - Supervisors of Peers/Family Partners;
 - Peer Support Lunch and Learn; and
 - Military Veteran Peer Network.
- These meetings help increase collaboration and build expertise across the disciplines.
- Increases the effectiveness of services and develops a well-trained peer workforce.





From an Emergency Room Provider about a year after hiring peers:

"You will remember that when the peer support specialist program began I had reservations, as did many of the staff, and we discussed this. Today, I'm confident and comfortable admitting to you that I was wrong. Although I have not had equal levels of interactions with all of the peer support specialists, I have had a great amount of interaction with the two assigned to the PEC, Gordon and Sarah. Sarah and Gordon do an outstanding job. Their interactions with patients occur on a unique level, and both patients and family members consistently give them overwhelmingly positive feedback. They provide an invaluable service to the patients in the PEC, and if we're speaking honestly, to the nursing and medical staff as well. I enjoy working with both of them and am proud that they are part of our team."

EXHIBIT F-18

ABBREVIATION LIST

Not Competent to stand trial HCJ 46B

A ACT Assertive Community Treatment

Activities of Daily Living ADL

Aid to Families with Dependent Children **AFDC**

Assisted Living facility ALF

Adult Needs and Strengths Assessment ANSA

Assisted out-patient treatment AOT

Adult Protective Services APS

Association for Retarded Citizens ARC .

Alcohol Use Disorders Identification Test **AUDIT-C**

BABY CANS Baby Child Assessment needs (3-5 years)

Behavioral Health Organization BHO

Brief Bipolar Disorder Symptom Scale **BDSS Brief Negative Symptom Assessment** BNSA

Child and Adolescent Needs and Strengths CANS

Child and Adolescent Psychiatric Emergency Services CAPES

Child and Adolescent Psychlatric Services CAPS

Client Assessment and Registration CARE

Commission on Accreditation of Rehabilitation Facilities CARF

Child and Adolescent Services CAS Children's Behavioral Checklist CBCL

Community Behavioral Health Network CBHN

Cognitive behavior therapy CBT

Certified Community Behavioral Health Clinic CCBHC

Clinical case review CCR

Chronic Consumer Stabilization Initiative CCSI

Crisis Counseling Unit CCU

Children's Health Insurance Plan CHIP Chronically III and Disabled Children CIDC Crisis Intervention Response Team CIRT

Clinical Institute Withdrawal Assessment for Alcohol CIWA

Children's Medication Algorithm Project CMAP

Clinical Management for Behavioral Health Services **CMBHS**

Centers for Medicare and Medicaid CMS

Continuity of Care COC

COD Co-Occurring Disorders Unit

Co-occurring Psychiatric and Substance Abuse Disorders COPSD

Council on Recovery COR

Comprehensive Psychiatric Emergency Programs CPEP Charleston Psychiatric Outpatient Satisfaction Scale CPOSS

Children's Protective Services CPS

Community Resource Coordination Group CRCG

Crisis Residential Unit CRU **Community Service Center** CSC

Community Supervision and corrections department CSCD

Community Support plan CSP Crisis Stabilization Unit CSU **Community Youth Services** CYS

Department of Family and Protective Services DFPS Department of Health and Human Services **DHHS Determination of Intellectual Disability** DID Daily Living Activities-20 Item Version

DLA-20 Dangerousness review board DRB

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition DSM-5

Delivery System Reform Incentive Payment Program DSRIP

E ECI Early Childhood Intervention

Early Onset EO

Early Periodic Screening Diagnosis and Treatment **EPSDT**

Forensic Assertive Community Team FACT

Flex Funds FF

Full Scale Intelligence Quotient **FSIQ** Jail -Forensic Single Portal **FSPA**

Fagerstrom Test for Nicotine Dependence FTND

Fiscal Year FY

Global Assessment of Functioning GAF

General Revenue GR.

Hamilton Rating Scale for Anxiety HAM-A Harris County Juvenile Probation Department **HCJPD** Harris County Psychiatric Center HCPC Harris County Psychiatric Intervention HCPI Harris County Protective Services for Children and Adults **HCPS** Home and Community Services HCS Home and Community Services - OBRA HCS-O Harris County Sheriff's Office HCSO Harris Health System HH Health Human Services HHS Health and Human Services Commission **HHSC** Health Maintenance Organization **OMH** Homeless Outreach Team HOT **Houston Police Department** HPD **Houston Recovery Center** HRC Inventory for Client and Agency Planning **ICAP** Interim Care Clinic ICC Intermediate Care Facility for Intellectual Disability **ICF-ID** Individual Education Plan IEP Individual Family Support Plan **IFSP** In Home Respite IHR Innovative Resource Group IRG Individualized recovery plan IRP **Juvenile Detention Center** JDC Juvenile Justice Alternative Education Program JJAEP Job Satisfaction Scale JSS K Legislative Appropriations Request **LAR Local IDD Authority** LIDDA Local Mental Health Authority **LMHA** Level of Care - LOC A= Authorized and LOC R= Calculated LOC Length of Stay LOS Licensed Professional of the Healing Arts LPHA

Local Service Area

LSA

Medicare Access and CHIP Reauthorization Act MACRA Mental Retardation Adult Psychiatric Services MAPS

Medicaid Managed Care Report (Business Objects) **MBOW**

Managed Care Organization MCO Mobil Crisis Outreach Team **MCOT**

Multnomah Community Assessment Scale MCAS

Multiple Disabilities Unit MDU Mental Health Warrant MHW

Minnesota Multiphasic Personality Inventory 2nd Edition MMPI-2

Montreal Cognitive Assessment MoCA

Maximum security unit MSU

NN

National Alliance for the Mentally III NAMI

New Employee Orientation NEO

Not Guilty for Reason of Insanity (46C) NGRI

Neuro-Psychiatric Center NPC

Northwest Community Service Center NWCSC

<u>O</u> OSAR

Outreach Screening Assessment and Referral

Overt Agitation Severity Scale OASS

Out of Home Respite OHR

Office of Violent Sexual Offenders Management OVSOM

P PAP Patient Assistance Program (for Prescriptions)

Preadmission Screening and Annual Residential Review **PASARR** Project to Assist in the Transition from Homelessness PATH

Personal Care Home PCH Patient care monitoring PCM Person Directed Plan PDP Plan-Do-Study-Act **PDSA**

Psychiatric Emergency Services PES

Post Hospitalization Crisis Residential Unit **PHCRU** Patient Health Questionnaire-9 Item Version PHQ-9

Patient Health Questionnaire-9 Modified for Adolescents PHQ-A

Performance Improvement PI Performance Improvement Plan PIP

Prevention and Management of Aggressive Behavior **PMAB**

Plan of Care POC

Perceptions of Care-Inpatient PoC-IP Professional Quality of Life Scale ProQOL Positive Symptom Rating Scale **PSRS** Parent Satisfaction Scale **PSS**

QAIS

Quality Assurance and Improvement System

QMHP

Qualified Mental Health Professional

QI

Quality Improvement

QIDS-C

Quick Inventory of Depressive Symptomology-Clinician Rated

<u>R</u>

RC ROI

Rehab Coordination Release of Information **Recovery Manager**

RM RTC

Residential Treatment Center

Service Authorization and Monitoring SAM

Substance Abuse and Mental Health Services Administration SAMHSA

Service Coordination SC

Southeast Community Service Center SECSC Southeast Family Resource Center SEFRC Sequential Multiple Analysis tests SMAC

State mental health facility SMHF **Skilled Nursing Facility** SNF Service Package (SP1, etc) SP Single portal authority SPA

State living facility **SSLC** Southwest Community Service Center **SWCSC**

Southwest Family Resource Center **SWFRC**

Substance Use Disorder SUD

TAC Texas Administrative code

Temporary Assistance for Needy Families TANF

Texas Correctional Office on Offenders with Medical or Mental Impairments TCOOMMI

Texas Department of Criminal Justice TDCJ

Texas Health Kids THKC **Texas Health Steps THSteps** Trauma informed Care TIC

Texas Medication Algorithm Project TMAP

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U UR Utilization Review

V-SSS Visit-Specific Satisfaction Scale

W

X

Y