

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)
 - 1. 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. FY22 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

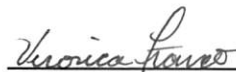
XI. RECONVENE INTO OPEN SESSION

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

1. 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 women-owned businesses with contracting with the Harris Center in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Kendra Thomas, General Counsel
- In accordance with §551.071 of the Texas Government Code, for consultation with attorney about legal issues related to a loan agreement with the City of Houston for the 6168 South Loop East construction in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Wayne Young, CEO, Silvia Tiller, Director of Contracts and Real Estate and Kendra Thomas, General Counsel
- In accordance with §551.071 of the Texas Government Code, for consultation with attorney on a matter related to a proposed contract award for CSP-6168 South Loop East Apartment in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Steve Evans,

Controller, Nina Cook, Director of Purchasing, Carrie Rys, Chief Administrative Officer, and Kendra Thomas, General Counsel

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

X. Reconvene into Open Session

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



The Harris Center for Mental Health and IDD

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	<u>29,335</u>	<u>25,669</u>	<u>(3,666)</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (9,112)</u>	<u>\$ (3,979)</u>	<u>\$ (5,133)</u>

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

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 June 30, 2022				Ten Months Ended June 30, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 4,923,063	\$ 4,638,865	\$ 284,198	c 6%	\$ 49,161,343	\$ 46,630,092	\$ 2,531,251	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)	\$ 1,519,152	\$ 152,552	\$ 1,366,600		\$ 1,413,978	b \$ 487,154	\$ 926,824	

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

	Ending Balance		Increase/(Decrease)	
	May 31, 2022	June 30, 2022	June	
Assets				
Cash and Cash Equivalents	\$ 95,534,386	\$ 93,562,477	\$ (1,971,909)	a
Inventory - includes RX	282,162	275,225	(6,937)	b
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)	(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	
Total Current Assets	<u>146,081,545</u>	<u>154,754,267</u>	<u>8,672,722</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,885,609	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	<u>80,388,674</u>	<u>87,375,523</u>	<u>6,986,849</u>	
TOTAL ASSETS	<u>\$ 226,470,219</u>	<u>\$ 242,129,790</u>	<u>\$ 15,659,571</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 15,224,304	\$ 30,249,419	\$ 15,025,115	e
Accrued Payroll and Accounts Payables	25,712,338	24,222,316	(1,490,022)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>40,936,642</u>	<u>54,471,735</u>	<u>13,535,093</u>	
State Escheatment Payable	51,923	50,505	(1,418)	
Total Non Current Liabilities	<u>51,923</u>	<u>50,505</u>	<u>(1,418)</u>	
TOTAL LIABILITIES	<u>40,988,565</u>	<u>54,522,240</u>	<u>13,533,675</u>	
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	<u>185,586,829</u>	<u>186,193,572</u>	<u>606,743</u>	
Year to Date Excess Revenues over (under) Expenditures	(105,175)	1,413,978	1,519,153	
TOTAL FUND BALANCE	<u>185,481,654</u>	<u>187,607,550</u>	<u>2,125,896</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 226,470,219</u>	<u>\$ 242,129,790</u>	<u>\$ 15,659,571</u>	

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.

	Ending Balance		Increase (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)
	<u>\$ 95,534,386</u>	<u>\$ 93,562,477</u>	<u>\$ (1,971,909)</u>

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

	Ending Balance		Increase (Decrease)
	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	<u>\$ 282,162</u>	<u>\$ 275,225</u>	<u>\$ (6,937)</u>

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

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 increased in June.

	Ending Balance		Increase
	5/31/2022	6/30/2022	(Decrease) 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
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ECI Respite	1,408	1,870	462
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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)

	Ending Balance		Increase (Decrease)
	5/31/2022	6/30/2022	June
DSHS Mental Health 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	-
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A/R - HHSC Projects	1,875,634	1,860,731	(14,903)
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	<u>\$ 18,257,096</u>	<u>\$ 21,121,493</u>	<u>\$ 2,864,397</u>

- 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.

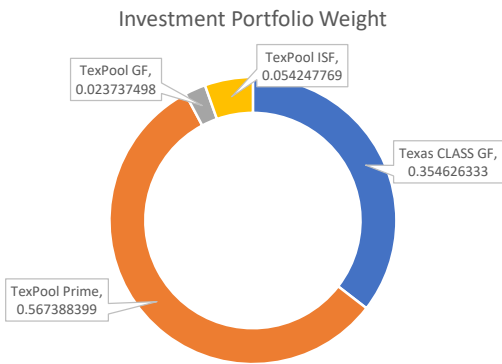
III. Investment Portfolio

- 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)

	<u>Beginning Balance</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Interest Income</u>	<u>Ending Value</u>	<u>Portfolio %</u>	<u>Yield</u>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 17,072,063	\$ 8,900,000	\$ (11,000,000)	\$ 20,141	\$ 14,992,204	35.5%	1.577%
<i>TexPool</i>							
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%
<i>TexPool Sub-Total</i>	<i>27,257,449</i>	<i>-</i>	<i>-</i>	<i>26,407</i>	<i>27,283,855</i>	<i>64.5%</i>	<i>1.179%</i>
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) **1.00**
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



The Harris Center for Mental Health and IDD

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	<u>29,335</u>	<u>25,669</u>	<u>(3,666)</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (9,112)</u>	<u>\$ (3,979)</u>	<u>\$ (5,133)</u>

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

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 June 30, 2022				Ten Months Ended June 30, 2022			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 4,923,063	\$ 4,638,865	\$ 284,198	c 6%	\$ 49,161,343	\$ 46,630,092	\$ 2,531,251	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	\$ 1,366,600		\$ 1,413,978	b \$ 487,154	\$ 926,824	

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

	Ending Balance		Increase/(Decrease)	
	May 31, 2022	June 30, 2022	June	
Assets				
Cash and Cash Equivalents	\$ 95,534,386	\$ 93,562,477	\$ (1,971,909)	a
Inventory - includes RX	282,162	275,225	(6,937)	b
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)	(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	
Total Current Assets	<u>146,081,545</u>	<u>154,754,267</u>	<u>8,672,722</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,885,609	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	<u>80,388,674</u>	<u>87,375,523</u>	<u>6,986,849</u>	
TOTAL ASSETS	<u>\$ 226,470,219</u>	<u>\$ 242,129,790</u>	<u>\$ 15,659,571</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 15,224,304	\$ 30,249,419	\$ 15,025,115	e
Accrued Payroll and Accounts Payables	25,712,338	24,222,316	(1,490,022)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>40,936,642</u>	<u>54,471,735</u>	<u>13,535,093</u>	
State Escheatment Payable	51,923	50,505	(1,418)	
Total Non Current Liabilities	<u>51,923</u>	<u>50,505</u>	<u>(1,418)</u>	
TOTAL LIABILITIES	<u>40,988,565</u>	<u>54,522,240</u>	<u>13,533,675</u>	
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	<u>185,586,829</u>	<u>186,193,572</u>	<u>606,743</u>	
Year to Date Excess Revenues over (under) Expenditures	(105,175)	1,413,978	1,519,153	
TOTAL FUND BALANCE	<u>185,481,654</u>	<u>187,607,550</u>	<u>2,125,896</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 226,470,219</u>	<u>\$ 242,129,790</u>	<u>\$ 15,659,571</u>	

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.

	Ending Balance		Increase (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)
	<u>\$ 95,534,386</u>	<u>\$ 93,562,477</u>	<u>\$ (1,971,909)</u>

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

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

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 increased in June.

	Ending Balance		Increase
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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	-
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TDCJ-Substance Abuse	66,668	50,001	(16,667)
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Jail Diversion	1,908,228	2,495,040	586,812
ECI	557,808	431,023	(126,785)
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DSHS SAPT Block Grant	138,541	154,749	16,208
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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)

	Ending Balance		Increase (Decrease)
	5/31/2022	6/30/2022	June
DSHS Mental Health First Aid	\$ 23,847	\$ 35,740	\$ 11,893
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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			-
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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	<u>\$ 18,257,096</u>	<u>\$ 21,121,493</u>	<u>\$ 2,864,397</u>

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- 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.

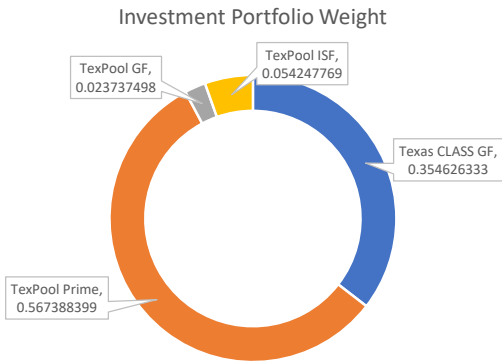
III. Investment Portfolio

- 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)

	<u>Beginning Balance</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Interest Income</u>	<u>Ending Value</u>	<u>Portfolio %</u>	<u>Yield</u>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 17,072,063	\$ 8,900,000	\$ (11,000,000)	\$ 20,141	\$ 14,992,204	35.5%	1.577%
<i>TexPool</i>							
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%
<i>TexPool Sub-Total</i>	<i>27,257,449</i>	<i>-</i>	<i>-</i>	<i>26,407</i>	<i>27,283,855</i>	<i>64.5%</i>	<i>1.179%</i>
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) **1.00**
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

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 NEW CONTRACTS								
	ADMINISTRATION								
1	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 billed 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								
2	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 ^

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/8/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 2,000,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,000,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 to current

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Michael Betts

Address*

Street Address

6555 State Hwy 161

Address Line 2

City

Irving

Postal / Zip Code

75039-2402

State / Province / Region

TX

Country

US

Phone Number*

832.741.7801

Email*

michael.betts@mckesson.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 2,000,000.00	547001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Babin, Angela

Submission Date

6/7/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/7/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

6/8/2022

Contract Owner Approval

Approved by

Angela Babin

Approval Date

6/8/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

6/9/2022





Executive Contract Summary

Contract Section



Contractor*

University of Texas Health Science Center at Houston McGovern Medical School

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/19/2022

Parties* (?)

UT Health Houston McGovern Medical School and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 127,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Community Track Rotation for Residency students

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

FW_ The Harris Center for Mental Health and Intellectual
 Developmental Disability contract change-UT HOUSTON Residency- 262.56KB
 PGY rate.- COMMUNITY TRACK ROTATION .pdf

Vendor/Contractor Contact Person

Name*

Mary Lopez

Address*

Street Address

1941 East Road

Address Line 2

BBSB 3.220

City

Houston

Postal / Zip Code

77054-6010

State / Province / Region

TX

Country

US

Phone Number*

7134862552

Email*

Mary.Lopez@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2208	\$ 227,000.00	540504
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

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

Requester Name	Submission Date
Montgomery, Mercedes	6/17/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date
6/21/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sylvia Marquez, M.D.

Approval Date
6/29/2022

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *
6/30/2022

EXHIBIT F-5

July 2022

RENEWALS OVER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS ADMINISTRATION								
1	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 Provide 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.	No	Software License, Support & Maintenance for On-line requisition & Approval process. (Formerly Ross)	\$326,771.47	\$300,000.00	9/1/2022-8/31/2023	General Revenue		Annual renewal of Software License, Support & Maintenance for On-line requisition & Approval process. (Formerly Ross)
6	Centre Technologies, Inc.	No	Microsoft Azure DraaS- Disaster Recovery as a Service	\$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.
7	Centre Technologies, Inc.	No	Microsoft Office 365 Subscription	\$475,000.00	\$576,000.00	9/1/2022-8/31/2023	General Revenue	Sole Source	Annual renewal of Microsoft Office 365 Subscription
8	Cerner Corporation	No	Agency Wide Anasazi Software, Support & Maintenance for IT.	\$300,000.00	\$300,000.00	9/1/2022-8/31/2023	General Revenue		Annual renewal of Agency Wide Anasazi Software, Support & Maintenance for IT.
9	Department of Information Resources	No	WAN Services from TDHS	\$170,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue	Tag-On	Annual renewal of WAN Services from TDHS.
10	Cardinal Health Pharmacy Services, LLC	No	Remote Order Pharmacy Support Services	\$96,000.00	\$120,000.00	4/01/2020-3/31/2023	General Revenue	Competitive Bid; Request for Quote	Annual renewal of Remote Order Pharmacy Support Services.
11	Granite Telecommunications, LLC	No	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	No	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.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
13	Enterprise FM Trust	No	Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity.	\$433,761.18	\$758,833.08	9/01/2022-8/31/2023	General Revenue	Tag-On	Vehicle Lease and Maintenance Agreements for Agency-wide transportation services.
14	AT&T Corp.	No	AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing Schedule.	\$152,000.00	\$152,000.00	1/01/2020-1/01/2023	General Revenue	Service Agreement Agency Wide	Annual renewal of AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing Schedule.
15	Innovation Network Technologies Corp.	No	Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions (DIR-TSO-4332).	\$100,635.30	\$105,000.00	8/31/2022-8/30/2023	General Revenue	Tag-On	Annual Funding. Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions. Tag-on to DIR-TSO-4332.
16	Kronos Incorporated	No	HRMS Software including Time and Attendance.	\$467,269.19	\$224,940.00	9/1/2022-8/31/2023	General Revenue	Tag-On	Annual renewal of Agency wide HRMS Software, Equipment, including Time and Attendance Maintenance and Support services.
17	Mazzammil Sajjad D/B/A Innovative Solutions IT	No	Access to large quantities of PPE Services	\$350,000.00	\$100,000.00	9/1/2022-8/31/2023	General Revenue	CD	Annual renewal of Access to large quantities of PPE in a timely manner.
18	Safeway Inc.	No	Pharmacy Drug Dispensing Services	\$100,000.00	\$100,000.00	9/01/2022-8/31/2023	General Revenue	Request for Proposal	Annual renewal of Pharmacy Drug Dispensing Services.
CPEP/CRISIS SERVICES									
19	Labatt Institutional Supply Company DBA Labatt Food Services, LLC	No	Food Services for Consumers in the CRU.	\$113,700.00	\$113,700.00	7/1/2022-6/30/2023	General Revenue	Tag-On	Annual renewal of agreement to continue providing Food Services for Consumers in the CRU.
20	P-Co-Occurring Disorders Residential Treatment	No	Co-Occurring Disorders Residential Treatment Services	\$250,000.00	\$250,000.00	8/31/2022-9/1/2023	General Revenue	Request for Application	Annual renewal of master pool agreement to continue providing Co-Occurring Disorders Residential Treatment Services.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
21	P-IDD Consumer Services (Pool-3)	No	Respite/Day Habilitation/ Transportation/Crisis Out of Home Respite	\$2,765,000.00	\$2,765,000.00	09/01/2022- 08/31/2023	GR	RFA	Annual Renewal of P-IDD Supports Pool
LEASES									
MENTAL HEALTH SERVICES									



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 South Loop East Apartment Project.

Renewal Term Start Date*

8/1/2021

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 233,450.00	900040
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 233,450.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Please Explain*

please 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)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shaskyia Betu

Approval Date*

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 Maintenance - Upgrading the building automation system and provide software/software updates to several locations.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE * (?)

\$ 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? *

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	\$ 209,813.20	900040
Budget Manager *		Secondary Budget Manager *
Brown, Erica		Campbell, Ricardo

Fiscal Year * (?)	Amount * (?)
2023	\$ 209,813.20

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

Erica Brown

Contract Owner Approval



Approved by

Todd Macorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0194

Contractor Name*

M Strategic Partners (NE Clinic Project)

Service Provided* (?)

Project Management Consultant Services for the Northeast Community Clinic Project.

They will furnish Project Management Services for the design, permitting, construction bidding, construction oversight and move-in activities for the Northeast Community Clinic located at 7583 Little York Road, Houston, TX 77016.

Renewal Term Start Date*

8/1/2021

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

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

Contract NTE* (?)

\$ 18,010.15

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? *

- Yes 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.*
1126	\$ 425,951.75	900040

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 425,951.75

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)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

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

Procurement Method(s)*

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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? *

Yes 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.*
1126	\$ 379,500.00	900040
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 379,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/11/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6115

Contractor Name*

Aptean, Inc.

Service Provided* (?)

Software License, Support & Maintenance for On-line requisition & Approval process.
(Formerly Ross)

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 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? *

Yes 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	\$ 300,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

Shaskyia Behu

Approval Date*

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

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

Yes 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	\$ 185,000.00	574000

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

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?*

 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

Musafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shakeya Behu

Approval Date*

6/24/2022



Annual Renewal Evaluation

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 No

Were reports, billing and/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	\$ 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskyia Betu

Approval Date*

6/24/2022



Annual Renewal Evaluation

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 300,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

[Signature area]

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behn

Approval Date *

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

Yes 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	\$ 100,000.00	564004

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

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Musafa Coshinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

4/1/2020

Renewal Term End Date*

3/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- 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

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	\$ 120,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 120,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

Shashyia Behu

Approval Date*

6/8/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6825

Contractor Name*

Granite Telecommunications, LLC

Service Provided* (?)

POTS and AT&T bills transferred to Granite who manages 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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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.*
1171	\$ 150,000.00	564000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 150,000.00

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*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0209

Contractor Name*

Ascend HR Corp

Service Provided* (?)

Agency-Wide Recruitment Services as-needed for Human Resources.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 200,000.00	592000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

200000.00

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

Terence Freeman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

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.*
1117	\$ 9,375.72	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 1,153.32	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 60,534.84	560500
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 15,897.36	559000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 16,139.29	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 1,867.80	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1190	\$ 9,787.08	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1190	\$ 1,091.76	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,284.00	559000
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

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

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

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 991.80	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
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9243	\$ 907.80	559000
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9247	\$ 5,956.92	560500
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9247	\$ 1,050.84	559000
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9248	\$ 159,326.16	560500
Budget Manager *	Secondary Budget Manager *	
Strang, Sarah	Oshman, Jodel	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9248	\$ 18,156.72	559000
Budget Manager *	Secondary Budget Manager *	
Strang, Sarah	Oshman, Jodel	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 11,654.40	560500
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 1,815.60	559000
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Oshman, Jodel	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 10,558.68	560500

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Macleod, Ann

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 8,436.96	559000

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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 2,183.52	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 5,292.72	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 15,598.44	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 2,050.92	559000

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 758,833.08

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Mamie Adams-Austin

Approved by

Priscilla M. Ramirez

Approved by

Jodel Oshtman

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



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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.

Renewal Term Start Date*

1/1/2020

Renewal Term End Date*

1/1/2023

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 152,000.00	564004
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 152,000.00

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 Cochinnwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2022



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 Start Date*

8/31/2022

Renewal Term End Date*

8/30/2023

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 105,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 105,000.00

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*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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 (?)

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	\$ 224,940.00	553002

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 224,940.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 100,000.00	549001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

6/15/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 Babir

Contracts Approval

Approve *

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

Approved by *

Shasteyia Betu

Approval Date *

6/8/2022



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 *

7/1/2022

Renewal Term End Date *

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

\$ 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? *** Yes 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. *
9210	\$ 54,576.00	548001

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 59,124.00	548001

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 113,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNWAYER

Contracts Approval

Approve *

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

Approved by *

Shaslyja Behm

Approval Date *

6/3/2022



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 *

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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. *
9225	\$ 250,000.00	543043
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	

Fiscal Year * (?)	Amount * (?)
2023	\$ 250,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
250,000.0

Contract Funding Source *
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 Respite
- 3568-543005= \$5,000.00 IDD RO22 Clinical Out of Home Respite
- 3646-543063= \$100,000.00 IDD RO22 Crisis Out of Home Respite

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

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

\$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?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination



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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 10,000.00	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 *	Amount Charged to Unit *	Expense/GL Code No. *
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. *
3568	\$ 5,000.00	543005
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3646	\$ 100,000.00	543063
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	
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? * (?)

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 (?)

FY23 Rate Master Pool.docx

12.69KB

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Manie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

6/9/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5736

Contractor Name*

The University of Texas Health Science Center @Houston on behalf of Harris County
Psychiatric Center

Service Provided* (?)

Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services
and Voluntary/Involuntary Civic Beds.

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 Required per HHCS Performance Contract

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 (?)

\$ 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 *

2200, 2221, 0000

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 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? * (?)** 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. *
9300	\$ 1,080,000.00	543059

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Britt, Lance

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2221	\$ 4,636,477.00	543069

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Britt, Lance

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2222	\$ 3,288,648.00	543056

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Britt, Lance

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2186	\$ 28,092,291.80	543002

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Britt, Lance

Fiscal Year * (?)	Amount * (?)
2023	\$ 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 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



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

7309

Contractor Name *

University of Houston-College of Medicine

Service Provided* (?)

Physician will provide primary care services to patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast).

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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.*
2801	\$ 635,000.00	543011
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 635,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

6/6/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7270

Contractor Name*

Physician Resources, Inc.

Service Provided* (?)

Physicians/Physician Assistants for Physical Assessments for the Jail Diversion Center

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 57,560.00	543031

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 177,485.40	543031

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 235,045.40

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shasthya Behm

Approval Date *

5/25/2022

EXHIBIT F-6

July 2022

AMENDMENTS OVER 100k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 \$100,000.00 AND MORE

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
FY22/23 AMENDMENTS ADMINISTRATION										
1	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 on 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	Unknown	Remote Order Pharmacy Support Services	\$96,000.00	\$12,000.00	\$108,000.00	4/1/2022 - 3/31/2023	General Revenue	Request for Quote	Amendment 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.
3	WebHead	Yes	Hosting Solution Powered by Amazon Web Services	\$ 208,884.40	\$ 14,308.04	\$ 223,192.44	4/1/2022 - 3/31/2023	General Revenue	Request for Proposal	This Amendment is to increase NTE funds for the hosting solution powered by Amazon Web Services.
CPEP/CRISIS SERVICES										
4	Harris Health System - Nutrition Food 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	\$46,080.00	\$108,806.00	9/1/2021 - 8/31/2022	County	Request for Application	This Amendment is the Program requesting to increase the NTE and Purchase Order closer to actual expenses projected to fiscal year end (08/31/2022). At the end of March, the program had \$8,000 of the \$46,080 contracted amount remaining. The program has averaged spending of \$11,520 over the last 3 months due to the increase in census thus, the program needs at least \$11,520 per month for the remaining 4 months for an increase of \$46,080.
FORENSICS										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI										
LEASES										
MENTAL HEALTH SERVICES										



Executive Contract Summary

Contract Section

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 Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

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

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*

\$ 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* (?)

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

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

need to increase the dollar amount on the current PO CT141553 by \$30,000.00 to be able to provide services for the remainder of the fiscal year

we 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

add \$30,000.00 to 1899 / 569005

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 to present, and dates prior to FY2016 are unknown - pest control services

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

Yes No Unknown

Please provide the HUB status*

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

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****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 Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 30,000.00	569005
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

see original RFP for pricing costs

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

4/27/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/27/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2022

Contract Term End Date* (?)

3/31/2023

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

Current Contract Amount*

\$ 96,000.00

Increase Not to Exceed*

\$ 12,000.00

Revised Total Not to Exceed (NTE)*

\$ 108,000.00

Fiscal Year* (?)
2022

Amount* (?)
\$ 108,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

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

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Conroy Whitely

Address*

Street Address

13651 Dublin Court

Address Line 2

City

Stafford

Postal / Zip Code

77477-4317

State / Province / Region

TX

Country

United States

Phone Number*

18478871258

Email*

Conroy.Whitely@cardinalhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 12,000.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Gleason, Teri

Submission Date

6/27/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/27/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Angela Babin

Approval Date

6/27/2022

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/15/2022

Contract Term End Date* (?)

3/31/2023

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

One Year with four year renewal options

Current Contract Amount*

\$ 208,884.40

Increase Not to Exceed*

\$ 14,308.04

Revised Total Not to Exceed (NTE)*

\$ 223,192.44

Fiscal Year* (?)	Amount* (?)
2022	\$ 223,192.44

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

hosting solution powered by Amazon Web Services.

Contract Owner*

Mustafa Cochinwala

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

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**Name***

Juanita Gonzalez

Address*

Street Address

1710 North Main Avenue

Address Line 2

City

San Antonio

Postal / Zip Code

78212-3938

State / Province / Region

TX

Country

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 Brown, Erica		Secondary Budget Manager 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

Requester Name

Jones, Anthony

Submission Date

6/14/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/15/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

6/15/2022

Contracts Approval

Approve *


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

Approved by *

Shasthya Bahu

Approval Date *

6/15/2022

Contract Section **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 Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

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* (?) 2022 **Amount*** (?) \$ 360,025.70

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

Increased usage of food services for consumers receiving services at the NPC location.

Increase needed; per Budget Manager, at the current spend rate expenses will exceed contracted amount.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jamie Hons

Address*

Street Address

PO Box 25381

Address Line 2

City

Houston

Postal / Zip Code

77265

State / Province / Region

TX

Country

United States

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*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 3,000.00	543013

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

6/22/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/22/2022

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

6/24/2022

Contracts Approval

Approve*

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

Approved by*

Shakeya Belu

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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

9/1/2021

Contract Term End Date * (?)

8/31/2022

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

Current Contract Amount *

\$ 62,726.00

Increase Not to Exceed *

\$ 46,080.00

Revised Total Not to Exceed (NTE) *

\$ 108,806.00

Fiscal Year* (?)

Amount* (?)

2022

\$ 108,806.00

Funding Source *

County

Contract Description / Type* (?)

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

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

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

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

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

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Vendor Pool

Address*

Street Address

N/A

Address Line 2

N/A

City

N/A

State / Province / Region

N/A

Postal / Zip Code

N/A

Country

N/A

Phone Number*

N/A

Email*

na@notanemailaddress.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

No change. As dictated by RFA.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

5/27/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

5/27/2022

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

5/31/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belin

Approval Date*

6/3/2022

EXHIBIT F-7

July 2022

INTERLOCAL AGREEMENTS



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

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

Contract NTE* (?)

\$ 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 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.*
1107	\$ 10,000.00	596001
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

10000

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 *

Shasteyia Behm

Approval Date *

6/10/2022



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 (EVERGREEN)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 3,062.25	571002

Budget Manager*	Secondary 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.*
1110	\$ 2,125.25	571002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 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	\$ 16,852.25	571002

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 notes or supporting documentation?*

Yes No

File Upload (?)

THE HARRIS CENTER 2022-2023 - Pricing Schedule.doc	71KB
HCDE FY23 BUDGET SUMMARY (LATEST) 4-26-2022.xls	65.5KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nina Cook

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Nina Cook

Contracts Approval

Approve*

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

Approved by*

Shasteyia Belu

Approval Date*

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7542

Contractor Name*

Burke Center

Service Provided* (?)

Assistance with Psychological Testing/Evaluations

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

\$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?*(?)

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	\$ 1,250.00	543065
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,250.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
n/a

Contract Funding Source*
State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Janice Baines

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7846

Contractor Name*

Harris County Hospital District D/B/A Harris Health System

Service Provided* (?)

Covid-19 testing, access to test kits and other laboratory services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

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 (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

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

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

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Osman

Contract Owner Approval



Approved by

Kim KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

6/21/2022



Annual Renewal Evaluation

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

Procurement Method(s) *

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

0

Rate(s)/Rate(s) Description

\$14.00/ per call

Unit(s) Served*

0

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?*** Yes 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* 7001	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* UNK
Budget Manager* Ilejay, Kevin	Secondary Budget Manager* Campbell, Ricardo	

Fiscal Year* (?) 2023	Amount* (?) \$ 0.00
---------------------------------	-------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
0

Contract Funding Source*
Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

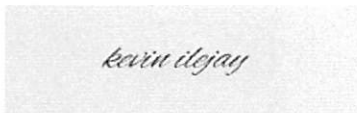
Contract Owner

Contract Owner* (?)

Jennifer Battle

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shashyia Behn

Approval Date*

5/10/2022



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 health emergency services. Note: The original Term was for one year from the date of full execution (11/18/2019), with two automatic renewals. Actual Renewal Term may be equal to or less than the original.

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

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

Contract NTE* (?)

\$ 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

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

- Yes 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	0

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Kornmayer, Kimberly

Fiscal Year* (?)

2023

Amount* (?)

\$ 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

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

6/21/2022

EXHIBIT F-8



Intellectual Disabilities Services Division
9401 Southwest Freeway
Houston, Texas 77074
P.O. Box 25381
Phone: (713) 970-3466
Fax: (713) 970-3481

MEMORANDUM

To: Wayne Young, Chief Executive Officer

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

Date: May 24, 2022

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

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-SAKINA
Mailing Address: 16000 BARKERS POINT LANE #226
City: Houston State: Tx Zip code: 77079
Telephone: 832-449-9197 Fax No.: _____
E-mail Address: info@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 mom 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-SAKINA IS a 501c non profit organization which provide a variety of services to individual with disabilities and their fami - for detailed list of Programmes please visit 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:

DAR-US-SAKINA is a Standalone independent Non Profit organization - However we regularly collaborate with other various organizations like family to family network, An-NISA ISGH, Lighthouse, breaking barriers etc

PAGE 2 OF 3

PART II

Name: NAILA IBRAHIM

Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer*

Mailing Address: 16223 CAIRNGORM AVE

City: HOUSTON State: TX Zip code: 77095

Telephone: Home: _____ Work: _____ Cell: 281-467-3630

E-Mail Address: Naila@DUSHouston-org

Fax No.: _____ Occupation: CASE COORDINATOR

Name of Company/Agency: DAR-US-SAKINA

Business Address: 16000 BARKERS POINT LANE #226

City: HOUSTON State: TX Zip code: 77079

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: DAR-US-SAKINA
(Organization Name)

Organization Authorization: Ahmed Jameel
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?

I would like to be a member as I have a child with disability and I am a member of Dar-us-Sakina which is an organization helping individuals with special needs

What special interests, talents, or experience do you feel you bring to the Advisory Council?

Being a Parent of a 19 year old girl with Down Syndrome I had a first hand experience of the problems they face

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

Yes No If no, please explain: _____

* 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.

PAGE 3 OF 3

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: *Diana Perez* *Case Coordinator*
(Signature of Officer Making Application/Title)

5/24/2022
(Date)

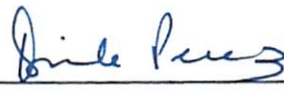
Please mail the completed application form to: **Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.** Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org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

- Attachments:
- 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

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.


(Signature of Organization Representative)
Case Coordinator (Title)
5/24/2022 (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 sells merchandise or 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 Ibrahim
Representing: DAR-US-SAKINA
Signature: 
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
(Date)


(Signature)

EXHIBIT F-9



Intellectual Disabilities Services Division
9401 Southwest Freeway
Houston, Texas 77074
P.O. Box 25381
Phone: (713) 970-3466
Fax: (713) 970-3481

MEMORANDUM

To: Wayne Young, Chief Executive Officer

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

Date: May 24, 2022

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

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]

Please Print:

Name: Elva Caballero

Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer*

Mailing Address: 5906 Culross Close

City: Humble State: TX Zip Code: 77346

Telephone: Home 281-682-0133 Work 281-260-9871 Cell 281-682-0133

Fax No.: _____ E-mail Address: elvacaballero@maximus.com

Occupation: Regional Manager

Employed by: Maximus

I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: self
[Yourself or person who recommended 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 and clients we serve at Maximus

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
27 years working with Medicaid population; Medicaid Managed care experience and 20 years experience working 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 APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]

PAGE 2 OF 2

The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

Yes No If no, please explain: _____

Please list your memberships in other professional and civic organizations and associations:

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.

Eva Caballero
(SIGNATURE)

04/28/2022
(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: 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 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 unanimous affirmative vote of the Board of Trustees FOR The Harris Center.

Elva Caballero

(Signature)

4/28/2022

(Date)

**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 not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family*.

EXCEPTION:

I am not employed by The Harris Center, nor is any member of my immediate family*.

EXCEPTION:

I have no other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any member of my immediate family*.

EXCEPTION:

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Elva Caballero

Signature: *Elva Caballero*

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 person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual 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.)
- Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

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.

4/28/2022

(Date)

Elva Caballero

(Signature)

EXHIBIT F-10

July 2022

Svanaco, Inc. dba Americaneagle.com

(RFP-Website Healthy Minds Healthy Communities)

EXHIBIT F-11

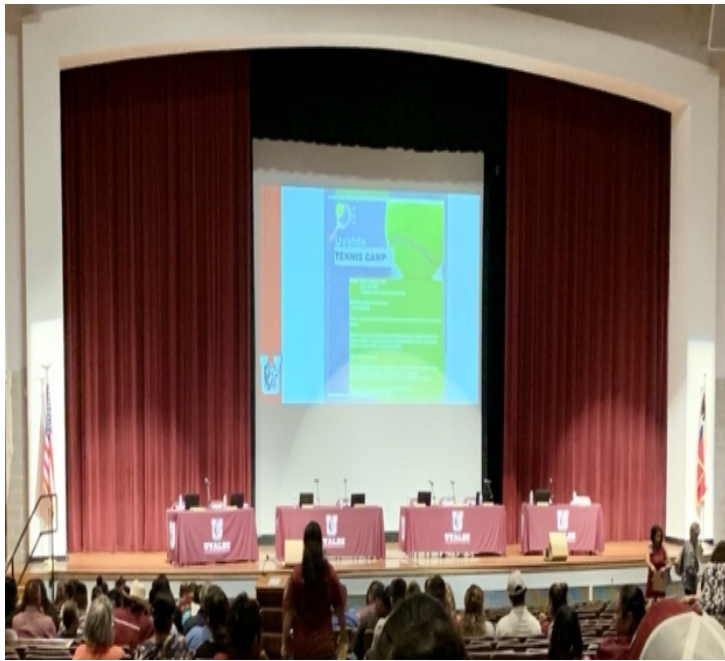
Uvalde, TX Deployment – The Harris Center Supports Hill Country MHDD



MENTAL HEALTH &
DEVELOPMENTAL DISABILITIES CENTER
HILL COUNTRY



Supporting The Uvalde Community



- School Board Meeting

Family Support Group
“Families Healing Together”

Hosted by : Uvalde
 County Mental
 Health Clinic

Led by: Family
 Members Everyone
 Welcome

When: 6/20, 6/21 11:00 AM only, 6/22,
 6/23
 Time: 11:00 AM & 7:00 PM

Where: Sul Ross University
 -Childcare Provided
 -Snacks & Drinks

For more information:
 (830)-278-2501
 &
 For more resources:
 Visit website below

www.uvaldestrong2022.org

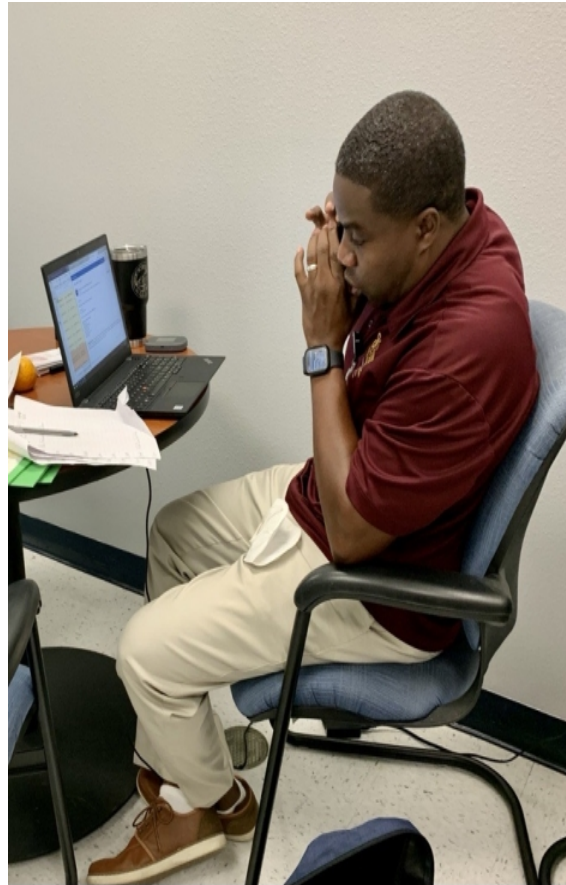
- Groups offered twice a day



- 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

How to setup a long-term system of Prevention Support in Uvalde??

Left Side Lists:

- Satellite to FQHC
- S.I. ST. edcs
- College Students - Navigators
- LPHA (consultant)
- Benefits
- MLC
- DMHP
- PERS
- Family Partner
- LCDC
- Student Navigator
- STREACH/Community
- Nurse
- Telehealth offices
- Peg. / PA
- Mud Dir / APRN
- Training LRA
- Medical Records
- Meeting Space
- Peer Groups (Suic. etc)
- Decorations
- Lithographs
- Play Room
- OSAP Rep.
- PASTOR
- PTB
- Vehicles
- Homeless Welfare
- Drivers
- Financial ASST/CaseM
- Psychologist - Family
- Housing Coord
- Group Coord
- Vol Coord
- Nutritionist
- Marketing/Community
- Screening
- Mobile App - Trauma
- FAR Just
- Legal Aid
- Medical Legal Partnership
- Benefits
- Immigration
- Signage/Posters
- Community events
- FAS
- PTB's
- Spanish Radio
- Print

Right Side Notes:

- CPAM
- SB-11
- Joint Treatment plans - Meds + therapy
- Satellite MH care provided in FQHC
- WHOs (Warm Handoffs)
- onsite care
- fidelity Brief
- VRCIT from MHC (in house pharmacy?)
- Hackett Learning Collabor. - teacher trainings what to look for
- grief support

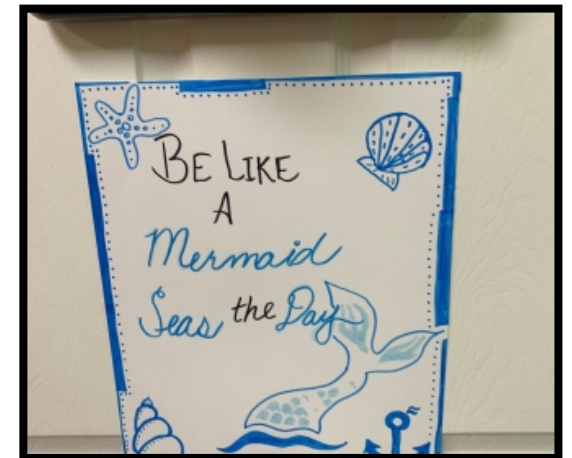
Pyramid Labels:

- Top: Selective/Indicated (5% of community)
- Middle: Targeted (10-15% of community)
- Bottom: Universal (80-85% of community)

Other Notes:

- long-term mental health care in mental health facility
- Schools / Primary - screeners - positive caregivers
- handouts/flyers - outreach, phone apps
- speakers events in Churches, YMCA, Libraries
- Signs (Symptoms) (What to look for?)

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.

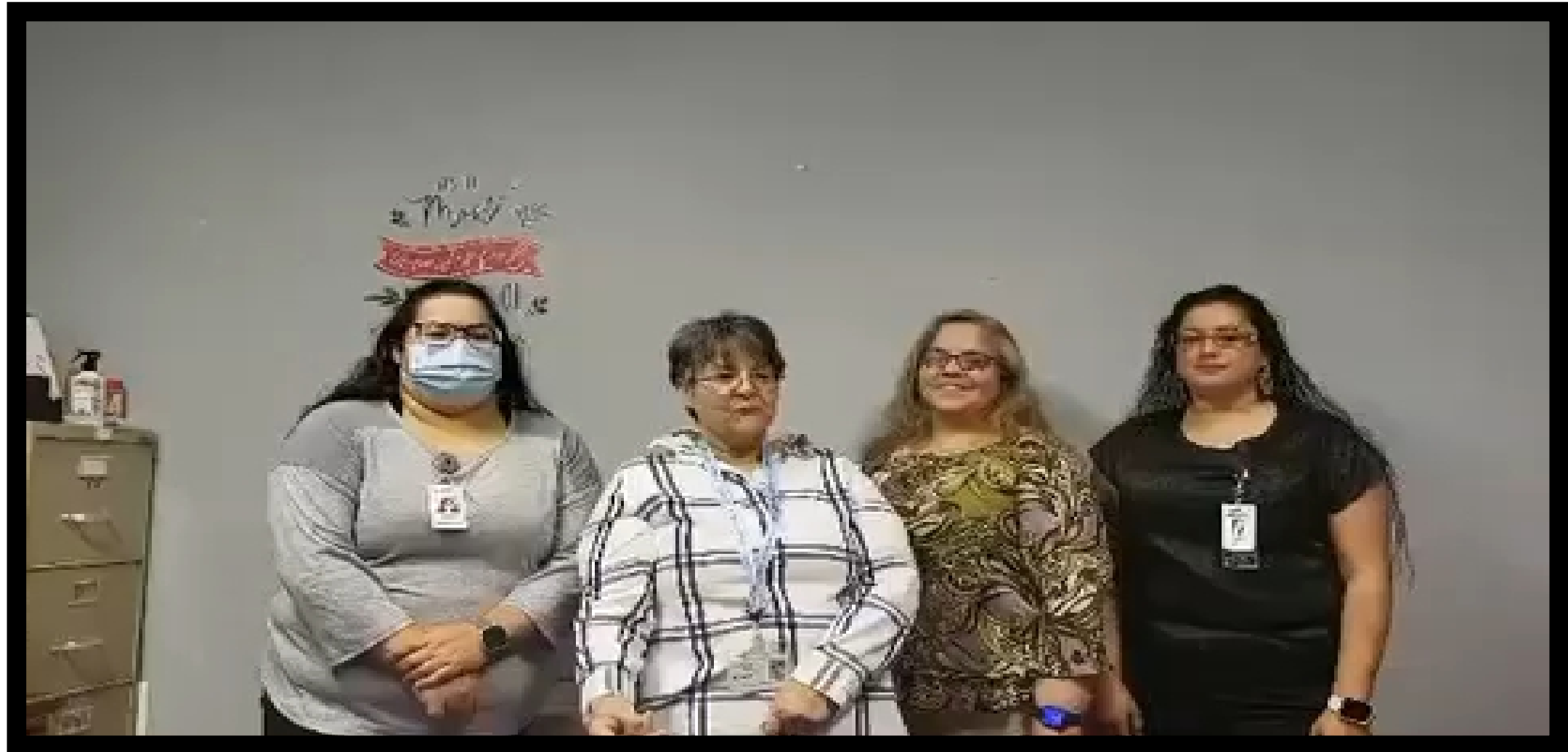
“Thank you so much Harris Center Team. You all are amazing people! Wish I would have been able to work more with you while you were here”. – Lisa Cisneros, Hill Country Clinical Director

“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

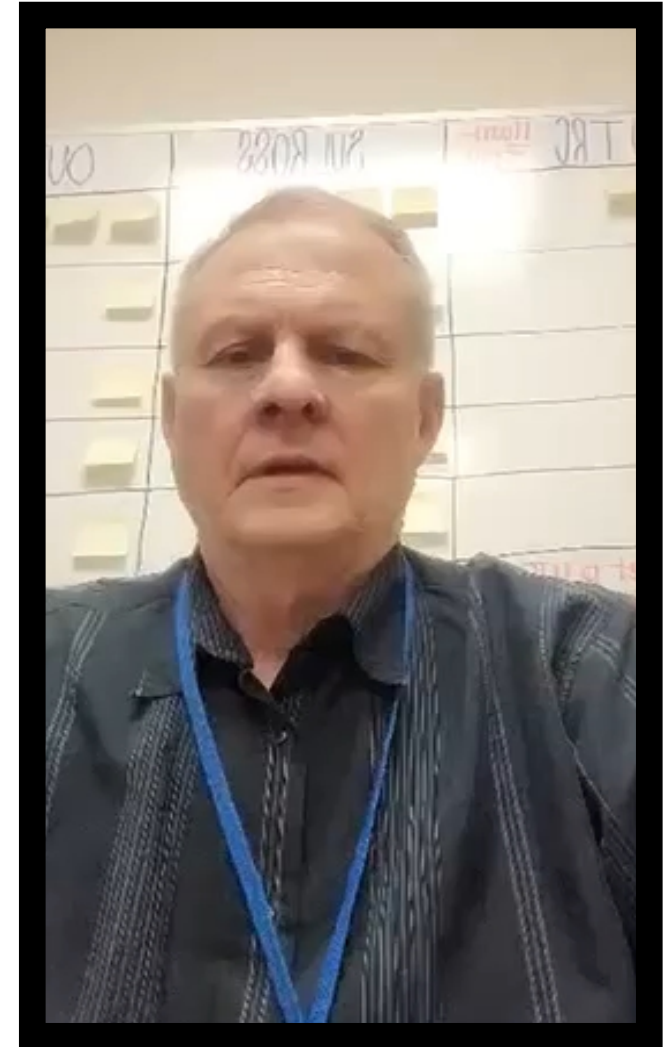


MENTAL HEALTH &
DEVELOPMENTAL DISABILITIES CENTER
HILL COUNTRY

Hill Country Staff Appreciation Video



Hill Country Staff Appreciation Video



Uvalde Deployment – Harris Center Team



Arianna Mellinger - MCOT



Adriana Rodriguez - MCOT



Sarah Strang - MCOT



Nawshaba Zaman - MCOT



Jenny Gorthy - MCOT



Kysha Martin - IDD



Tina Griffith - MH



Omar Flaherty – IDD



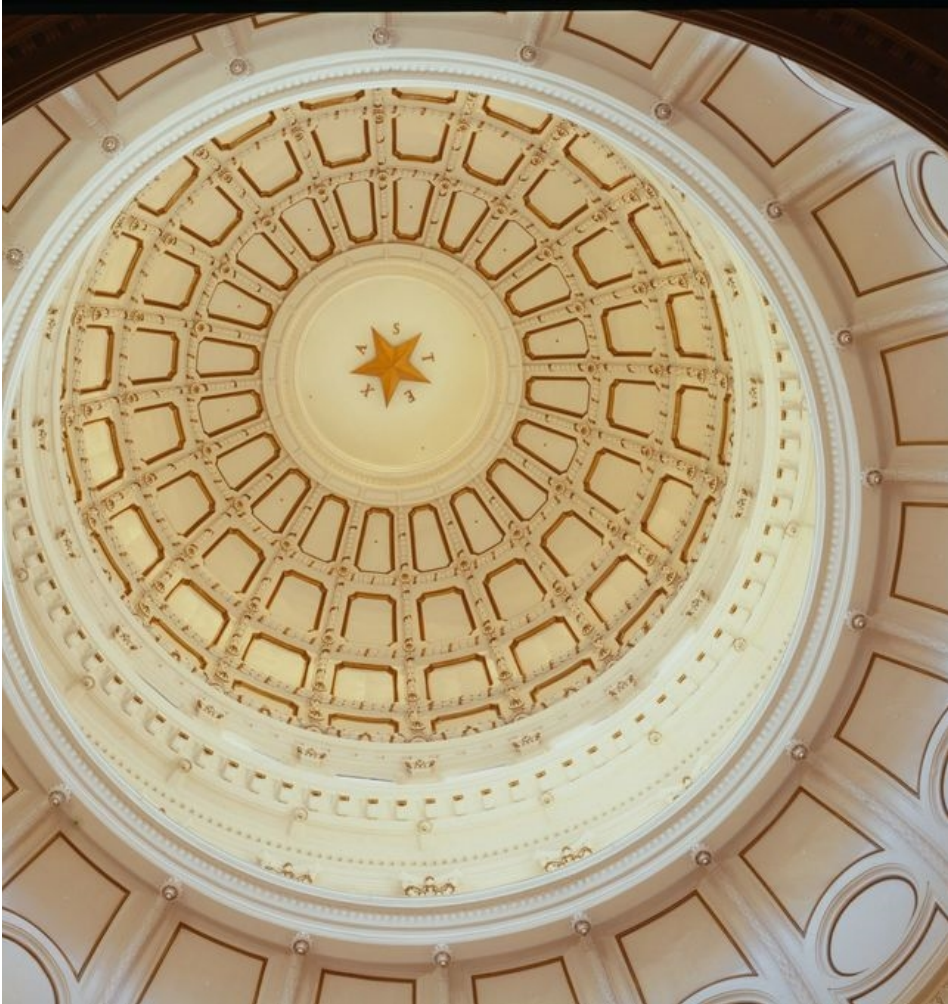
Jose Torres – MH



Ruby Rodriguez - MCOT

EXHIBIT F-12

Transforming Lives



Legislative Update:


Highlights from the Interim

Presented By: Amanda Jones, JD

Director of Government and Public Affairs

Workforce

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



**COVID 19
Pandemic**

Increased demand for behavioral health services



Inflation

Increased costs to deliver services



Population Growth

Funding has not kept pace

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 24-hour 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.

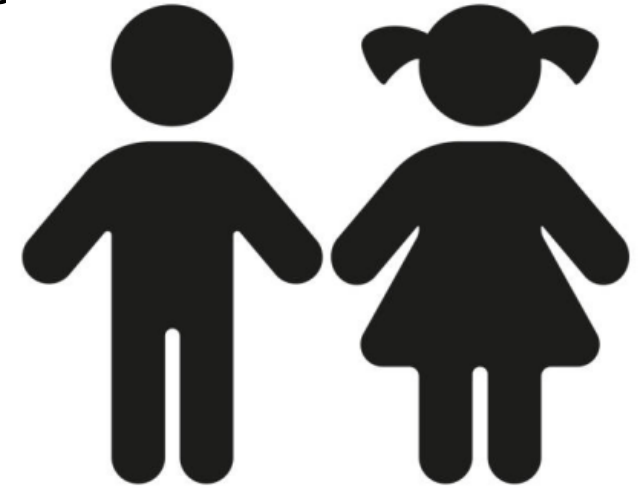


EXHIBIT F-13

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									
1	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	Special Consultant recommended by City of Houston	The agreement is to review and report on the Plan, Cost Review and Monthly Reporting during the construction of the 6168 S Loop E Apartments.
2	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.
3	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 time 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									
4	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 - 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.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
LEASES									
MENTAL HEALTH SERVICES									
5	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.



Executive Contract Summary

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 46,030.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Hillmann Consulting LLC will review and report on the Plan and Cost Review and monthly reporting during the construction of the 6168 S Loop E Apartments

Cost per quote is \$40,025.00 with \$6005.00 contingency for a total NTE of \$46,030.00 - will want to roll over any remaining FY2022 funds into FY2023 to complete the project

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2022-04-29-6168 South Loop East-Harris Center Hillmann Proposal.pdf 579.66KB

Vendor/Contractor Contact Person

Name*

Hillmann Consulting, LLC / Cole Bryant

Address*

Street Address

1745 West Oranewood Avenue ste 201

Address Line 2

City

Orange

State / Province / Region

CA

Postal / Zip Code

92868

Country

US

Phone Number*

4694100010

Email*

cbryant@hillmannconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 46,030.00	900040

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Cost per quote is \$40,025.00 with \$6005.00 contingency for a total NTE of \$46,030.00 - see attached quote

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.23

Requester Name	Submission Date
Harper, Sarah	6/6/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/7/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

6/7/2022

Contracts Approval

Approve*

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

Approved by*

Shashya Behn

Approval Date*

6/10/2022



Executive Contract Summary

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 Nap Bar

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

6/13/2022

Contract Term End Date * (?)

8/31/2022

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

Fiscal Year * (?)

2022

Amount * (?)

\$ 25,000.00

Funding Source *

Private Grant

Contract Description / Type* (?)

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

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

Grant from The Harris Center Foundation - Performance Improvement Through Curated Rest

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

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

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Khaliah Guillory

Address*

Street Address

5090 Richmond Ave #324

Address Line 2

City

Houston

Postal / Zip Code

77056

State / Province / Region

Texas

Country

USA

Phone Number*

832-699-4899

Email*

kg@napbarnow.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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)* (?)

NA

Requester Name	Submission Date
Battle, Jennifer	6/11/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Kevin Ilejay</i>	6/13/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	6/13/2022

Contract Owner Approval

Approved by	Approval Date
<i>Jennifer Battle</i>	6/13/2022

Contracts Approval

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

Approved by*	Approval Date*
<i>Shaskya Behn</i>	6/15/2022



Executive Contract Summary

Contract Section ^

Contractor*

FMLA Source

Contract ID #*

2022-0449

Presented To*

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

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* (?) 2025 **Amount*** (?) \$ 49,000.00

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 **FMLA Administration (Benefits)**

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

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. May also provide manager and employee education from time to time. Will relieve administrative burden on the internal staff related to FMLA administration while reducing associated risk of FMLA administration associated with compliance.

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center FMLA Agreement 4-18-22 (DRAFT).docx 54.64KB

Vendor/Contractor Contact Person

Name*

FMLASource, Inc. (attn: Fred Gahl)

Address*

Street Address

455 North Cityfront Plaza Drive

Address Line 2

13th Floor

City

Chicago

Postal / Zip Code

60611

State / Province / Region

IL

Country

US

Phone Number*

312.660.1103

Email *

fgahl@compsych.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,000.00	543039
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$1.41 per employee per month
initial basis is 2512 employees (incl relief)

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Baughman, Kip

Submission Date

6/23/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/23/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kip Baughman

Approval Date

6/23/2022

Contracts Approval

Approve*

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

Approved by *

Shakeya Belu

Approval Date *

6/24/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Skillshare, Inc

Contract ID #*

2022-0447

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/19/2022

Parties* (?)

The Harris Center for Mental Health and IDD and Skillshare, Inc

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/28/2022

Contract Term End Date* (?)

8/31/2022

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

N/A

Fiscal Year* (?)

2022

Amount* (?)

\$ 477.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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 Nonprofits!.msg	372.5KB
Skillshare.docx	13.2KB

Vendor/Contractor Contact Person

Name*

Annie Schein, Account Executive

Address*

Street Address

215 Park Avenue South, 11th floor

Address Line 2

City

New York

State / Province / Region

NY

Postal / Zip Code

10003

Country

USA

Phone Number*

202-996-8412

Email*

annie@skillshare.com

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)* (?)

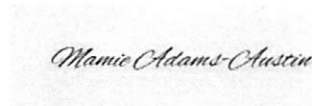
N/A

Requester Name	Submission Date
Childs, Margo	6/8/2022

Budget Manager Approval(s)



Approved by



Approval Date

6/9/2022

Procurement Approval



File Upload (?)

Approved by


Sign

Approval Date

Contract Owner Approval



Approved by



Approval Date

6/9/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

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#
 Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 86,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Community Track Rotation for Residents

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

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*

McKenzie Sluder

Address*

Street Address

1977 Butler Blvd

Address Line 2

4th Floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

United States

Phone Number*

7137984746

Email*

LMcKenzie.Sluder@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 86,000.00	540504
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

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

Requester Name	Submission Date
Montgomery, Mercedes	6/17/2022

Budget Manager Approval(s) ^

Approved by

	Approval Date
	6/28/2022

Procurement Approval ^

File Upload (?)

Approved by

	Approval Date
---	----------------------

Contract Owner Approval ^

Approved by

	Approval Date
	6/29/2022

Contracts Approval

Approve*

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

Approved by*

	Approval Date*
	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
2	Cardinal Health Pharmacy 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 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.
3	Intrado Interactive Services Corporation	Unknown	Televox Software 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 cover invoices from June to August 2022.
4	LEVEL 3 FINANCING, INC. D/BA/LEVEL 3 COMMUNICATIONS, LLC	Unknown	Backup Data Circuits for EPIC	\$ 24,000.00	\$ 15,508.00	\$ 39,508.00	11/2/2020 - 11/2/2023	General Revenue (GR)		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 to an increase in employees.
6	Crothall Facilities Management, Inc.	Unknown	Medical equipment maintenance and support services for NPC.	\$ 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 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.
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	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 and Respite services.



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/2/2022

Contract Term End Date* (?)

2/28/2023

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

2/1/2022 - 2/28/2023

Current Contract Amount*

\$ 6,159.00

Increase Not to Exceed*

\$ 2,500.00

Revised Total Not to Exceed (NTE)*

\$ 8,659.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 8,659.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

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

Contract Owner*

Sean Kim

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

We have existing vendor client relationship for AssetWIN.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

AssetSystems Invoice - 22686.pdf

224.78KB

Vendor/Contractor Contact Person



Name*

Alden Snyder

Address*

Street Address

24W500 Maple Avenue

Address Line 2

#216

City

Naperville

Postal / Zip Code

60540

State / Province / Region

IL

Country

US

Phone Number*

630-428-8594

Email*

asnyder@assetsystems.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 2,500.00	551002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Paick, Daniel

Submission Date

5/17/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/17/2022

Contract Owner Approval

Approved by

Sean Kim

Approval Date

5/17/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

5/20/2022



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2022

Contract Term End Date* (?)

3/31/2023

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

Current Contract Amount*

\$ 72,000.00

Increase Not to Exceed*

\$ 24,000.00

Revised Total Not to Exceed (NTE)*

\$ 96,000.00

Fiscal Year* (?)
2022

Amount* (?)
\$ 96,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

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

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Conroy Whitely

Address*

Street Address

13651 Dublin Court

Address Line 2

City

Stafford

Postal / Zip Code

77477-4317

State / Province / Region

TX

Country

United States

Phone Number*

18478871258

Email*

Conroy.Whitely@cardinalhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Gleason, Teri

Submission Date

5/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/19/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Angela Babir

Approval Date

5/19/2022

Contracts Approval

Approve*

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

Approved by *

Shadeyia Behm

Approval Date*

5/19/2022

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

2022

Amount* (?)

\$ 9,000.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

TO COVER INVOICES JUN-AUG 2022

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141440

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name *

INTRADO INTERACTIVE SERVICES/GINGER GARFIELD

Address *

Street Address

11808 Miracle Hills Drive

Address Line 2

City

Omaha

State / Province / Region

NE

Postal / Zip Code

68154-4403

Country

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	\$ 9,000.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

6/7/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/7/2022

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

6/7/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

6/10/2022

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/2/2020

Contract Term End Date* (?)

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* (?)

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

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

We are increasing the Lumen contract by \$3877 per month for 36 months starting August 1st for new redundant data circuits to Harris Health for EPIC connectivity

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141306

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

Yes No Unknown

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

Houston

Postal / Zip Code

77019

State / Province / Region

TX

Country

US

Phone Number *

8324494022

Email *

John.Lillibridge@lumen.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 15,508.00	564004

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHED

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

6/16/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/16/2022

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

6/17/2022

Contracts Approval

Approve*

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

Approved by*

Shashyia Behn

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 19,034.28

Increase Not to Exceed*

\$ 1,500.00

Revised Total Not to Exceed (NTE)*

\$ 20,534.28

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

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Kip Baughman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

PINGBOARD, INC.

Address*

Street Address

608 WEST MONROE ST

Address Line 2

SUITE A

City

AUSTIN

State / Province / Region

TX

Postal / Zip Code

78704

Country

US

Phone Number*

8777335157

Email*

BILLING@PINGBOARD.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Gerner, Valinda

Submission Date

5/16/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

5/17/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kip Baughman

Approval Date

5/17/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

5/17/2022





Executive Contract Summary

Contract Section



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 for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2022

Contract Term End Date* (?)

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)

Contract Description / Type* (?)

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

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

Medical equipment maintenance and support services for NPC.
Additional funds needed to cover invoices.

Contract Owner*

Evelyn Locklin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kenneth James

Address*

Street Address

1500 Liberty Ridge Dr.

Address Line 2

Suite 210

City

Wayne

Postal / Zip Code

19087

State / Province / Region

PA

Country

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,000.00	553000

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

6/13/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/13/2022

Contract Owner Approval

Approved by

Evelyn U. Locklin

Approval Date

6/13/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

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

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

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*

\$ 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* (?)

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

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

The 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 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 Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Patrick A. Truax

Address*

Street Address

P.O. Box 1555

Address Line 2

City

Sugar Land

Postal / Zip Code

77487

State / Province / Region

TX

Country

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

Budget Manager	Secondary 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

Priscilla M. Ramirez

Approval Date

6/22/2022

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Kim KORNMEYER

6/24/2022

Contracts Approval

Approve *

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

Approved by *

Approval Date *

Shaskyia Behm

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#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

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* (?)

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

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

Consumer received additional hours on plan for CFC and Respite services.

Contract Owner*

Lance Britt

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

9/1/2021 -8/31/2022

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

Katia Lemus

Address*

Street Address

1222 Aldine Mail Route Road

Address Line 2

#6

City

Houston

State / Province / Region

TX

Postal / Zip Code

77039

Country

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

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 3,000.00	543005

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

Provide Rate and Rate Descriptions if applicable * (?)

10.00 per hour

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	6/24/2022

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date
6/27/2022

Contract Owner Approval

Approved by

Lance Britt

Approval Date
6/27/2022

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *
6/27/2022



EXHIBIT F-15

July 2022

RENEWALS UNDER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
	FY23 CONTRACT RENEWALS									
	ADMINISTRATION									
1	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.	
2	Pinnacle Business Solutions (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.	
4	Pinnacle Business Solutions (Mail 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.	
7	American Business Forms, Inc. dba American Solutions for Business	No	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.	\$21,117.50	\$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.	
12	West Publishing Corporation dba 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.	
13	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).	

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 Less Than \$100,000.00

July 2022
 FISCAL 2022-2023

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
15	Morning Star Psychiatric Services, 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.
16	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.
17	Southeast Texas Regional 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").
18	Shi Gov't Solutions	No	Kaspersky license and support renewal	\$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.
19	SkillSoft Corporation	No	Skillsoft Percipio Software. DIR-TSO-3899.	\$44,740.00	\$14,330.00	9/6/2019-9/5/2022	GR	Tag-On	Annual renewal of Skillsoft Percipio Software.
20	Affiliated Telephone, Inc.	No	Agency Wide Shoretel telephone equipment, maintenance & support	\$85,000.00	\$85,000.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of Agency Wide Shoretel telephone equipment, Maintenance & Support Services.
21	BMC Software, Inc.	No	Track-IT Support Software	\$14,694.54	\$16,000.00	9/1/2022-8/31/2023	GR	N/A	Annual Renewal
22	Bud Griffin Customer Support, Inc.	No	Service and Maintenance Support for UPS AC	\$10,000.00	\$10,000.00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Service and Maintenance Support for UPS AC.
23	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.
24	Centre Technologies, Inc.	No	Technical Consultant Services (DIR-TSO-4144 Tag-on)	\$30,000.00	\$30,000.00	9/1/2022-8/31/2023	GR	Tag-On	Annual renewal of Technical Consultant Services.
25	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.
26	CenturyLink / Lumen / Level 3 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.
27	Citrix Systems, Inc.	No	Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software).	\$80,374.00	\$84,000.00	11/1/2022-10/31/2023	GR		Annual renewal of Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software).
28	Critical Start, Inc. (Vectra)	No	VECTRA is a network-based behavioral anomaly detection solution	\$51,715.24	\$43,361.46	6/20/2022-9/19/2023	GR	Tag-On	Annual renewal of the VECTRA, a network-based behavioral anomaly detection solution. DIR-TSO-3898 Tag-on.
29	CTEK Security, Inc.	No	HIPAA Privacy and Security Risk Analysis (Internal Only)	\$26,100.00	\$26,100.00	9/1/2022-8/31/2023	GR	Request for Proposal	Annual renewal of subscription of HIPAA Privacy and Security Risk Analysis.
30	DataVox, Inc.	No	Lifesize Audio Conferencing and Cloud Subscription (TIPS)	\$85,000.00	\$68,000.00	9/1/2022-8/31/2023	GR	Tag-On	Annual renewal of Lifesize Audio Conferencing and Cloud Subscription. TIPS Tag-On Contract# 170306.
31	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.
32	Future Com, Ltd. (Cisco SmartNet)	No	CISCO SMARTNET: Extended Service Agreement for Hardware	\$24,163.86	\$25,000.00	11/1/2022-10/31/2023	GR	Tag-On	Annual renewal of Extended Service Agreement for Hardware and Support.
33	Future Com, Ltd. (Forescout)	No	Forescout maintenance & support	\$35,061.15	\$37,000.00	8/24/2022-8/23/2023	GR	Tag-On	Annual renewal of Forescout maintenance and support. Tag-on to DIR-TSO-4288.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
34	Future Com, LTD. (Formerly Got Net Security)	No	Digital Defense Assessments	\$27,540.00	\$27,540.00	9/1/2022-8/31/2023	GR		Annual renewal of Digital Defense Assessments.
35	Greater Houston Healthconnect	No	Master Participation Agreement	\$15,500.00	\$15,500.00	9/1/2022-8/31/2023	GR		Annual renewal of Internet-Based system that provides secure electronic exchange of PHI 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.
37	Intrado Interactive Services 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.
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	9/01/2022-8/31/2023g	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.
43	Defensive Driver Online, Ltd. d/b/a DefensiveDriving.com	No	Online Defensive Driving Course for employees who will be driving on behalf of the Agency.	\$8,430.00	\$8,430.00	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.
44	Angela Arnold dba Simmons & Arnold Services	No	Coding Consultant Services	\$62,400.00	\$93,600.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Coding Consultant Services. Consultant will assist with audits to capture lost charges and determine the accuracy of billing as necessary.
45	Cerner Corporation formerly Etreby Computer Company, Inc.	No	Pharmacy software maintenance & support; eprescribing services.	\$80,000.00	\$20,000.00	9/01/2022-8/31/2023	GR	N/A	Annual renewal of Pharmacy software maintenance & support; eprescribing services.
46	Texas Application Specialists, Inc.	No	Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services.	\$42,000.00	\$42,000.00	9/01/2022-8/31/2023	GR	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.	\$5,151.00	\$5,151.00	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	Network Penetration Testing Services	\$47,814.30	\$20,000.00	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 meeting room booking software.	\$3,641.36	\$4,000.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of Rendezvous Workspace meeting room booking software.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
51	Vertiv Corporation	No	9401 Data Center - Liebert UPS Power and Battery Maintenance and Support Services.	\$11,200.00	\$12,000.00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Liebert UPS Power and Battery Maintenance and Support Services for 9401 Data Center.
52	VP Imaging, Inc. dba DocuNav Solutions	No	Laserfiche licenses, maintenance & support (Dir-CPO-4449)	\$57,411.94	\$45,000.00	9/21/2022-9/21/2023	GR	Tag-On	Annual renewal of Laserfiche licenses, maintenance and support. Tag-on to Dir-CPO-4449.
53	Salary.com, LLC	No	License Agreement for compensation analysis.	\$19,500.00	\$19,500.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of License Agreement for Compensation Analysis.
54	Audimation Services Inc.	No	Support services for IDEA software license agreement	\$550.00	\$2,260.00	3/1/2022-2/28/2023	GR	N/A	Annual renewal of Support services for IDEA software license agreement to provide comprehensive review of business data to detect possible duplicate transactions.
55	Audimation Services, Inc.	No	Technical Training Services (IT Script Writing).	\$9,000.00	\$9,000.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of Technical Training Services (IT Script Writing).
56	Datix (USA), Inc. dba RLDatix	No	An updated Incident Reporting System and Site Hosting Services.	\$67,222.00	\$15,238.00	11/19/2022-11/18/2023	GR	Tag-On	Annual renewal of Incident Reporting System and Site Hosting Services.
57	Handle With Care Behavior Management System, Inc.	No	Behavior Management Instructor Licensing and Training Services.	\$3,500.00	\$3,500.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of Behavior Management Instructor Licensing and Training Services.
58	Pingboard, Inc.	No	Organization charting and planning tool selected by the Agency's executive team	\$20,534.28	\$25,000.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of the Organization charting and planning tool selected by the Agency's Executive Team.
59	J. Taylor & Associates, LLC DBA JTaylor	No	Consulting service for physician and provider compensation programs.	\$77,400.00	\$77,400.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal. Consulting services for physician and provider compensation programs.
60	MasterWord Services, Inc.	Yes	Foreign Language Translation And Assessment Proficiency Services.	\$5,000.00	\$5,000.00	9/1/2022-8/31/2023	GR	N/A	Annual renewal of Foreign Language Translation And Assessment Proficiency Services.
61	Xerox Business Solutions Southwest	No	Print Shop Production Copiers (2)	\$16,978.05	\$22,637.40	12/31/2021-12/31/2026	GR	Request for Quote	Annual renewal of Agency's Print Shop Production Copiers.
62	P-Housing & Transition Master Pool (CCSI)	No	Master Pool: Three (3) vendor to provide temporary 'Housing and Transitional Services' to consumers in the CCSI Program.	\$25,000.00	\$25,000.00	9/01/2022-8/31/2023	Private Grant	N/A	Annual renewal of the master pool to provide temporary 'Housing and Transitional Services' for Consumers in the CCSI Program. The pool currently has two vendors.
63	Pivot Point Consulting, A Vaco Company	No	Consulting and IT Staffing Services	\$205,000.00	\$50,000.00	9/1/2022-8/31/2023	GR	Sole Source	Annual renewal of Consulting services on an as needed basis for EPIC EHR Reporting and Data Extraction.
64	Carahsoft Technology Corporation	No	DocuSignEnterprise Pro Software	\$21,391.80	\$19,641.80	10/2/2022-10/1/2023	GR	Tag-On	Annual renewal of DocuSignEnterprise Pro Software Agreement.
65	Data Shredding Services of Texas, Inc.	No	Agency-Wide Data Document Destruction Services	\$28,006.00	\$28,006.00	09/01/22- 08/31/23	GR	RFP	Annual renewal of agency-wide data document destruction services.
66	The McMillan Barlow Group, LLC dba Blue Mesa Group	No	Executive Coaching Services for the Chief Medical Officer	\$20,000.00	\$20,000.00	09/01/22- 08/31/23	GR	RFQ	Renewal of Executive Coaching Services for the Chief Medical Officer.
67	Qualtrics	No	Employment Engagement Technology Software for Agency-Wide Surveys	\$26,001.15	\$26,001.15	08/31/22- 09/01/23	GR	N/A	Annual renewal of Employment Engagement Technology Software for Agency-Wide Surveys
68	WEX Health, Inc. dba WEX	No	Agency-Wide FSA Administration Services	\$34,749.00	\$35,000.00	01/01/22- 12/31/22	GR	Benefits Service Agreement	Annual renewal of Agency-Wide FSA Administration Services

	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 CPEP/CRISIS SERVICES	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
	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	\$11,300.00	9/1/2022-8/31/2023	State	Consumer Driven	Annual renewal of Day Camp and Respite Services.
72	Modern Psychological and Allied Services, PLLC	No	Psychological Testing/Evaluation Services	\$24,500.00	\$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								
79	Slosson Educational Publications, Inc.	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.
80	Christina Kasprzak	No	Consultant Services to assist The Harris Center Early Childhood Invention (ECI) Program improve its child outcome performance.	\$6,825.00	\$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 Childhood Invention (ECI) Program with improving its child outcome performance.
	LEASES								
81	Shirajib 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



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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 (?)

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.*
1126	\$ 75,750.00	900040

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 75,750.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

 Yes No

Please Explain*

please correct above units served info to reflect proper WBS of FM21.1126.02

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No


File Upload (?)

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s) 

Approved by

Erica Brown

Contract Owner Approval 

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

5/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0288

Contractor Name*

Pinnacle Business Solutions (Pharmacy)

Service Provided* (?)

Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 10,000.00	577000

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?*

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*

Shasteyia Behm

Approval Date*

6/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0183

Contractor Name*

Pinnacle Business Solutions (Mail Room)

Service Provided* (?)

Courier Services Mail, Pharmaceutical and Medical Records

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 79,920.91	577000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 79,920.91

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

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6048

Contractor Name*

CareFusion Solutions, LLC

Service Provided* (?)

Software License, Equipment & Support Services for CPEP Pharmacy Medstations.

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 Business (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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 18,624.00	552000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
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	\$ 34,296.00	552000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 6,468.00	553001

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 03-23-2021.xlsx

29.89KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Angela Babin

Contracts Approval

Approve *

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

Approved by *

Shashya Behn

Approval Date *

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7067

Contractor Name*

Button's Inventory Service, Inc.

Service Provided* (?)

Pharmacy Inventory Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 (?)

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	\$ 90,000.00	543067
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?*

 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*

Shasteyia Behm

Approval Date*

6/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7800

Contractor Name*

American Business Forms, Inc. dba American Solutions for Business

Service Provided* (?)

Agency Wide Printing Services, Business Cards, Letterhead 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 21,117.50

Rate(s)/Rate(s) Description

Unit(s) Served*

1107

G/L Code(s)*

596001

Current Fiscal Year Purchase Order Number*

CT141440

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 21,117.50	596001

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



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5032

Contractor Name*

ScriptPro USA, Inc. (SE)

Service Provided* (?)

Support & Maintenance for pharmacy equipment for the SE 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

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	\$ 16,000.00	553001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 16,000.00

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 Babir

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

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

Contract NTE* (?)

\$ 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 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	\$ 37,500.00	542000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

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 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 Dabin

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0211

Contractor Name*

Pitney Bowes

Service Provided* (?)

Mail Room Postage Machine Lease Agreement (The SendPro P3000).

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 9,233.88

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? *

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.*
1107	\$ 9,233.88	577000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 9,233.88

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

10000

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 *

Shaskyia Betu

Approval Date *

6/14/2022



Annual Renewal Evaluation

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 50,000.00	540501

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

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*

Shasteyia Behn

Approval Date*

6/10/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

\$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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No


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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit


Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 5,382.12	574000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,382.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Please provide the net days*

30


Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No


File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Silvia Tiller

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Silvia Tiller

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 18,000.00

Rate(s)/Rate(s) Description

\$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?*

Yes 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.*
1975	\$ 18,000.00	549005
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Nirja Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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

Contract Owner Approval



Approved by

Mustafa Cochunwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7754

Contractor Name*

Morning Star Psychiatric Services, PLLC

Service Provided* (?)

Consultant Services for development and implementation of a Post Graduate Physician Assistant Psychiatry Residency Program at 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 Montgomery

Contract Owner*

Luming Li

File Upload (?)

Morning Star Psychiatric Srvcs FY22 Contract Renewal Document ID 379.67KB
7754 (v.1-Fully Executed)docx.pdf

Morning Star Psychiatric Services PLLC Consultant Agreement ID 7754 676.82KB
(v.3-Fully Executed).pdf

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 30,000.00	542000

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

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

Dr. Muzquiz

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Sylvia Muzquiz, M.D.

Contracts Approval

Approve*

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

Approved by*

Shastegia Behm

Approval Date*

6/21/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

 Yes No

Please Explain*

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?* (?)

 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.*
1117	\$ 6,000.00	543024

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, 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?* (?)

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

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

6/15/2022



Annual Renewal Evaluation

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*

7/1/2022

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 125.00	595000

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?* (?)

 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

Approve *

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

Approved by *

Shasteyia Belu

Approval Date *

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7814

Contractor Name*

Shi Gov't Solutions

Service Provided* (?)

Kaspersky license and support renewal. Tag-On to Omnia Partners- IT Solutions Contract #2018011-02

Renewal Term Start Date*

9/26/2022

Renewal Term End Date*

9/25/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 (?)

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	553002

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 *

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

Approved by *

Shaskeyia Behm

Approval Date *

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7534

Contractor Name*

SkillSoft Corporation

Service Provided* (?)

Skillsoft Percipio Software. DIR-TSO-3899. New Renewal Term unknown. Please provide an updated Quote if renewing. Previous Sales Order had a quote of 9/6/2019 - 9/5/2022.

Renewal Term Start Date*

9/6/2019

Renewal Term End Date*

9/5/2022

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 No

Were reports, billing and/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	\$ 14,330.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 14,330.00

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 *

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

Approved by *

Shaskyia Behm

Approval Date *

6/24/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 No

Were reports, billing and/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?*

 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 *

Shaskeya Behu

Approval Date *

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 16,000.00	553002
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 16,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 10,000.00	553003
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?*

 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 Cochinvala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

6/24/2022



Annual Renewal Evaluation

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 contract. Current Term 9/16/2021 - 9/15/2022.

Renewal Term Start Date*

9/16/2022

Renewal Term End Date*

9/15/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	\$ 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?*

 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 Cochinvala

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behm

Approval Date *

6/24/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

6/24/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7012

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

VMware Software Subscription, Maintenance & Support; DIR-TSO-4288. Multiple Term Dtaes: 10/17/2021 - 10/16/2022 and 11/1/2021 - 10/31/2022.

Renewal Term Start Date*

10/17/2022

Renewal Term End Date*

10/16/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Betu

Approval Date*

6/24/2022



Annual Renewal Evaluation

Current Fiscal Year 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 varying start. Estimated term 11/2/2020 - 11/2/2023.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

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	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?*

 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 *

Shaskyia Behn

Approval Date *

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6766

Contractor Name*

Citrix Systems, Inc.

Service Provided* (?)

Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software).

Renewal Term Start Date*

11/1/2022

Renewal Term End Date*

10/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- 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 Business (HUB) (?)

- Yes
- 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

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

Yes 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	\$ 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)?*

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 *

Shaskeya Behu

Approval Date *

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7145

Contractor Name*

Critical Start, Inc. (Vectra)

Service Provided* (?)

VECTRA is a network-based behavioral anomaly detection solution. DIR-TSO-3898 Tag-on.
Current Term: 6/20/2021 - 6/19/2022.

Renewal Term Start Date*

6/20/2022

Renewal Term End Date*

9/19/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? * (?)

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	\$ 43,361.46	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2022	\$ 43,361.46

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Q-26123-MHMRA Harris County - Vectra RNL DIR-CPO-4851.pdf 20.13KB

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*

Shaskeyia Behu

Approval Date*

6/10/2022



Annual Renewal Evaluation

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

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	\$ 26,100.00	553003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 26,100.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

**Contract Owner* (?)**

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7718

Contractor Name*

DataVox, Inc.

Service Provided* (?)

Lifesz Audio Conferencing and Cloud Subscription (TIPS). TIPS Tag-On Contract# 170306.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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? *

Yes 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	\$ 68,000.00	553002
Budget Manager*		Secondary 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

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 Incident Management Service as well as the Safety Connection Base Service (see amendment 1). (NOTE: Replacement for Alert 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 \$100,000.00)
- 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 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 (?)**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 NoRenewal 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	553003
Budget Manager *	Secondary 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

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6748

Contractor Name*

Future Com, Ltd. (Cisco SmartNet)

Service Provided* (?)

CISCO SMARTNET: Extended Service Agreement for Hardware Cust Part No. CON-SNTP-WS-C6509 (Expert Support Services for Cisco Products).

Renewal Term Start Date*

11/1/2022

Renewal Term End Date*

10/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- 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 Co-Op Contract# TIPS 20105

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* (?)

\$ 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? *

Yes 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	\$ 25,000.00	553001
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 25,000.00

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*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6670

Contractor Name*

Future Com, Ltd. (Forescout)

Service Provided* (?)

Forescout maintenance & support. Tag-on to DIR-TSO-4288.

Renewal Term Start Date*

8/24/2022

Renewal Term End Date*

8/23/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 (?)

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	\$ 37,000.00	553001
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 37,000.00

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 *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



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*

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 Business (HUB) (?)

- Yes
- No
- Unknown

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? *

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	\$ 27,540.00	553002

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

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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2020-0015

Contractor Name*

Greater Houston Healthconnect

Service Provided* (?)

Master Participation Agreement. Internet-Based system that provides secure electronic exchange of PHI information with other providers. Initial Term 3/9/2021 - 3/9/2024, with automatic one year renewals thereafter.

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 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 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 NoRenewal 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	\$ 15,500.00	574000


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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No


Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No


File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

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*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 35,000.00	574000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7451

Contractor Name*

Intrado Interactive Services Corporation (West)

Service Provided* (?)

Televox Software Subscription Services for an Agency wide phone tree.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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?*

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	\$ 65,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 65,000.00

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 Cochunwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal Evaluation

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 Maintenance. Initial Term 10/31/2019 - 10/31/2020 with automatic one-year renewals thereafter.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 37,500.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

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 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 (?)

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

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

5185

Contractor Name*

Parata Systems, LLC (SW Clinic)

Service Provided* (?)

Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*(?)

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	\$ 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?*

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 Babir

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behu

Approval Date *

6/8/2022



Annual Renewal Evaluation

Current Fiscal Year 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 reopening of the NE 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 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	\$ 12,000.00	553002
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

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*

Shaskya Behn

Approval Date*

6/8/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*(?)

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	\$ 75,000.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 75,000.00

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 *

Shaskeyia Behm

Approval Date *

6/8/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5031

Contractor Name*

ScriptPro USA, Inc. (NW)

Service Provided* (?)

Support & Maintenance for Pharmacy equipment at the NW 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 10,000.00	553001
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?*

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 *

Shaskyia Behn

Approval Date *

6/8/2022



Annual Renewal Evaluation

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? * (?)

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. *
1117	\$ 30.00	549005
Budget Manager *		Secondary Budget Manager *
Campbell, Ricardo		Brown, Erica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1124	\$ 180.00	549005
Budget Manager *		Secondary Budget Manager *
Brown, Erica		Campbell, Ricardo
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1150	\$ 30.00	549005
Budget Manager *		Secondary Budget Manager *
Campbell, Ricardo		Brown, Erica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2177	\$ 90.00	549005
Budget Manager *		Secondary Budget Manager *
Shelby, Debbie		Shelby, Debbie
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 300.00	549005
Budget Manager *		Secondary Budget Manager *
Shelby, Debbie		Loera, Angelica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 120.00	549005
Budget Manager *		Secondary Budget Manager *
Shelby, Debbie		Loera, Angelica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 240.00	549005
Budget Manager *		Secondary Budget Manager *
Shelby, Debbie		Loera, Angelica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 510.00	549005
Budget Manager *		Secondary Budget Manager *
Shelby, Debbie		Loera, Angelica
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 150.00	549005
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly

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

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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 30.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 60.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 60.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9504	\$ 30.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 330.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9829	\$ 90.00	549005

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 8,430.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Mamie Adams-Austin

Approved by

Shenita Williams-Wesley

Approved by

Priscilla M. Ramirez

Approved by

Sarah Strang

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



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7875

Contractor Name*

Angela Arnold dba Simmons & Arnold Services

Service Provided* (?)

Coding Consultant Services. Consultant will assist with audits to capture lost charges and determine the accuracy of billing as necessary.

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 None

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* (?)

\$ 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*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 93,600.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 93,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Please Explain*

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



Contract Owner* (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

5049

Contractor Name*

Cerner Corporation formerly Etreby Computer Company, Inc.

Service Provided* (?)

Pharmacy software maintenance & support; eprescribing services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 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	\$ 20,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

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*

Shaskyia Behm

Approval Date*

6/8/2022



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*

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 Business (HUB) (?)

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

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?*

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	\$ 24,000.00	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1112	\$ 12,000.00	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 6,000.00	553002

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?* (?)

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

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Angela Babin

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

6/8/2022



Annual Renewal Evaluation

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

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	\$ 45,000.00	553002
Budget Manager*		Secondary 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7414

Contractor Name*

MSX Group, LLC

Service Provided* (?)

Proprietary budgeting software to maintain internal control of Financial operations.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

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	\$ 5,151.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,151.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?*

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2021

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 20,000.00	553003
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Fiscal Year* (?)		Amount* (?)
2023		\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal Evaluation

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*

9/1/2022

Renewal Term End Date*

8/31/2023

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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? *

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	\$ 4,000.00	553002
Budget Manager * Campbell, Ricardo		Secondary Budget Manager * Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 4,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal 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 Maintenance and Support Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

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	\$ 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

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7765

Contractor Name*

VP Imaging, Inc. dba DocuNav Solutions

Service Provided* (?)

Laserfiche licenses, maintenance & support (Dir-CPO-4449)

Renewal Term Start Date*

9/21/2022

Renewal Term End Date*

9/21/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 45,000.00	553003
Budget Manager*		Secondary 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

Contract Owner Approval



Approved by

Mustafa Cochunwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 19,500.00	553002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

NA

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip Baughman

Contracts Approval

Approve *

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

Approved by *

Shasthya Behu

Approval Date *

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7594

Contractor Name*

Audimation Services, Inc.

Service Provided* (?)

Technical Training Services (IT Script Writing).

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 9,000.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 9,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

David W. Fortik

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

6/24/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

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*

3/1/2022

Renewal Term End Date*

2/28/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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 (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1101	\$ 2,260.00	551003
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,260.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

David W. Fojtik

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskeyia Behn

Approval Date*

6/23/2022



Annual Renewal Evaluation

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 \$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 Tag-on to TIPS 170306

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* (?)

\$ 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? *

Yes 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	\$ 15,238.00	551003
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,238.00

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*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Training Contract. |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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?* (?)

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	\$ 3,500.00	549005
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Nirja Escobar

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7323

Contractor Name*

Pingboard, Inc.

Service Provided* (?)

Organization charting and planning tool selected by the Agency's executive team

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Software Agreement/Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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 (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip Baughman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Belu

Approval Date *

6/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7620

Contractor Name*

J. Taylor & Associates, LLC DBA JTaylor

Service Provided* (?)

Consulting service for physician and provider compensation programs.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Consultant Agreement |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 77,400.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
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

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7317

Contractor Name*

MasterWord Services, Inc.

Service Provided* (?)

Foreign Language Translation And Assessment Proficiency Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Service(s) Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Please provide 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

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 5,000.00	543018

Budget Manager *	Secondary Budget Manager *
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
5,000.00

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

Terence Freeman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Tarence Freeman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

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 requires two (2) annual PO's due to Xerox invoicing MFD Lease Cost only and Dahill Office Technology invoicing for all Copy Cost.

Renewal Term Start Date*

12/31/2021

Renewal Term End Date*

12/31/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)**Contract NTE* (?)**

\$ 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

G/L Code(s)*

552002

Current Fiscal Year Purchase Order Number*

CT141667 and CT141686

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 22,637.40	552002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 22,637.40

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*

Belinda Stude

Approval Date*

6/30/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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?*

Yes 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.*
9229	\$ 25,000.00	543074
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Fiscal Year* (?)	Amount* (?)
2023	\$ 25,000.00

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Betu

Approval Date *

5/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0145

Contractor Name*

Pivot Point Consulting, A Vaco Company

Service Provided* (?)

Consulting and IT Staffing Services. Pivot Point Consulting will provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input checked="" type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 205,000.00

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? *

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.*
1158	\$ 50,000.00	900060
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

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

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7844

Contractor Name*

Carahsoft Technology Corporation

Service Provided* (?)

DocuSignEnterprise Pro Software

Renewal Term Start Date*

10/2/2022

Renewal Term End Date*

10/1/2023

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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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*	Expense/GL Code No.*
1147	\$ 19,641.80	900021

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,641.80

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 (?)

Harris Center for Mental Health Carahsoft - DocuSign - 06.09.2022 - Quote 34286149.pdf	189.52KB
--	----------

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinnwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskya Behu

Approval Date*

6/23/2022



Annual Renewal Evaluation

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A.

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 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*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 150.00	543034

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 330.00	543034

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 200.00	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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 150.00	543034

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 360.00	543034

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

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*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 1,245.00	543034
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 180.00	543034
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2111	\$ 100.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2180	\$ 75.00	543034
Budget Manager*	Secondary 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*	Secondary 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. *
2214	\$ 1,500.00	543034
Budget Manager *	Secondary 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	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 180.00	543034
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 300.00	543034
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3353	\$ 980.00	543034
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3355	\$ 220.00	543034
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3360	\$ 1,009.00	543034
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
Budget Manager *	Secondary 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	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
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
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 188.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 207.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 700.00	543034
Budget Manager*		Secondary 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
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
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
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6001	\$ 130.00	543034
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 200.00	543034
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 150.00	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	543034
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 320.00	543034
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 545.00	543034
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 800.00	543034
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	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	
Fiscal Year* (?)	Amount* (?)	
2023	\$ 28,006.00	

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 language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Please provide the net days *

30

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

FY2023 Document Destruction Budget Numbers.pdf

72.43KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Erica Brown

Approved by

Ricardo Campbell

Approved by

Debbie Chambers & Shelby

Approved by

Mamie Adams-Austin

Approved by

Shemina Williams-Wesley

Approved by

Kevin Ilejay

Approved by

Sign

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskeya Bohu

Approval Date*

6/21/2022



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*

9/1/2022

Renewal Term End Date*

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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$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 Montgomery

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



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	\$ 20,000.00	542000
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo
Fiscal Year* (?) 2023		Amount* (?) \$ 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

Luming Li

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Approval Date *

6/14/2022



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 A2ency 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other N/A |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 26,001.15	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

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 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

Terence Freeman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

6/21/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Benefits Service(s) Agreement |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 35,000.00	543039

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip Baughman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/27/2022



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*

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Benefits Service(s) Agreement |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 22,000.00	543039
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 22,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip Baughman

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7871

Contractor Name*

CC Assessment Services

Service Provided* (?)

Psychological Testing/Evaluation Services to determine IDD 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Services Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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 (?)

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.*
3355	\$ 24,500.00	540503
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 Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shasteyia Behu

Approval Date*

6/16/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Service(s) Contract |

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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*

CT141268

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 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.*
3519	\$ 11,300.00	543000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 11,300.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Service(s) Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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?*

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.*
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 Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7193

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

Community Family Task Force

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- 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

Have there been any significant performance deficiencies within the current fiscal year?*

Yes 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.*
3384	\$ 12,000.00	543000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Baines, Janice

Fiscal Year* (?)	Amount* (?)
2023	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

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

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 *

Shaskyia Behu

Approval Date *

6/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7194

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

Camp Champions

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (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 (?)

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.*
3380	\$ 15,000.00	543000

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*

County

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 CHAMPIONS

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

7194.docx

14.81KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Manice Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7196

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

Overnight 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (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?*

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.*
3383	\$ 39,165.00	543000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 39,165.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

 Yes No

Please Explain*

See file upload for change to Service provided. Please change for Family Task Force to Overnight Respite

Will the scope of the Services change?*

 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 Information for The ARC Contract 7196.docx 13.34KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)

Approved by

Manita Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskya Behn

Approval Date *

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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 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.*
3382	\$ 28,700.00	543000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 28,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

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 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 *

Shaskyia Behu

Approval Date *

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

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?*

Yes 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.*
3479	\$ 21,986.00	543000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 21,986.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

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 for changes/corrections. Service provided is Day 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 Information for The ARC Contract 7198.docx 13.39KB

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 *

Shaskya Behn

Approval Date *

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7199

Contractor Name*

The ARC of Greater Houston

Service Provided* (?)

Training Services/Recreational Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (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

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.*
3528	\$ 70,000.00	543000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 70,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

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 provide is Training Services/Recreational Services

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 7199.docx 13.41KB

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*

Shaskyia Behu

Approval Date*

6/16/2022



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 EPIC.

Renewal Term Start Date*

1/25/2021

Renewal Term End Date*

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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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 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.*
3623	\$ 371.00	551003
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 371.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shasteyia Behm

Approval Date *

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7656

Contractor Name*

Christina Kasprzak

Service Provided* (?)

Consultant Services to assist The Harris Center Early Childhood Invention (ECI) Program improve its child outcome performance.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Consultant Agreement |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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*

Tifanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

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? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 6,825.00	542000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 6,825.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

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? *

Yes No

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 Adams-Austin

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behm

Approval Date*

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2022

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Lease Agreement |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 14,400.00

Rate(s)/Rate(s) Description

\$1,200 per month

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT141393

Contract Requestor*

Lily Pan

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 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 Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shashya Behn

Approval Date *

6/14/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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

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 NoRenewal 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.*
2250	\$ 0.00	NA

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Kornmayer, Kimberly

Fiscal Year* (?)

2023

Amount* (?)


\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0.00

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

Kim Kornmayer

Budget Manager Approval(s) 

Approved by

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNWAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shakeya Behm

Approval Date*

6/8/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0133

Contractor Name*

RKG Parking Solutions

Service Provided* (?)

Parking Lease for spaces located at Frankling Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.

Renewal Term Start Date*

10/1/2022

Renewal Term End Date*

9/30/2023

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 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

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

\$150 per Parking Space; 20 Spaces

Unit(s) Served*

6702

G/L Code(s)*

544005

Current Fiscal Year Purchase Order Number*

CT141613

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

- Yes No

Did Contractor adhere to the contracted schedule? * (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 36,000.00	544005
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Fiscal Year* (?)	Amount* (?)
2023	\$ 33,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shenita Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Tiles

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7497

Contractor Name*

Baylor College of Medicine

Service Provided* (?)

Psychiatric Resident Educational Rotaton for Child/Adolescent Psychiatry

Term for Off-Cycle Only*

07/01/22-06/30/23

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input checked="" type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$24,907.68

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141254

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year****Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 25,416.00	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2022	\$ 4,574.88

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,841.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
25,416.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Dr. Muzquiz

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Sylvia Muzquiz, M.D.

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

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)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 60,000.00	595009
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 60,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskeyia Behn

Approval Date *

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2022-7330

Contractor Name*

The Furniture Bank

Service Provided* (?)

Furniture Delivery

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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	\$ 36,000.00	595009

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?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behm

Approval Date *

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7743

Contractor Name*

Mental Health America of Greater Houston, Inc.

Service Provided* (?)

Oversight of Veterans Peer Support Processes in Harris County.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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? *

Yes 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	\$ 99,286.00	543053
Budget Manager*	Secondary 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



Approved by

Sandra Brock

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behm

Approval Date*

6/2/2022

Current Fiscal Year Contract Information 

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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Service(s) Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 31,195.00

Rate(s)/Rate(s) Description

\$85.23/ Day per authorized Consumer

Unit(s) Served*

3570

G/L Code(s)*

543004

Current Fiscal Year Purchase Order Number*

CT141596

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 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.*
3570	\$ 35,374.00	543004
Budget Manager*	Secondary 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*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behu

Approval Date*

6/16/2022

EXHIBIT F-16

July 2022

**Affiliation Agreements, Grants,
MOU's and Revenues**

Information Only

SNAPSHOT SUMMARY
AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

CONTRACTORS	HUBS/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
FY22 CONTRACTS							
AFFILIATION AGREEMENTS							
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.
3	Goose Creek Consolidated Independent School District	No	The Harris Center staff will perform 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		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.
4	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 Supported 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.

CONTRACTORS	HUB&MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
11 Main Street Ministries	No	To provide referral services to MSM Program "Operation ID" in helping clients obtain Legal Identification and other legal documents and other needed services.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal to provide referral services to MSM Program "Operation ID" in helping clients obtain Legal Identification and other legal documents and other needed services.
12 Houston Recovery Center LGC - Sobering Center	No	To provide Distribution of NARCAN supplies as needed to those within the Community for the Texas Target Opioid Response Program.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal to provide Distribution of NARCAN supplies as needed to those within the Community for the Texas Target Opioid Response Program.
13 Houston Recovery Center LGC - Sobering Center	No	Collaboration to provide referrals for substance abuse services.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal to provide referrals for substance abuse services.
14 Harmony House, Inc.	No	A partnership to ensure clients are able to be properly referred for substance use and/or mental health services with Agency.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal to ensure clients are able to be properly referred for substance use and/or mental health services with Agency.
15 Career and Recovery Resources	No	A mutually supportive "wraparound" partnership and the Alternative Drug and Alcohol Treatment Program to coordinate and ensure provision of services for stability and success of Clients and their families.		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual Renewal.
16 Cenikor Foundation	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.		6/29/2022-6/30/2023	Not Applicable If there are no funds required	Annual renewal of Care Coordination services.
17 Houston Habitat for Humanity	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	Annual renewal of Care Coordination services.
18 American Indian Center of Houston	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.
19 Catholic Charities	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.		6/29/2022-6/30/2023	Not Applicable If there are no funds required	Annual renewal of Care Coordination services.
20 Combined Arms	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.		1/19/2023-2/20/2024	Not Applicable If there are no funds required	Annual renewal of Care Coordination services.
21 Montrose Counseling Center	No	Care Coordination services and referrals to provide individuals mental health and crisis services through the Agency's MCOT Program and other services by The Montrose Center .		9/1/2022-8/31/2023	Not Applicable If there are no funds required	Annual renewal of Care Coordination services and referrals to provide individuals mental health and crisis services through the Agency's MCOT Program and other services by The Montrose Center.
22 La Khan MDPA	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.		11/19/2022-12/20/2023	Not Applicable If there are no funds 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.		7/18/2022-7/17/2023	Not Applicable If there are no funds required	Annual renewal. Collaborative to improve diabetes management and quality of life through HHD's Diabetes Awareness Wellness Network (DAWN) for patients/clients.
27 Healthcare For The Homeless-Houston	No	Psychiatric Services & Case Management-DSRIP.		9/1/2022-8/3/2023	Not Applicable If there are no funds required	Annual renewal to provide Psychiatric Services & Case 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.
32 Houston Community Health Centers (DBA 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	No	Screenings, Assessments, Psycho-Social Services and Follow-up Services		08/01/22- 06/30/25	State	Annual renewal to perform screenings, assessments, psycho-social services and follow-up services.
REVENUE						
34 The Essentials HCS	No	Day Habilitation Services		9/01/2022-8/31/2023	State	Annual renewal to provide day habilitation services to consumers.
35 Weathers & Associates	No	Day Habilitation Services		9/01/2022-8/31/2023	State	Annual renewal to provide day habilitation services 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	HUBa/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	Ancare 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.



Annual Renewal Evaluation

Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

Contract ID#*

7393

Contractor Name*

Bloom Community

Service Provided* (?)

Provides Fitness Exercise Equipment to Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Margo Childs

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Please Explain*

Payment reimbursement are not required for services rendered under this MOU

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3350	\$ 0.00	n/a
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)

Approved by

Manice Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/9/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7694

Contractor Name *

The Council on Recovery

Service Provided* (?)

Community Programs throughout the Greater Houston area provides prevention, education and counseling services in schools, workplaces, community centers and mental health facilities.

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

- Yes
- No

Were Services delivered as specified in the contract?*

- Yes
- No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes
- No

Did Contractor adhere to the contracted schedule?* (?)

- Yes
- No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes
- No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes
- No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes
- No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes
- No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 0.00	n/a

Budget Manager *

Shelby, Debbie

Secondary Budget Manager *

Loera, Angelica

Fiscal Year * (?)

2023

Amount * (?)

\$ 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 Shelty

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behu

Approval Date*

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

2021-0115

Contractor Name *

Goose Creek Consolidated Independent School District

Service Provided* (?)

The Harris Center staff will perform 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

Renewal Term Start Date *

6/1/2022

Renewal Term End Date *

5/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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
- 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 NoRenewal 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	000000

Budget Manager *

Shelby, Debbie

Secondary Budget Manager *

Loera, Angelica

Fiscal Year * (?)

2023


Amount * (?)

\$ 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

Tiffanie Williams-Brooks

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Contract Owner Approval 

Approved by

Tiffany Williams-Brecks

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

6/7/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7520

Contractor Name*

Pasadena Independent School District

Service Provided* (?)

The Harris Center staff person(s) will perform screenings and assessments as needed psycho-social services, and follow-up services.

Renewal Term Start Date*

6/30/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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 No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000

Budget Manager*	Secondary 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

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 *

Shaskeyia Belu

Approval Date *

6/8/2022



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, employment assistance and/or supported employment services for designated, agreed upon consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number *

0

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

6/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 participants

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Please Explain*

MH will not utilize the MOU.

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 (?)

HCIL MOU Amendment and Renewal Document ID 7367 (Fully Executed).pdf 466.24KB

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 *

Shasthya Betu

Approval Date *

6/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6785

Contractor Name *

LaPorte ISD

Service Provided* (?)

Screening & Assessment; Family Support; Skills Training; Individual Therapy; Medication Training; Cognitive Behavioral Therapy; and Case Management

Renewal Term Start Date *

5/19/2022

Renewal Term End Date *

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

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?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000

Budget Manager*	Secondary 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

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Tiffany Williams-Becker

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

6/8/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



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*

2/11/2022

Renewal Term End Date*

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

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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	0
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

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNWAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

3/24/2022

Renewal Term End Date*

3/25/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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.*
2250	\$ 0.00	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0070

Contractor Name*

Main Street Ministries

Service Provided* (?)

To provide referral services to MSM Program "Operation ID" in helping clients obtain Legal Identification and other legal documents and other needed services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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.*
9263	\$ 0.00	0
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Macleod, Ann	

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

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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.*
9263	\$ 0.00	0
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Macleod, Ann

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

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 services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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.*
9263	\$ 0.00	0
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Macleod, Ann	

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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.*
9263	\$ 0.00	0

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Macleod, Ann

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

Jodel Oshman

Contract Owner Approval



Approved by

KIM KORNWAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0246

Contractor Name*

Career and Recovery Resources

Service Provided* (?)

A mutually supportive "wraparound" partnership and the Alternative Drug and Alcohol Treatment Program to coordinate and ensure provision of services for stability and success of Clients and their families.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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.*
2250	\$ 0.00	0

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Kornmayer, Kimberly

Fiscal Year* (?)

2023

Amount* (?)

\$ 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

Jaded Osman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

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*

6/29/2022

Renewal Term End Date*

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 Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE * (?)

\$ 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	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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	0
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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

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 The Harris Center.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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	0
Budget Manager* Oshman, Jodel		Secondary Budget Manager* 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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kopnmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

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 receive community based mental health and/or substance abuse use disorder services from The Harris Center.

Renewal Term Start Date*

6/29/2022

Renewal Term End Date*

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

- | | |
|---|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7381

Contractor Name*

Combined Arms

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*

1/19/2023

Renewal Term End Date*

2/20/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

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 individuals mental health and crisis services through the Agency's MCOT Program and other services by The Montrose Center

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 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	0

Budget Manager *

Oshman, Jodel

Secondary Budget Manager *

Kornmayer, Kimberly

Fiscal Year * (?)

2023

Amount * (?)

\$ 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

Jodel Ostman

Contract Owner Approval



Approved by

KIM FORNMAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

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 receive community based mental health and/or substance abuse use disorder services from The Harris Center.

Renewal Term Start Date*

11/19/2022

Renewal Term End Date*

12/20/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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	0
Budget Manager * Oshman, Jodel	Secondary Budget Manager * 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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



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*

10/18/2022

Renewal Term End Date*

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

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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	0

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7575

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Outreach, Screening, Assessment & Referral (OSAR) Program for coordinating a full continuum of care and comprehensive services to adolescents, adults, and their families.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a

Budget Manager*	Secondary 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*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*		Secondary 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*

Belinda Stude

Approval Date*

6/30/2022



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*

7/18/2022

Renewal Term End Date*

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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*	Secondary 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 *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year 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 *

9/1/2022

Renewal Term End Date *

8/3/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*		Secondary 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*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6375

Contractor Name*

Houston Area Community Services, Inc. (HACS)

Service Provided* (?)

Collaboration, screening and patient referrals to enhance accessibility and provision of health care services.

Renewal Term Start Date*

6/3/2022

Renewal Term End Date*

6/2/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*		Secondary 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*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*	Secondary 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*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7519

Contractor Name*

reVision Houston

Service Provided* (?)

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.

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 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 (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
2200	\$ 0.00	n/a

Budget Manager*

Shelby, Debbie

Secondary Budget Manager*

Loera, Angelica

Fiscal Year* (?)

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 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 *

Belinda Stude

Approval Date *

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7698

Contractor Name*

Volunteers of America Texas Inc.

Service Provided* (?)

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.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

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 No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a

Budget Manager*

Shelby, Debbie

Secondary Budget Manager*

Loera, Angelica

Fiscal Year* (?)

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 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*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

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 underserved 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other MOU |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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 No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	n/a
Budget Manager*	Secondary 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*

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

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/30/2022



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*

8/1/2022

Renewal Term End Date*

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

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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 No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000

Budget Manager*	Secondary 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*

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*

Shaskeyia Behu

Approval Date*

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 Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskeyia Behn

Approval Date *

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 Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (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 co nsumer 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 *

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number *

0

Contract Requestor *

Margo Childs

Contract Owner *

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3638	\$ 0.00	n/a
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Please Explain *

Change Rate(s) Rate(s) description to reflect items on the uploaded file.

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 (?)

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

Janice Baines

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

6/21/2022



Annual Renewal Evaluation

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$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?*

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 15,000.00	543014
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

15,000.00

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

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*

Shaskija Behu

Approval Date*

6/21/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

3585

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State 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 (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx	12.93KB
--	---------

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022

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 Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State 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 (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx	12.93KB
--	---------

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Belin

Approval Date*

5/17/2022



Annual Renewal Evaluation

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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

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 designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager*

Adams-Austin, Mamie

Secondary Budget Manager*

Downey, Michael

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx	12.93KB
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Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Belin

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6062

Contractor Name *

Amcare Residential Living

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*

Adams-Austin, Mamie

Secondary Budget Manager*

Downey, Michael

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shashyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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, employment assistance and/or supported employment services for designated, agreed upon consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Annual Renewal Evaluation

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 designated, agreed upon Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

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*

0


Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance 

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (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 \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*

Adams-Austin, Mamie

Secondary Budget Manager*

Downey, Michael

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7498

Contractor Name *

Laura McKenna, HCS, LLC

Service Provided * (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (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 \$25.00 per hour

Unit(s) Served*

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)


Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination 

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes NoRenewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)


\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes 

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx


12.93KB

Contract Owner 

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behu

Approval Date*

5/17/2022



Annual Renewal Evaluation

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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 \$25.00 per hour

Unit(s) Served*

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*

Adams-Austin, Mamie

Secondary Budget Manager*

Downey, Michael

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

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 designated, agreed upon consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (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 \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/17/2022



Annual Renewal Evaluation

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

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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Contract Funding Source *

State

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behm

Approval Date*

5/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

2022-0368

Contractor Name *

Citi Health Group Inc.

Service Provided* (?)

The consumers assigned to this provider has chosen to attend the Hillcroft Empowerment Center

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

3585

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
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Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)
Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lily Pan

Budget Manager Approval(s)

Approved by


Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behn

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0248

Contractor Name*

Volunteers of America Texas

Service Provided* (?)

The purpose is for day habilitation and socialization skills training to be providing by 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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) \$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 (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3638	\$ 0.00	n/a

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
n/a

Contract Funding Source*
State

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx	12.93KB
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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*

Shaskyia Behu

Approval Date*

6/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

6403

Contractor Name *

NGC Healthcare Services, Inc.

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (BCS) Extensive
· (TON 8) (HCS) Pervasive (LON 6) (HCS) TxHmL
(DAYHAB)* Employment Assistance Supportive Employment
Ba.U · \$25.32/day per consumer \$27.86/day pereonsumer
\$32.91/day per consumer \$41.11/day per consumer \$25.57
/day per consumer \$25.00 per hour \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager *

Adams-Austin, Mamie

Secondary Budget Manager *

Downey, Michael

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behm

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

6410

Contractor Name *

Divine Embrace Health Services

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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 \$25.00 per hour

Unit(s) Served*

0

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number *

0

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Betu

Approval Date*

5/31/2022



Annual Renewal Evaluation

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 designated, agreed upon Consumers

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination ^

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
State 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 (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner ^

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s) ^

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Shaskyia Behm

Approval Date*

5/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behn

Approval Date *

6/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7803

Contractor Name*

A Place To Stand HCS LLC

Service Provided* (?)

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)

NA

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3636

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

00


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?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination 

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3638	\$ 0.00	n/a

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

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

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shakeya Betu

Approval Date *

6/21/2022



Annual Renewal Evaluation

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 \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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*

0

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3638	\$ 0.00	n/a
Budget Manager * Adams-Austin, Mamie	Secondary Budget Manager * Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Behm

Approval Date *

6/9/2022

Current Fiscal Year Contract Information **Current Fiscal Year**

2022

Contract ID#*

6472

Contractor Name*

S & E Enterprise, LLC

Service Provided* (?)

DayHab Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

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*

0

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3638	\$ 0.00	n/a
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source *

State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.93KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Janice Baines

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shaskyia Betu

Approval Date *

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.

The Harris Center Houston, TX

As the largest behavioral and developmental disability care center in Texas, The Harris Center provides a full continuum of services to 88 sites across Harris County and serves over 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



599K
Adult Mental Health
Services



214K
Child/Adolescent
Mental Health Services



227.8K
IDD & Autism Services



379.2K
Crisis Line and
Access Calls



20K
COVID-19 Support Calls



5.4K
911 Calls Diverted



131.7K
Psychiatric Crisis
Services



91.2K
Early Childhood
Intervention

What is Peer Support?

- 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 addiction, 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.



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

- 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 self-referred 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
<https://www.youtube.com/watch?v=UGA6cQcU6LU>



Crisis Services: Neuropsychiatric Center

- 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.



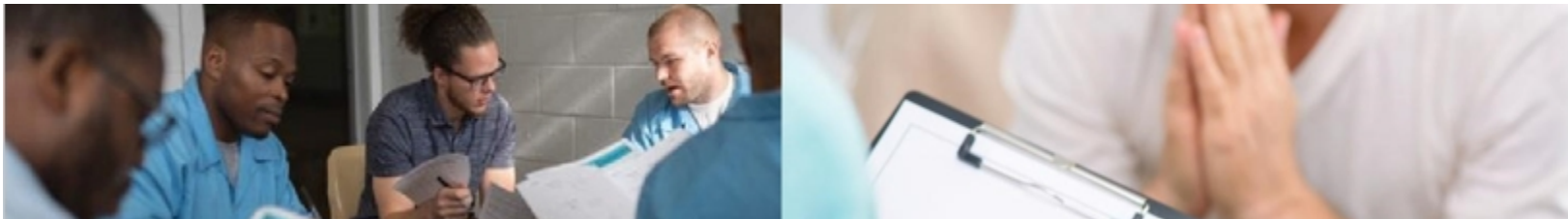
Veteran Peers

- 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

46B Not Competent to stand trial HCJ

A

ACT Assertive Community Treatment
 ADL Activities of Daily Living
 AFDC Aid to Families with Dependent Children
 ALF Assisted Living facility
 ANSA Adult Needs and Strengths Assessment
 AOT Assisted out-patient treatment

APS Adult Protective Services
 ARC Association for Retarded Citizens
 AUDIT-C Alcohol Use Disorders Identification Test

B

BABY CANS Baby Child Assessment needs (3-5 years)
 BHO Behavioral Health Organization
 BDSS Brief Bipolar Disorder Symptom Scale
 BNSA Brief Negative Symptom Assessment

C

CANS Child and Adolescent Needs and Strengths
 CAPES Child and Adolescent Psychiatric Emergency Services
 CAPS Child and Adolescent Psychiatric Services
 CARE Client Assessment and Registration
 CARF Commission on Accreditation of Rehabilitation Facilities
 CAS Child and Adolescent Services
 CBCL Children's Behavioral Checklist
 CBHN Community Behavioral Health Network
 CBT Cognitive behavior therapy
 CCBHC Certified Community Behavioral Health Clinic
 CCR Clinical case review
 CCSI Chronic Consumer Stabilization Initiative
 CCU Crisis Counseling Unit
 CHIP Children's Health Insurance Plan
 CIDC Chronically Ill and Disabled Children
 CIRT Crisis Intervention Response Team
 CIWA Clinical Institute Withdrawal Assessment for Alcohol
 CMAP Children's Medication Algorithm Project
 CMBHS Clinical Management for Behavioral Health Services
 CMS Centers for Medicare and Medicaid
 COC Continuity of Care

COD	Co-Occurring Disorders Unit
COPSD	Co-occurring Psychiatric and Substance Abuse Disorders
COR	Council on Recovery
CPEP	Comprehensive Psychiatric Emergency Programs
CPOSS	Charleston Psychiatric Outpatient Satisfaction Scale
CPS	Children's Protective Services
CRCG	Community Resource Coordination Group
CRU	Crisis Residential Unit
CSC	Community Service Center
CSCD	Community Supervision and corrections department
CSP	Community Support plan
CSU	Crisis Stabilization Unit
CYS	Community Youth Services

D

DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services
DID	Determination of Intellectual Disability
DLA-20	Daily Living Activities-20 Item Version
DRB	Dangerousness review board
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
DSRIP	Delivery System Reform Incentive Payment Program

E

ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

F

FACT	Forensic Assertive Community Team
FF	Flex Funds
FSIQ	Full Scale Intelligence Quotient
FSPA	Jail -Forensic Single Portal
FTND	Fagerstrom Test for Nicotine Dependence
FY	Fiscal Year

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

HAM-A	Hamilton Rating Scale for Anxiety
HCJPD	Harris County Juvenile Probation Department
HCPC	Harris County Psychiatric Center
HCPI	Harris County Psychiatric Intervention
HCPS	Harris County Protective Services for Children and Adults
HCS	Home and Community Services
HCS-O	Home and Community Services – OBRA
HCSO	Harris County Sheriff's Office
HH	Harris Health System
HHS	Health Human Services
HHSC	Health and Human Services Commission
HMO	Health Maintenance Organization
HOT	Homeless Outreach Team
HPD	Houston Police Department
HRC	Houston Recovery Center

I

ICAP	Inventory for Client and Agency Planning
ICC	Interim Care Clinic
ICF-ID	Intermediate Care Facility for Intellectual Disability
IEP	Individual Education Plan
IFSP	Individual Family Support Plan
IHR	In Home Respite
IRG	Innovative Resource Group
IRP	Individualized recovery plan

J

JDC	Juvenile Detention Center
JJAEP	Juvenile Justice Alternative Education Program
JSS	Job Satisfaction Scale

K**L**

LAR	Legislative Appropriations Request
LIDDA	Local IDD Authority
LMHA	Local Mental Health Authority
LOC	Level of Care – LOC A= Authorized and LOC R= Calculated
LOS	Length of Stay
LPHA	Licensed Professional of the Healing Arts
LSA	Local Service Area

M

MACRA	Medicare Access and CHIP Reauthorization Act
MAPS	Mental Retardation Adult Psychiatric Services
MBOW	Medicaid Managed Care Report (Business Objects)
MCO	Managed Care Organization
MCOT	Mobil Crisis Outreach Team
MCAS	Multnomah Community Assessment Scale
MDU	Multiple Disabilities Unit
MHW	Mental Health Warrant
MMPI-2	Minnesota Multiphasic Personality Inventory 2nd Edition
MoCA	Montreal Cognitive Assessment
MSU	Maximum security unit

N

NAMI	National Alliance for the Mentally Ill
NEO	New Employee Orientation
NGRI	Not Guilty for Reason of Insanity (46C)
NPC	Neuro-Psychiatric Center
NWCSC	Northwest Community Service Center

O

OSAR	Outreach Screening Assessment and Referral
OASS	Overt Agitation Severity Scale
OHR	Out of Home Respite
OVSOM	Office of Violent Sexual Offenders Management

P

PAP	Patient Assistance Program (for Prescriptions)
PASARR	Preadmission Screening and Annual Residential Review
PATH	Project to Assist in the Transition from Homelessness
PCH	Personal Care Home
PCM	Patient care monitoring
PDP	Person Directed Plan
PDSA	Plan-Do-Study-Act
PES	Psychiatric Emergency Services
PHCRU	Post Hospitalization Crisis Residential Unit
PHQ-9	Patient Health Questionnaire-9 Item Version
PHQ-A	Patient Health Questionnaire-9 Modified for Adolescents
PI	Performance Improvement
PIP	Performance Improvement Plan
PMAB	Prevention and Management of Aggressive Behavior
POC	Plan of Care

PoC-IP Perceptions of Care-Inpatient
 ProQOL Professional Quality of Life Scale
 PSRS Positive Symptom Rating Scale
 PSS Parent Satisfaction Scale

Q

QAIS Quality Assurance and Improvement System
 QMHP Qualified Mental Health Professional
 QI Quality Improvement
 QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

R

RC Rehab Coordination
 ROI Release of Information
 RM Recovery Manager
 RTC Residential Treatment Center

S

SAM Service Authorization and Monitoring
 SAMHSA Substance Abuse and Mental Health Services Administration
 SC Service Coordination
 SECSC Southeast Community Service Center
 SEFRC Southeast Family Resource Center
 SMAC Sequential Multiple Analysis tests
 SMHF State mental health facility
 SNF Skilled Nursing Facility
 SP Service Package (SP1, etc)
 SPA Single portal authority
 SSLC State living facility
 SWCSC Southwest Community Service Center
 SWFRC Southwest Family Resource Center
 SUD Substance Use Disorder

T

TAC Texas Administrative code
 TANF Temporary Assistance for Needy Families
 TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments
 TDCJ Texas Department of Criminal Justice
 THKC Texas Health Kids
 THSteps Texas Health Steps
 TIC Trauma informed Care
 TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y