



The Harris Center for Mental Health and IDD  
9401 Southwest Freeway Houston, TX 77074  
Board Room #109

**Full Board Meeting**

June 27, 2023

9:30 am

**I. DECLARATION OF QUORUM**

**II. PUBLIC COMMENTS**

**III. APPROVAL OF MINUTES**

- A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, May 23, 2023  
(EXHIBIT F-1)

**IV. CHIEF EXECUTIVE OFFICER'S REPORT**

**V. COMMITTEE REPORTS AND ACTIONS**

- A. Resource Committee Report and/or Action  
(G. Womack, Chair)
- B. Quality Committee Report and/or Action  
(G. Santos, Chair)
- C. Program Committee Report and/or Action  
(B. Hellums, Chair)
- D. Governance Committee Report and/or Action  
(J. Lykes, Chair)
- E. Foundation Committee Report and/or Action  
(J. Lykes, Chair)

**VI. CONSENT AGENDA**

- A. FY'22 Year-to-Date Budget Report-May  
(EXHIBIT F-2 Vanessa McKeown)
- B. June 2023 New Contracts Over 100K  
(EXHIBIT F-3 Silvia Tiller)
- C. June 2023 Renewals Over 100K  
(EXHIBIT F-4 Silvia Tiller)
- D. June 2023 Amendments Over 100K  
(EXHIBIT F-5 Silvia Tiller)
- E. June 2023 Interlocal Agreements  
(EXHIBIT F-6 Silvia Tiller)
- F. Authorization to pay Texas Medical Center 2023 Maintenance and Security Assessment  
(EXHIBIT F-7 Vanessa McKeown)
- G. Pregnant Workers and Accommodations  
(EXHIBIT F-8)
- H. Drug Free Workplace  
(EXHIBIT F-9)

- I. Closed Records Review Committee  
(EXHIBIT F-10)
- J. Development and Management for Mental Health and IDD Service  
Wait-Interest List  
(EXHIBIT F-11)
- K. Employee Referral Bonus Program  
(EXHIBIT F-12)
- L. Equal Employment Opportunity  
(EXHIBIT F-13)
- M. Guidelines for The Use of Purchase Orders for Goods and Non-  
Community Services  
(EXHIBIT F-14)
- N. Improvement of consumer Care Committee  
(EXHIBIT F-15)
- O. Infection Control Plan  
(EXHIBIT F-16)
- P. Inquires on Employees  
(EXHIBIT F-17)
- Q. Lactation Breaks  
(EXHIBIT F-18)
- R. Medical Services  
(EXHIBIT F-19)
- S. Obligations to identify Individuals or Entities Excluded from  
Participation in Federal Healthcare Programs  
(EXHIBIT F-20)
- T. Organizational Development  
(EXHIBIT F-21)
- U. Personal Property  
(EXHIBIT F-22)
- V. Pharmacy Services and Outpatient Prescription Purchase Plan  
(EXHIBIT F-23)
- W. Shift Differential  
(EXHIBIT F-24)
- X. Student Internship Program  
(EXHIBIT F-25)
- Y. Termination of General Revenue Contract Providers  
(EXHIBIT F-26)
- Z. Transfers-Promotions-Demotions  
(EXHIBIT F-27)

## **VII. REVIEW AND COMMENT**

- A. Foundation Update  
(EXHIBIT F-28 Susan Fordice)

B. RDLR Northeast Clinic Update  
*(Denise Yee/Daniel Ortiz)*

C. Community Advisory Committee  
*(Wayne Young)*

D. Legislative Update  
*(EXHIBIT F-29 Amanda Jones)*

**VIII. BOARD CHAIR'S REPORT**

**IX. EXECUTIVE SESSION**

- **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- **In accordance with §551.071 of the Texas Government Code, to seek legal advice from attorney related to a contract dispute with HVAC contractor. Kendra Thomas, General Counsel and Michelle Morris, Rogers, Morris and Grover**
- **In accordance with §551.071 of the Texas Government Code, to seek legal advice from attorney related to Inpatient Beds for Patients with IDD. Kendra Thomas, General Counsel and Amanda Jones, Director of Government and Public Affairs.**
- **In accordance with §551.072 of the Texas Government Code, to discuss the purchase of real property for the expansion of the Southeast Clinic. Silvia Tiller, Director of Contracts and Real Estate**
- **In accordance with §551.072 of the Texas Government Code, to discuss the lease of real property for the MCOT, MCOT-Rapid Response and BHART team. Silvia Tiller, Director of Contracts and Real Estate**
- **In accordance with §551.071 of the Texas Government Code, consultation with attorney on a matter related to the financing of property and lines of credit in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct to the State Bar of Texas clearly conflicts with the Open Meetings Act. Wayne Young, CEO, Vanessa McKeown, CFO, and Kendra Thomas, General Counsel**
- **Pursuant to Sections 551.071 and 551.076 of the Texas Government Code, consultation with attorney and deliberation regarding Security Audit. Kendra Thomas, General Counsel and Mustafa Cochinwala, Chief Information Officer**
- **As authorized by § 551.074 of the Texas Government Code, mid-year performance evaluation of CEO and discussion of FY24-27 CEO performance objectives.**

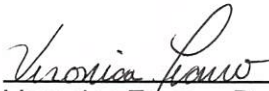
**X. RECONVENE INTO OPEN SESSION**

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

**XII. INFORMATION ONLY**

- A. June 2023 New Contracts Under 100K  
(EXHIBIT F-30)
- B. June 2023 Renewals Under 100K  
(EXHIBIT F-31)
- C. June 2023 Amendments Under 100K  
(EXHIBIT F-32)
- D. June 2023 Affiliation Agreements, Grants, MOU's and Revenues  
Information Only  
(EXHIBIT F-33)
- E. Abbreviations List  
(EXHIBIT F-34)

**XIII. ADJOURN**



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



# **EXHIBIT F-1**

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

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

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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.

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**PLACE OF MEETING:** Conference Room 109  
9401 Southwest Freeway  
Houston, Texas 77074

**TYPE OF MEETING:** Regular

**DATE:** May 23, 2023

**TRUSTEES  
IN ATTENDANCE:** Mr. Shaukat Zakaria-Chair  
Dr. L. Moore, Vice Chairperson  
Dr. Robin Gearing PhD, Vice Chairperson  
Dr. George Santos, Secretary  
Mr. Gerald Womack  
Mr. Jim Lykes  
Dr. Max Miller, Jr.  
Mrs. Natali Hurtado

**TRUSTEES ABSENT:** Mrs. B. Hellums, Sheriff Ed Gonzalez,

**I. Declaration of Quorum**

Mr. S. Zakaria, Chair, called the meeting to order at 9:33 a.m. noting that a quorum of the Board was in attendance.

**II. Public Comments**

There were no public comments.

**III. Approval of Minutes**

**MOTION BY: GEARING SECOND: LYKES**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Tuesday, April 25, 2023 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  
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on May 16, 2023
- B. Quality Committee Report and/or Action-G. Santos, Chair  
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on May 16, 2023.
- C. Program Committee Report and/or Action-R. Gearing, Vice chairperson  
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Program Committee meeting on May 16, 2023.
- D. Audit Committee Report and/or Action-R. Gearing, Chair  
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on May 16, 2023.
- E. Foundation Committee Report and/or Action-J. Lykes, Chair  
Mr. Lykes provided the Board of Trustees with an update about the Foundation.

**VI. Consent Agenda**

- A. Approve FY'22 Year-to-Date Budget Report-April
- B. May 2023 Amendments Over 100K
- C. May 2023 Interlocal Agreements
- D. Board Signature Authorization and Delegation of Authority
- E. Payment of COVID-19 Expenses from COVID-19 eFMAP Reserve
- F. Recommendation #433R-Eileen Lam as Self Advocate membership to IDD-PAC
- G. Recommendation #434R-Dr. Williams Schnapp as Self Advocate membership to IDD-PAC
- H. Facilities Project Update

**MOTION: Dr. Moore moved to approve Consent Agenda item A-H**

**SECOND: Mr. Lykes seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A-H are approved.**



**VII. CONSIDER AND TAKE ACTION**

A. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation

**MOTION BY: GEARING                      SECOND: MILLER**  
**VOTE:                      Yes: 7                      No: 1**

**With majority affirmative votes**

**BE IT RESOLVED** the Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation as presented under Exhibit F-10, are approved.

**VIII. Review and Comment**

A. **Legislative Update**-Amanda Jones presented the Legislative Update to the Full Board.

X. **Executive Session** – Mr. Zakaria announced the Board would convene into Executive Session at 10:38am for the following purpose:

In accordance with §551.071 of the Texas Government Code, to seek legal advice from attorney related to Inpatient beds for patients with IDD. S. Zakaria, Board Chair and Kendra Thomas, General Counsel.

IX. **Reconvene into Open Session** – The Board reconvened into Open Session at 10:59am. No action was taken.

X. **ADJOURN**

**MOTION: LYKES                      SECOND: MOORE**

**Motion passed with unanimous affirmative votes.**

**The meeting was adjourned at 10:59 AM.**

Respectfully submitted,

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

# **EXHIBIT F-2**

**The Harris Center for Mental Health and IDD**

**Results of Financial Operations and Comparison to Budget  
As of May 30, 2023**

**Fiscal year 2023**

Presented to the Resource Committee of the Board of Trustees  
June 20, 2023

# The Harris Center for Mental Health and IDD

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

The Results of Financial Operations and Comparison to Budget submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting Department. We believe the data, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund 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 report submitted herewith has not been audited by an independent auditor.



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Vanessa McKeown  
Chief Financial Officer

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**As of May 30, 2023**  
*unaudited/budget-basis reporting*

**For the Month**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 26,112,525	\$ 30,143,938	\$ 4,031,412
Expenditures	26,754,311	29,647,843	(2,893,532)
<b>Change in net assets</b>	<b>\$ (641,786)</b>	<b>\$ 496,095</b>	<b>\$ 1,137,881</b>
<b>Use of prior year balances</b>	<b>\$ 483,276</b>	<b>\$ 483,276</b>	<b>\$</b>
Capital, net		(174,782)	(174,782)
Other sources		13,660	13,660
	<u>\$ (158,510)</u>	<u>\$ 818,249</u>	<u>\$ 976,759</u>

**Fiscal Year to Date**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 239,402,380	\$ 244,904,944	\$ 5,502,564
Expenditures	242,990,543	247,104,964	(4,114,421)
<b>Change in net assets</b>	<b>\$ (3,588,163)</b>	<b>\$ (2,200,019)</b>	<b>\$ 1,388,143</b>
<b>Use of prior year balances</b>	<b>\$ 4,349,484</b>	<b>\$ 4,349,484</b>	<b>\$</b>
Capital, net		(195,065)	(195,065)
Other sources		102,003	102,003
	<u>\$ 761,321</u>	<u>\$ 2,056,403</u>	<u>\$ 1,295,081</u>

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**

As of May 30, 2023

*unaudited/budget-basis reporting*

	For the Month				Fiscal Year to Date				
	ORGBUD	Actual	Variance		orgbud	Actual	Variance		
			\$	%			\$	%	
<b>Operating Revenue</b>									
State General Revenue	\$ 9,507,044	\$ 9,484,405	\$ (22,639)	0%	\$ 85,563,185	\$ 85,862,251	\$ 299,066	0%	
Harris County and Local	5,008,713	5,189,570	180,857	4%	45,120,939	47,766,124	2,645,185	6%	<b>A</b>
Federal Contracts and Grants	3,116,926	5,379,091	2,262,165	73%	31,420,029	31,086,117	(333,912)	-1%	<b>B</b>
State Contract and Grants	1,260,593	1,432,286	171,693	14%	11,345,313	10,658,414	(686,899)	-6%	<b>C</b>
Third Party Billing	2,485,087	2,507,072	21,985	1%	22,365,458	20,348,262	(2,017,196)	-9%	<b>D</b>
Charity Care Pool	3,366,382	4,158,429	792,047	24%	30,297,438	32,673,578	2,376,140	8%	<b>E</b>
Directed Payment Programs	817,840	817,840		0%	7,360,560	7,360,562	2	0%	
PAP	420,000	787,907	367,907	88%	4,760,000	7,330,275	2,570,275	54%	<b>F</b>
Interest Income	129,940	387,337	257,397	198%	1,169,458	1,819,361	649,903	56%	<b>G</b>
<b>Operating Revenue, total</b>	<b>\$ 26,112,525</b>	<b>\$ 30,143,938</b>	<b>\$ 4,031,412</b>	<b>15%</b>	<b>\$ 239,402,380</b>	<b>\$ 244,904,944</b>	<b>\$ 5,502,564</b>	<b>2%</b>	
<b>Operating expenditures</b>									
Salaries and Fringe Benefits	\$ 18,883,011	\$ 21,547,207	\$ (2,664,196)	-14%	\$ 172,602,929	\$ 177,314,129	\$ (4,711,200)	-3%	<b>H</b>
Contracts and Consultants	2,027,316	1,831,710	195,606	10%	18,239,236	16,862,353	1,376,883	8%	
HCPC Contract	2,322,734	2,325,414	(2,680)	0%	20,904,606	20,916,820	(12,214)	0%	
Supplies and Drugs	1,085,296	1,568,228	(482,932)	-44%	9,777,436	11,774,904	(1,997,468)	-20%	<b>J</b>
Purchases, Repairs and Maintenance of:									
Equipment	521,167	603,251	(82,084)	-16%	4,705,412	4,478,066	227,346	5%	
Building	495,741	359,061	136,680	28%	4,455,628	2,931,661	1,523,967	34%	<b>K</b>
Vehicle	85,476	86,618	(1,142)	-1%	769,591	743,588	26,003	3%	
Telephone and Utilities	287,187	301,187	(14,000)	-5%	2,584,512	2,746,177	(161,665)	-6%	
Insurance, Legal and Audit	194,270	194,520	(250)	0%	1,544,580	1,568,522	(23,942)	-2%	
Travel	181,864	200,425	(18,561)	-10%	1,392,207	1,386,160	6,047	0%	
Other	670,249	630,222	40,027	6%	6,014,406	6,382,584	(368,178)	-6%	
<b>Operating Expenditures, total</b>	<b>\$ 26,754,311</b>	<b>\$ 29,647,843</b>	<b>\$ (2,893,532)</b>	<b>-11%</b>	<b>\$ 242,990,543</b>	<b>\$ 247,104,964</b>	<b>\$ (4,114,421)</b>	<b>-2%</b>	
<b>Change in Net Assets, before Other Sources</b>	<b>\$ (641,786)</b>	<b>\$ 496,095</b>	<b>\$ 1,137,881</b>	<b>-177%</b>	<b>\$ (3,588,163)</b>	<b>\$ (2,200,019)</b>	<b>\$ 1,388,143</b>	<b>-39%</b>	
<b>Other Sources</b>									
Use of Net Assets, capital	\$	\$ 344,273	\$ 344,273		\$	\$ 3,405,831	3,405,831		
Capital Outlay		519,056	(519,056)			3,600,896	(3,600,896)		
<b>Capital Expenditures, net</b>		(174,782)	(174,782)			(195,065)	(195,065)		
DSRIP	483,276	483,276		0%	4,349,484	4,349,484		0%	
Covid reserve						-			
<b>Use of prior year balances</b>	483,276	483,276	-		4,349,484	4,349,484			
Insurance proceeds		13,660	13,660			76,718	76,718		
Proceeds from Sale of Assets						25,285	25,285		
<b>Change in Net Assets, all Sources</b>	<b>\$ (158,510)</b>	<b>\$ 818,249</b>	<b>\$ 976,759</b>		<b>\$ 761,321</b>	<b>\$ 2,056,403</b>	<b>\$ 1,295,081</b>		

**The Harris Center for Mental Health and IDD**  
**Balance Sheet**  
**As of May 30, 2023**  
*unaudited/budget-basis reporting*

	April-23	May-23	Change
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Petty Cash	\$ 31,653,661	\$ 33,188,714	\$ 1,535,053
Investments	82,636,394	70,762,650	(11,873,744) <b>L</b>
Inventory and Prepaid	5,044,704	3,824,656	(1,220,048) <b>M</b>
Accounts Receivable			
Other	21,622,129	24,708,175	3,086,046 <b>N</b>
Patient, net of allowance	9,826,689	8,001,111	(1,825,578)
<b>Current Assets, Total</b>	<b>\$ 150,783,577</b>	<b>\$ 140,485,306</b>	<b>\$ (10,298,271)</b>
<b>Capital Assets</b>			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,588,886	46,588,886	-
Furniture, Equipment and Vehicles	9,981,284	9,960,918	(20,366)
Construction in Progress	23,688,731	24,033,805	345,073 <b>O</b>
<b>Capital Assets, Total</b>	<b>\$ 92,952,685</b>	<b>\$ 93,277,393</b>	<b>\$ 324,708</b>
<b>Total Assets</b>	<b>\$ 243,736,262</b>	<b>\$ 233,762,699</b>	<b>\$ (9,973,563)</b>
<b>LIABILITIES AND NET ASSETS</b>			
Unearned Income	\$ 44,545,454	\$ 28,306,244	\$ (16,239,210) <b>P</b>
Accounts Payable and Accrued Liabilities	13,918,821	19,837,457	5,918,636 <b>Q</b>
Long term Liabilities	909,494	941,099	31,605
<b>Liabilities, Total</b>	<b>\$ 59,373,769</b>	<b>\$ 49,084,800</b>	<b>\$ (10,288,969)</b>
<b>NET POSITION</b>			
Inventory and Capital Assets	93,356,020	93,676,940	320,920
Assigned (see notes for designated balances)	89,768,317	88,944,556	(823,762)
Change in net assets, <i>budgetary basis</i>	1,238,156	2,056,403	818,247
<b>Net Assets, Total</b>	<b>\$ 184,362,493</b>	<b>\$ 184,677,899</b>	<b>\$ 315,406 <b>R</b></b>

**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
**As of May 30, 2023**

**Results of Financial Operations and Comparison to Budget**

**A Harris County and Local Revenue**

The primary drivers of the net positive variance in Harris County and Local Revenue is the receipt of unbudgeted Value Based Care revenue (\$1.1M) and amounts received in Jail Diversion (\$1.3M).

**B Federal Contract and grants**

The primary drive of the net unfavorable variance in Federal Contract and grants is the pending award for BHRT (\$1.4M) and HMHC ARPA Access (\$1.2M).

**C State Contract and Grants**

The primary driver of the net unfavorable variance in State Contract and Grants is related to funding not utilized for 6168 apartment construction.

**D Third party billing**

Third party billing continues to be under budget due to the previously disclosed issues with service coordination (\$711K) and THL waiver (\$300K).

**E Charity care pool**

Charity care revenue continues to exceed budget as the amount received came in \$4.8M over the original budget.

**F PAP**

PAP revenue continues to exceed projected budget due to the fluctuations in activity after the original budget was set.

**G Interest**

Interest revenue continues to exceed budget estimates.

**H Salaries/Wages and Fringe Benefits**

The primary drivers of the net unfavorable variance in Salaries/Wages and Fringe benefits are related to new programs and an increase in number of working days in May (\$1.8M).

**J Supplies**

The primary driver of the net unfavorable variance in supplies is the increase in PAP drugs that must be expensed to offset the gift in kind revenue of \$7.3M, compared to a budget of \$4.8M.

**K Building**

Building costs continue to have favorable variances due to the pending start up of the 6168 Apartment cost.



**Balance sheet**

**L Cash and Investments**

Cash and investment balances decline in May, as anticipated, due to the use of quarterly allocations; The Center received the next quarterly allocation on June 9 of \$21M.

		<b>March</b>		<b>April</b>		<b>May</b>
Cash	\$	42,771,841	\$	31,653,661	\$	33,188,714
Investments		87,086,894		82,636,394		70,762,650
		<u>\$ 129,858,734</u>		<u>\$ 114,290,055</u>		<u>\$ 103,951,364</u>

Payee information with the grantors and vendors utilizing the Bank of America account for payment has successfully been modified. We anticipate moving forward with closing the account in the coming month.

**M Inventory and Prepaid**

Inventory and Prepaid balances declined in May due to the decline of DPP IGT balances (\$1.3M).

**N Accounts receivable, other**

The primary driver of the increase in other Accounts Receivable is the accrual of cost reimbursement revenue to cover accrued payroll.

**O Construction in Progress**

The correction needed for Construction in Progress is still pending.

**P Unearned income**

Unearned income declined in May as anticipated as the amounts received from the county are recognized as revenue.

**Q Accounts Payable and Accrued Liabilities**

The primary driver in the increase in accounts payable and accrued liabilities is due to the increase in accrued salaries payable.

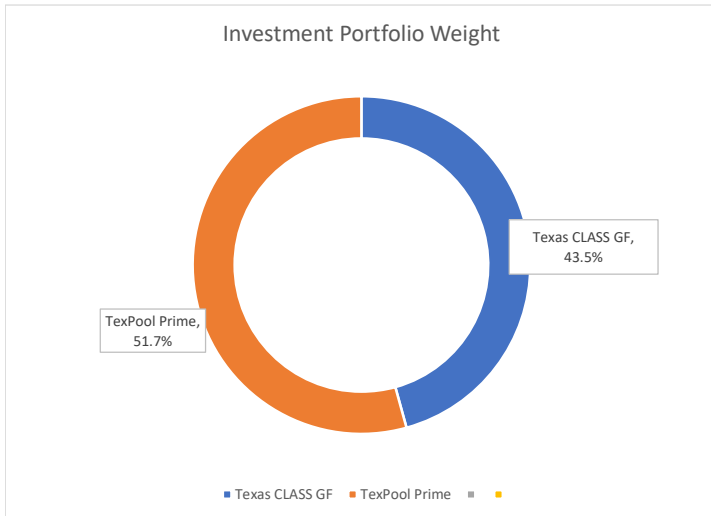
**The Harris Center for Mental Health and IDD**  
**Notes to Statements Presented**  
**As of May 30, 2023**

R <b>Net assets</b>	As of April 2023	May activity	As of May 2023
Investment in Fixed Assets	\$ 92,952,685	\$ 324,708	\$ 93,277,393
Compensated Absences	4,854,354	-	4,854,354
Inventories	403,334	(3,787)	399,548
Self Insurance	2,000,000	-	2,000,000
ECl building use	361,664	-	361,664
COVID-19 eFMAP Reserve	904,067	-	904,067
Current Capital Projects	7,622,424	(344,272)	7,278,152
Future purchases of real property/ IT infrastructure	1,365,842	-	1,365,842
Assigned waiver 1115	54,516,267	(479,490)	54,036,777
General fund balance	18,143,700	-	18,143,700
FY2023 change in net assets	1,238,156	818,247	2,056,403
	<u>\$ 184,362,493</u>	<u>\$ 315,406</u>	<u>\$ 184,677,899</u>

**The Harris Center for Mental Health and IDD  
Investment Portfolio  
As of May 30, 2023**

**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>
<b>Texas CLASS</b>							
Texas CLASS General Fund	\$ 37,225,768	\$ -	\$ (6,600,000)	\$ 148,530	\$ 30,774,298	43.5%	5.205%
<b>TexPool</b>							
TexPool Prime	42,017,312	-	(5,600,000)	163,306	36,580,617	51.7%	4.801%
TexPool General Fund	1,032,872	-	-	4,389	1,037,261	1.5%	4.611%
TexPool Internal Service Fun	2,360,442	-	-	10,031	2,370,473	3.3%	4.611%
<i>TexPool Sub-Total</i>	<i>45,410,626</i>	<i>-</i>	<i>(5,600,000)</i>	<i>177,726</i>	<i>39,988,351</i>	<i>56.5%</i>	<i>4.784%</i>
<b>Total Investments</b>	<b>\$ 82,636,394</b>	<b>\$ -</b>	<b>\$ (12,200,000)</b>	<b>\$ 326,256</b>	<b>\$ 70,762,650</b>	<b>100%</b>	<b>4.968%</b>
Additional Interest-Checking Accounts					61,081		
<b>Total Interest Earned</b>					<u>387,337</u>		



<b>3 Month Weighted Average Maturity (Days)</b>	<b>1.00</b>
<b>3 Month Weighted Average Yield of The Harris Center Investment Portfolio</b>	<b>5.007%</b>
<b>3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)</b>	<b>4.476%</b>
<b>May Interest Rate - Chase Hybrid Checking</b>	<b>3.15%</b>
<b>May ECR - Chase</b>	<b>3.25%</b>

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of May 30, 2023 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**  
**As of May 30, 2023**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed*</b>	<b>May-23</b>	<b>YTD Total Through May</b>
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,860,889	\$16,450,765
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,587,426	\$21,992,737
UNUM	Life Insurance	\$300,000	\$204,210	\$1,825,506

\* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

Note: Non-employee portion of May payments of Liabilities for Employee Benefits = 10.8% of Expenditures.

# EXHIBIT F-3

**JUNE 2023**

**NEW CONTRACTS OVER 100k**

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>FY23/24 NEW CONTRACTS</b>						
<b>ADMINISTRATION</b>						
<b>CPEP/CRISIS SERVICES</b>						
P- Substance Abuse Treatment Master Pool	Residential Substance Abuse Treatment Services for the Jail Diversion Program	\$138,240.00	09/01/2023-08/31/2024	County	Request for Application	The current contact for P-residential substance abuse treatment services master pool will expire at the end of FY23, This is to request a new Agreement with the same vendors in the pool for FY24 for the benefit of the Jail Diversion Program.
<b>FORENSICS</b>						
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>						
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>						
<b>LEASES</b>						
<b>MENTAL HEALTH SERVICES</b>						

## Contract Section

**Contractor\***

P- Substance Abuse Treatment Services at the EEMHDC

**Contract ID #\***

7277

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**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 **Renewal of pooled contracts**

**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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <b>[Redacted]</b>    |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/1/2023

**Contract Term End Date\* (?)**

8/31/2024

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 138,240.00

**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\* (?)**

The substance abuse contracts for the Aftercare component of Jail Diversion are in the final renewal period and will finally expire on 8/31/2023. Program is requesting to renew all FY23 contractors for next fiscal year (i.e. FY24). Please see the enclosed list.

**Contract Owner\***

Kim Kornmayer

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY21-FY23, substance abuse services

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

FY2024 Renewals\_Pooled Substance Abuse.docx 13.25KB

**Vendor/Contractor Contact Person**

**Name\***

Vendor Pool - n/a

**Address\***

Street Address

n/a

Address Line 2

n/a

City

State / Province / Region

n/a

n/a

Postal / Zip Code

Country

n/a

n/a

**Phone Number\***

n/a

**Email\***

notanemailaddress@notreal.com

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 138,240.00	543043

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable\* (?)  
No changes

Project WBS (Work Breakdown Structure)\* (?)  
n/a

Requester Name	Submission Date
Ramirez, Priscilla	5/30/2023

### Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

5/30/2023

### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by

*KIM KORNMEYER*

Approval Date

5/30/2023

### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/30/2023

# **EXHIBIT F-4**

**JUNE 2023**  
**RENEWALS OVER 100k**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7849

**Contractor Name\***

Aramark Correctional Service, LLC

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 410,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

Multiple

G/L Code(s)\*

543013

Current Fiscal Year Purchase Order Number\*

FY23 CT142694

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.*
9261	\$ 110,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 52,800.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 38,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 163,200.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 38,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 38,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 38,400.00	543013

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Fiscal Year* (?)	Amount* (?)
2024	\$ 480,000.00

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

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

*Priscilla M. Ramirez*

Contract Owner Approval



Approved by

*KIM KORNMAYER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0309

**Contractor Name\***

P-Professional Services for RFQ Project

**Service Provided\* (?)**

Master Pooled Contract for Architectural, Engineering, Environmental, Electrical and Plumbing/Mechanical Services.

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)

\$ 300,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served\*

1899

G/L Code(s)\*

569008, 569015

Current Fiscal Year Purchase Order Number\*

CT142255

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 0.00	569015

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  
\$150,000.00

Contract Funding Source\*  
General Revenue (GR)

#### Contract Content Changes

Are there any required changes to the contract language? \* (?)  
 Yes  No

Please Explain\*  
Architectural Services and Engineering Services will be the only ones to remain on the Master Pool - Professional Services RFQ (ID 2022-0309) - REMOVE ENVIRONMENT, ELECTRICAL, and PLUMBING/MECHANICAL SERVICES from contract

Will the scope of the Services change? \*  
 Yes  No

Is the payment deadline different than net (45)? \*  
 Yes  No

Are there any changes in the Performance Targets? \*  
 Yes  No

Are 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\*

*Belinda Stude*

Approval Date\*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

### Current Fiscal Year

2023

### Contract ID#\*

7622

### Contractor Name\*

Innovation Network Technologies (Unitrends)

### Service Provided\* (?)

Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions (DIR-TSO-4332).

\*\*\*\*Please let me know if you want an FY23 PO instead of FY24. Last year, there were issues with this one due to the late payment and the FY24 PO process. An FY24 PO won't be in place until October at the latest. So be aware.\*\*\*\*

### Renewal Term Start Date\*

8/31/2023

### Renewal Term End Date\*

8/30/2024

### Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal      |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source               |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification |
| <input 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\* (?)

\$ 110,698.83

Rate(s)/Rate(s) Description

Varies

Unit(s) Served\*

1130

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

FY23 CT142387

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

Please Explain\*

Technical Support has been not met our needs when creating support tickets

Were Services delivered as specified in the contract?\*

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

Yes  No

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

Yes  No

Renewal Determination



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

Yes  No

Please Explain\*

Changed platform and vendor in FY23

Budget Manager Approval(s)



Approved by

Sign

Contract Owner Approval



Approved by

Sign

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023



# **EXHIBIT F-5**

# **JUNE 2023**

## **AMENDMENTS OVER 100k**

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>FY23 AMENDMENTS</b>									
<b>ADMINISTRATION</b>									
1	Aptean, Inc.	Software License, Support & Maintenance for On-line requisition & Approval System (Formerly Ross).	\$357,881.21	\$35,500.00	\$391,381.21	09/01/2022-08/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE in order to integrate ROSS with DocuSign.
2	Clinical Pathology Laboratories	Agency-Wide Clinical Laboratory Services	\$415,238.75	\$200,000.00	\$615,238.75	09/01/2022- 08/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE to pay remaining expense for the FY23 fiscal year.
3	McKesson Corporation	Agency-Wide Medical Supplies	\$295,577.00	\$225,000.00	\$490,377.00	09/01/2022- 08/31/2023	General Revenue (GR)	Tag-On	Amendment to increase the NTE to cover anticipated medical supply/ pharmaceuticals expenditures for the remainder of FY23.
4	Rainbow Health LLC	Software for MCOT Rapid Response	\$82,620.00	\$88,553.00	\$171,173.00	09/01/2022-08/31/2023	IT23.1147.01	Informal Request For Quotes	Amendment to increase the contract NTE to pay for application improvements, Feature Requests, additional functionality through the Document Management Portal and improved MCOT Team reassignment functionality.
5	Right Now Termite and Pest Control	Agency Wide Pest Control and Bed Bug Treatment Services	\$118,000.00	\$15,000.00	\$133,000.00	09/01/2022-08/31/2023	GR	Request for Proposal	Amendment to increase the NTE due to unexpected termite treatment needed at 6160 S Loop East and to provide services through the remainder of the current fiscal year.
6	VC5 Partners d/b/a Rekruters	Temporary IT Recruitment and Placement Services	\$200,000.00	\$50,000.00	\$250,000.00	09/01/22-08/31/23	GR		Amendment to increase the NTE for temporary IT Recruitment to perform services in Epic form builders and Telehealth on-demand features as part of the Outpatient Expansion Project.
7	Webhead Technologies, Inc. d/b/a Webhead	Design and Development of a new Harris Center Public Website	\$204,171.30	\$14,307.70	\$218,479.00	09/01/22-08/31/23	GR	RFP	<b>Correction Only</b> The October 2022 board report incorrectly stated the previous NTE as \$169,273,30 and it should have been \$204,171.30. The budget was and remains correct.
8	Webhead Technologies, Inc. d/b/a Webhead	Design and Development of a new Harris Center Public Website	\$218,479.00	\$47,412.10	\$265,891.44	09/01/22-08/31/23	GR	RFP	Amendment to increase the NTE to improve functionality, redesign of content/pages and to revamp workflows for content change approvals.
<b>CPEP/CRISIS SERVICES</b>									
9	P-Residential Master Pool (Jail Diversion)	Master Pool of Residential Housing Services for Jail Diversion Program	\$48,276.00	\$80,000.00	\$128,276.00	09/01/2022-08/31/2023	County	RFA	Amendment to increase the NTE due to more than 80% of consumers served needing ongoing residential support services and to pay for outstanding invoices. There has been a significant uptick in the census within the Jail Diversion program leading to a higher case load within the Aftercare Department.
<b>FORENSICS</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									



# Executive Contract Summary

## Contract Section



**Contractor\***

Aptean, Inc.

**Contract ID #\***

6115

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Aptean

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 357,881.21

**Increase Not to Exceed\***

\$ 33,500.00

**Revised Total Not to Exceed (NTE)\***

\$ 391,381.21

Fiscal Year\* (?)

2023

Amount\* (?)

\$ 33,500.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

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

Increase the NTE of the existing contract in order to integrate ROSS with DocuSign.

Contract Owner\*

Mustafa Cochinwala

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 (?)

The Harris Center for Mental Health IDD Order Form Aptean.pdf

230.32KB

Vendor/Contractor Contact Person

Name\*

Rylee Dawson

Address\*

Street Address

4325 Alexander Drive

Address Line 2

City

Alpharetta

State / Province / Region

GA

Postal / Zip Code

30022-3740

Country

US

Phone Number\*

512-431-6709

Email\*

RyleeDawson@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 33,500.00	900022
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable\* (?)

IT21.1147.05 DocuSign Implementation

Project WBS (Work Breakdown Structure)\* (?)

134 hours @ \$250.00 per hour \$33,500.00

Requester Name

Jones, Anthony

Submission Date

5/8/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/9/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochunwala*

Approval Date

5/10/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/10/2023



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Clinical Laboratory Services

**Contract ID #\***

2021-0181

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Clinical Laboratory Services and The Harris Center for MH and IDD Services

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

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 Amend Pool Contract |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 415,238.75

**Increase Not to Exceed\***

\$ 200,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 615,238.75



Fiscal Year\* (?)

Amount\* (?)

2023

\$ 615,238.75

Funding Source\*

State

Contract Description / Type\* (?)

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

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

Increase NTE by an additional \$200,000 to cover the remaining FY23.

Contract Owner\*

Kia Walker

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

09-01-2021 to 08-31-2022

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Jim Gebhart, Vice President South Texas CPL

Address\*

Street Address

5355 West Sam Houston Parkway North

Address Line 2

Suite #350

City

Houston

State / Province / Region

TX

Postal / Zip Code

77041-5237

Country

US

Phone Number\*

(281) 804-3949

Email\*

jgebhart@cpllabs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 200,000.00	580000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable\* (?)

0.00

Project WBS (Work Breakdown Structure)\* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

5/25/2023

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

5/25/2023

Contract Owner Approval

Approved by

*Kia Denaé Walker*

Approval Date

5/30/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/30/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

MCKESSON CORPORATION

**Contract ID #\***

7137

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

McKesson Medical Surgical, Inc. and The Harris Center for Mental Health and IDD Services

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s) \***

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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 265,377.00

**Increase Not to Exceed\***

\$ 225,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 490,377.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 490,377.00

Funding Source\*

State

Contract Description / Type\* (?)

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

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

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

Per Michael Hooper - This change was prompted by the need to increase the available budget on the 1136 OTHXP summary line.

Contract Owner\*

Kia Walker

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

Previous 10+ years providing Agency-wide medical supplies

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name\*

Sarah Zujic

Address\*

Street Address

One Post Street

Address Line 2

City

San Francisco

State / Province / Region

CA

Postal / Zip Code

94104

Country

USA

Phone Number\*

713-377-4677

Email\*

SARAH.ZUJIC@MCKESSON.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 225,000.00	547002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable\* (?)

0.00

Project WBS (Work Breakdown Structure)\* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

5/25/2023

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

5/26/2023

Contract Owner Approval

Approved by

*Kia Denaio Walker*

Approval Date

5/30/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/30/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Rainbow Health LLC

**Contract ID #\***

2022-0553

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Rainbow Health 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 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 82,620.00

**Increase Not to Exceed\***

\$ 88,553.00

**Revised Total Not to Exceed (NTE) \***

\$ 171,173.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 171,173.00

Funding Source\*

State Grant

Contract Description / Type\* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other CT142678

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

Application Improvements, Feature Requests, Additional functionality  
-Document Management Portal  
-Improved MCOT Team reassignments

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

FY23 -  
Designed MCOT Rapid Response Application

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Ayushi Patel

Address\*

Street Address

1811 Bering Drive

Address Line 2

City

Houston

Postal / Zip Code

77057

State / Province / Region

TX

Country

US

Phone Number\*

713-678-8016

Email\*

ayushi@rainbow.health

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 88,553.00	553002
<b>Budget Manager</b> Oshman, Jodel		<b>Secondary Budget Manager</b> Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure)\* (?)

IT23.1147.01 MCOT Rapid Response System

Requester Name

Hurst, Richard

Submission Date

5/25/2023

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

5/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

5/29/2023

Contracts Approval

Approve\*

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



Approved by \*

*Belinda Stude*

Approval Date \*

6/1/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Right Now Termite and Pest Control

**Contract ID #\***

7786

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

7/18/2023

**Parties\* (?)**

Right Now 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 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 118,000.00

**Increase Not to Exceed\***

\$ 15,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 133,000.00

Fiscal Year\* (?)  
2023

Amount\* (?)  
\$ 133,000.00

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\* (?)

need to add money to increase the NTE for FY2023 due to an unexpected termite treatment at 6160 S Loop East (formosa termites) and to get us thru the fiscal year should there be any additional unexpected treatments for any pests/bedbugs.

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

current - 2020 to present plus have used in previous contract years prior to 2015 / extermination 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 Liggings

**Address \***

Street Address

10714 Crestwater Circle

Address Line 2

City

Magnolia

Postal / Zip Code

77354-3218

State / Province / Region

TX

Country

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	\$ 15,000.00	569005

**Budget Manager**

Brown, Erica

**Secondary Budget Manager**

Campbell, Ricardo

**Provide Rate and Rate Descriptions if applicable\* (?)**

see contract

**Project WBS (Work Breakdown Structure)\* (?)**

n/a

**Requester Name**

Harper, Sarah

**Submission Date**

5/26/2023

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

5/26/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Todd L. McCorquodale*

Approval Date

5/26/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/26/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Rekruters/VC5 Partners

**Contract ID #\***

7356

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

The Harris Center and Rekruters VC5

**Agenda Item Submitted For: \* (?)**

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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 Increase Current Contract CT142391 |

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 200,000.00

**Increase Not to Exceed\***

\$ 50,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 250,000.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 250,000.00

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\* (?)

The funds will be used for Epic form builders and Epic Telehealth on-demand feature builds as part of the Outpatient Expansion Project.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

Consulting and Employee Backfill

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

Yes  No  Unknown

Please provide the HUB status\*

WBE - Women owned business.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Gabe Quintanilla

Address\*

Street Address

11111 Katy Freeway

Address Line 2

Suite 310

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

United States

Phone Number\*

8322434000

Email\*

support@rekruters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2426	\$ 50,000.00	542000

Budget Manager

Shelby, Debbie

Secondary Budget Manager

Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable\* (?)

Up to \$155 per hour

Project WBS (Work Breakdown Structure)\* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

5/22/2023

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

5/22/2023

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

5/22/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/22/2023





# Executive Contract Summary

## Contract Section



**Contractor\***

WebHead Technologies, Inc. d/b/a Webhead

**Contract ID #\***

2022-0360

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Web Head Technologies

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 218,479.34

**Increase Not to Exceed\***

\$ 47,412.10

**Revised Total Not to Exceed (NTE)\***

\$ 265,891.44

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 265,891.44

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 CT142500

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

Adding addition functionality, redesigning content/pages, and improving workflows for content change approval.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

FY21, FY22

Designed new Harris Center website and mobile app

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

Yes  No  Unknown

Please provide the HUB status\*

WBE - Women owned business.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name\*

Bill Gonzales

Address\*

Street Address

1710 North Main Avenue

Address Line 2

City

San Antonio

Postal / Zip Code

78212-3938

State / Province / Region

TX

Country

US

Phone Number\*

210-354-1661

Email\*

Bill.Gonzalez@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	\$ 47,412.10	900060
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure)\* (?)

IT22.1147.01

Requester Name

Hurst, Richard

Submission Date

5/25/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

5/26/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

P-Residential Only (Jail Diversion)

**Contract ID #\***

7256

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 48,276.00

**Increase Not to Exceed\***

\$ 80,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 128,276.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 128,276.00

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 closer to actual expenses projected to fiscal year end (08/31/23). By April, the program expended all remaining available funds on the purchase order. There has been a significant uptick in the census within the Jail Diversion program leading to a higher case load within the Aftercare department. More than 80% of the consumers served need ongoing residential supports, thus program is requesting to add \$80,000 (or \$16,000 per month for 5 remaining months) to the master pool contract. Program needs to remit payment to outstanding invoices which is also factored into the request.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided\*

Current FY23 CT142294

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

NA

**Address \***

Street Address

NA

Address Line 2

NA

City

State / Province / Region

NA

NA

Postal / Zip Code

Country

NA

NA

**Phone Number \***

NA

**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	\$ 80,000.00	543004
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

**Provide Rate and Rate Descriptions if applicable \* (?)**

As outlined per RFA

**Project WBS (Work Breakdown Structure) \* (?)**

n/a

**Requester Name**

**Submission Date**

Ramirez, Priscilla

5/23/2023

**Budget Manager Approval(s)**



**Approved by**

**Approval Date**

*Priscilla M. Ramirez*

5/23/2023

**Contract Owner Approval**



**Approved by**

**Approval Date**

*Kim Kornmayer*

5/23/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Studa*

**Approval Date\***

5/26/2023



# **EXHIBIT F-6**

**JUNE 2023**

**INTERLOCAL AGREEMENTS**

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY23 CONTRACTS</b>						
<b>INTERLOCALS</b>						
1	Community Health Choice, Inc.	Telephonic Crisis Line Services	Annual Renewal (Revenue \$12,800.00)	09/01/2023-08/31/2024	Private Pay Source	Annual renewal for telephonic crisis line Revenue/ILA on behalf of Community Health Choice for Harris County Hospital District d/b/a Harris Health.
2	Harris County Office of Managed Assigned Counsel	Care Coordination Services	New Care Coordination Agreement	06/01/2023-08/31/2025	General Revenue (GR)	New care coordination agreement for collaboration between the Harris Center and the Harris County Office of Managed Counsel.
3	Harris County Facilities Property Management Department	Lease for Property Located at 5518 Jackson Street, Houston, TX	Annual Renewal	09/01/2023-08/31/2024	County	Annual renewal of property lease located at 5518 Jackson Street, Houston, Texas. FY24 NTE: \$50.00
4	Harris County Hospital District d/b/a Harris Health	Housekeeping/Janitorial Services for NPC	Annual Renewal	09/01/2023-08/31/2024	GR	Annual renewal for housekeeping/janitorial services at NPC site. FY24 NTE: \$331,869.45
5	Harris County Hospital District d/b/a Harris Health	Laboratory Testing Services	Annual Renewal	09/01/2023-08/31/2024	GR	Annual renewal of Agreement for COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers. FY24 NTE: \$15,00.00.
6	Harris County Hospital District d/b/a Harris Health System	Nutrition & Food Services for NPC	Annual Renewal	09/01/2023-08/31/2024	General Revenue (GR)	Annual renewal of Nutrition and Food Services ILA for consumers that receive services at the NPC. FY24 NTE: \$347,714.75
7	Houston Independent School District	The Harris Center's Print Shop offers in-house printing and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment.	Renewal	09/01/2023-08/31/2024	GR	Annual renewal of specialty printing and binding services agreement for the Agency wide projects.
8	Region 4 Education Service Center (ESC)	Provision of Office for Non-Physician Mental Health Professional	Renewal (\$7,284.00)	09/01/2023-08/31/2024	State	Annual Renewal of NMHP Agreement to provide office space for a non-physician mental health professional that is employed by the Agency. The NMHP is also the dedicated Liaison for ESC Region 4, in alignment with HB19.
9	University of Texas Health Science Center San Antonio	BeWell Texas - After Hours Triage Line Services	New Revenue (\$81,420.00)	09/01/2022-08/31/2023	State Funding	New revenue agreement to provide afterhours triage line services on behalf of the "BeWell Texas" program.
10	University of Houston, on behalf of The Center for Mental Health Research and Innovation	Annual Evaluation of The Houston AOT (Assisted Outpatient Treatment) Program	Annual Renewal	07/31/2023-07/30/2024	Federal Funding	Annual renewal for Evaluation of The Houston AOT (Assisted Outpatient Treatment) Agreement through the University of Houston, on behalf of The Center for Mental Health Research and Innovation. FY23/24 NTE: \$139,647.00





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7535

**Contractor Name\***

Community Health Choice, Inc.

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

8/9/2023

**Renewal Term End Date\***

8/8/2024

**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 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\* (?)

\$ 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\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 12,800.00	420015
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ilejay, Kevin		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
Private Pay Source

Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Contract Owner Approval



Approved by

*Jennifer Battle*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023





## Executive Contract Summary

### Contract Section

**Contractor\***

Harris County Office of Managed Assigned Counsel

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

7/18/2023

**Parties\* (?)**

Harris County Office of Managed Assigned Counsel 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\* (?)**

6/1/2023

**Contract Term End Date\* (?)**

8/31/2025

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

**Funding Source \***

General Revenue (GR)

**Contract Description / Type \* (?)**

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

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

This care coordination agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Harris County Office of Managed Assigned Counsel.

Director: Sarah Strang

**Contract Owner \***

Kim Kornmayer

**Previous History of Contracting with Vendor/Contractor \***

Yes  No  Unknown

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

Yes  No  Unknown


**Community Partnership \* (?)**

Yes  No  Unknown

**Specify Name \***

Harris County Office of Managed Assigned Counsel

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name \***

Gilan Merwanji

**Address \***

Street Address

1310 Prairie Street suite 1600

Address Line 2

City

Houston

Postal / Zip Code

77002-2045

State / Province / Region

TX

Country

US

**Phone Number \***

832-927-4033

**Email \***

gilan.merwanji@mac.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Kornmayer, Kimberly	

Provide Rate and Rate Descriptions if applicable\* (?)

NA

Project WBS (Work Breakdown Structure)\* (?)

NA

Requester Name

Singh, Patricia

Submission Date

6/1/2023

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

6/1/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kornmayer*

Approval Date

6/1/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

5159

**Contractor Name\***

Harris County Facilities Property Management Department

**Service Provided\* (?)**

Lease for Property located at 5518 Jackson Street, Houston, Texas.

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 50.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1850

G/L Code(s)\*

555000

Current Fiscal Year Purchase Order Number\*

CT142358

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.*
1850	\$ 50.00	555000
<b>Budget Manager*</b> Brown, Erica	<b>Secondary Budget Manager*</b> Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 50.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?\*

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Fidd L McCorqudale*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

6917

**Contractor Name\***

Harris County Hospital District d/b/a Harris Health

**Service Provided\* (?)**

Housekeeping/Janitorial Services for Leased Space at Ben Taub Hospital's Clinic Facility.  
Lease Agreement under Contract ID 2022-0033.

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 323,137.74

Rate(s)/Rate(s) Description

Unit(s) Served\*

Multiple

G/L Code(s)\*

569002

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142384

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9206	\$ 265,495.56	569002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9209	\$ 46,461.72	569002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9211	\$ 19,912.17	569002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 331,869.45

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\*

*Belinda Stude*

Approval Date\*

5/26/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7846

**Contractor Name\***

Harris County Hospital District d/b/a Harris Health

**Service Provided\* (?)**

Harris Health will provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers.

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

9206, 9209

G/L Code(s)\*

580000

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142373

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
<b>Budget Manager*</b> Oshman, Jodel		<b>Secondary Budget Manager*</b> Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 7,500.00	580000
<b>Budget Manager*</b> Oshman, Jodel		<b>Secondary Budget Manager*</b> Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 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 Ostman*

Contract Owner Approval



Approved by

*KIM KORNWAYER*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

6212

**Contractor Name\***

Harris County Hospital District d/b/a Harris Health System

**Service Provided\* (?)**

Nutrition & Food services for NPC

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 374,714.75

**Rate(s)/Rate(s) Description**

Vary.

**Unit(s) Served\***

9206, 9209

**G/L Code(s)\***

543013

**Current Fiscal Year Purchase Order Number\***

CT142373

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 278,171.80	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 69,542.95	543013

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 347,714.75

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

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

Are 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\*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**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.

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 10,000.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1107

**G/L Code(s)\***

596001

**Current Fiscal Year Purchase Order Number\***

FY23 CT142423

**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
<b>Budget Manager *</b> Campbell, Ricardo		<b>Secondary Budget Manager *</b> Brown, Erica

Fiscal Year * (?)	Amount * (?)
2024	\$ 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

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

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 \*

5/31/2023





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7737

**Contractor Name\***

Region 4 Education Service Center (ESC)

**Service Provided\* (?)**

Interlocal Agreement to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19.

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 7,284.00

**Rate(s)/Rate(s) Description**

Total Cost represents a 119 sq. ft. office space monthly, technical and print shop costs.

**Unit(s) Served\***

7003

**G/L Code(s)\***

425086

**Current Fiscal Year Purchase Order Number\***

CT142489

**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 *	Amount Charged to Unit *	Expense/GL Code No. *
7003	\$ 7,284.00	425086
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Ilejay, Kevin	Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2024	\$ 7,284.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

State Grant

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner \* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

*Kevin Hojay*

Contract Owner Approval



Approved by

*Jennifer Battle*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

University of Texas Health Science Center San Antonio - BeWell Texas - After Hour Triage Line

#### Contract ID #\*

2023-0688

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

5/16/2023

#### Parties\* (?)

University of Texas Health Science Center San Antonio- BeWell Texas - After Hours Triage Line and The Harris Center for Mental Health and IDD - Crisis Line

#### Agenda Item Submitted For: \* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)  
 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                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/1/2022

#### Contract Term End Date\* (?)

8/31/2023

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

#### Fiscal Year\* (?)

2023

#### Funding Source\*

Private Pay Source

**Contract Description / Type\* (?)**

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

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

The Harris Center Crisis Line provides after hour triage service for Be Well Texas.

**Contract Owner\***

Jennifer Battle

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Chris Green

**Address\***

Street Address

University of Texas Health Science Center at San Antonio

Address Line 2

7703 Floyd Curl Drive, MSC 7828

City

San Antonio

State / Province / Region

Texas

Postal / Zip Code

78229-3900

Country

USA

**Phone Number\***

210-567-2340

**Email\***

grants@uthsca.edu

**Budget Section**

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

**Budget Unit Number\***

7001

**Amount Charged to Unit\***

\$ 81,420.00

**Expense/GL Code No.\***

437085

**Budget Manager**

Ilejay, Kevin

**Secondary Budget Manager**

Campbell, Ricardo

**Provide Rate and Rate Descriptions if applicable\* (?)**

6,785 will be invoiced monthly.

**Project WBS (Work Breakdown Structure)\* (?)**

NA

**Requester Name**

Battle, Jennifer

**Submission Date**

5/12/2023

**Budget Manager Approval(s)**

**Approved by**

*Kevin Ilejay*

**Approval Date**

5/12/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Jennifer Battle*

**Approval Date**

5/12/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

5/17/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7768

**Contractor Name\***

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

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

7/31/2023

**Renewal Term End Date\***

7/30/2024

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

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

**Procurement Method(s)\***

Check all that Apply

- 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 Grant Funded

**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\* (?)

\$ 139,647.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

2177

G/L Code(s)\*

543053

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142312

Contract Requestor\*

Lance Britt

Contract Owner\*

Lance Britt

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2177	\$ 139,647.00	543053
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Shelby, Debbie	

Fiscal Year* (?)	Amount* (?)
2024	\$ 139,647.00

## 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

Lance Britt

## Budget Manager Approval(s)



Approved by

*Debbie Chambers Shelby*

Contract Owner Approval



Approved by

*Lance Britt*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/17/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

The University of Texas Health Science Center at Houston - Dept of Psychiatry and Behavioral Sciences

#### Contract ID #\*

2021-0291

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

6/20/2023

#### Parties\* (?)

The Harris Center for Mental Health & IDD and The University of Texas Health Science Center at Houston

#### Agenda Item Submitted For:\* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)  
 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                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/1/2022

#### Contract Term End Date\* (?)

8/31/2023

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

January 2023 to December 2023

#### Current Contract Amount\*

\$ 17,208.55

#### Increase Not to Exceed\*

\$ 38,800.00

#### Revised Total Not to Exceed (NTE)\*

\$ 56,008.55

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 56,008.55

Funding Source\*

State Grant

Contract Description / Type\* (?)

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

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

This contract is to provide outcomes research and program evaluation services for the StepDown program. The original contract period was May 1, 2022 to December 31, 2022. Services were delayed so program was not invoiced until January 2023 thus, the original NTE of \$86,522.25 has not been exhausted, only reallocated to new fiscal years until the full year of performance is completed. Program is being invoiced approximately \$7K per month and is requesting at least \$38,800 be added to the FY23 NTE to cover until fiscal year end.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

FY22, and FY23, outcomes research

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Valerie Bomben, Director, Sponsored Contracts

**Address \***

Street Address

7000 Fannin Street

Address Line 2

UCT 1006

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

USA

**Phone Number \***

713-500-4910

**Email \***

Tanya.Williams@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. *
9502	\$ 38,800.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

**Provide Rate and Rate Descriptions if applicable \* (?)**

As outlined in current contract

**Project WBS (Work Breakdown Structure) \* (?)**

n/a

**Requester Name**

Ramirez, Priscilla

**Submission Date**

5/26/2023

**Budget Manager Approval(s)**

**Approved by**

*Priscilla M. Ramirez*

**Approval Date**

5/30/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Kim KORNMEYER*

Approval Date

5/30/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7537

**Contractor Name\***

The University of Texas Health Science Center at Houston-HCPC

**Service Provided\* (?)**

Outpatient Competency Restoration ("OCR")

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 295,003.00

**Rate(s)/Rate(s) Description**

\$24,583.03 per month

**Unit(s) Served\***

9407

**G/L Code(s)\***

543002

**Current Fiscal Year Purchase Order Number\***

CT142342

**Contract Requestor\***

Priscilla Ramirez

**Contract Owner\***

Kim Kornmayer

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 295,003.00	543071
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puente, Giovanni

Fiscal Year* (?)	Amount* (?)
2024	\$ 295,003.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

#### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

#### Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

#### Contract Owner Approval

Approved by

*Kim KORNMEYER*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023

# EXHIBIT F-7



April 10, 2023

### **Authorization to pay Texas Medical Center 2023 Maintenance and Security Assessment**

The Harris Center's Mental Health Division is requesting approval to pay the 2023 Texas Medical Center Assessment Fee for security and maintenance services rendered at Harris County Psychiatric Center (HCPC). This expense is paid to TMC annually to cover:

- |                               |                      |
|-------------------------------|----------------------|
| ● 2023 Maintenance Assessment | \$ 52,274.00         |
| ● 2023 Security Assessment    | <u>\$ 128,530.00</u> |

<b>TOTAL</b>	<b>\$ 180,804.00</b>
--------------	----------------------

Details:

- The net assessable acreage of the County portion of the HCPC property is 4.8964 acres for which The Harris Center is responsible for the TMC assessment.
- Funding is from the Harris County allocation.
- Starting in 2021, TMC institutions are invoiced prior to the services being rendered.
- The 2023 maintenance and security assessment fees were increased by 25% compared to 2022.

Due to the dollar amount, Board Authorization is required for this payment in the absence of a contract.

Thank you for your consideration.

Vanessa McKeown, CPA  
Chief Financial Officer

# **EXHIBIT F-8**

Status **Pending** PolicyStat ID **13156858**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Eunice Davis: Dir
Area	General Administration
Document Type	Agency Policy

## GA10A Pregnant Workers and Accommodations

### 1. PURPOSE:

To ensure that temporary ~~and~~ reasonable accommodations are provided to pregnant job applicants and employees at the Harris Center for Mental Health and IDD (the Harris Center) as set forth under the Pregnant Workers Fairness Act (PWFA).

### 2. POLICY:

It is the policy of the Harris Center to provide a reasonable accommodation to ~~both a~~ **qualified** job applicant and ~~a~~ **qualified** employee's known limitations, related to pregnancy, childbirth, or related medical conditions unless providing the accommodation would impose an undue hardship on the Harris Center.

### 3. APPLICABILITY/SCOPE:

This policy applies to Harris Center employees ~~(including former employees) and applicants.~~

### ~~4. PROCEDURES:~~

~~Pregnant Workers and Accommodation Procedure~~

~~HR9B Employment~~

## 5. RELATED POLICIES/FORMS ~~(for reference only)~~:

~~HR9A Employment Policy~~ [HR9A Employment Policy](#)

Pregnancy Accommodation Request Form

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

Consolidated Appropriations Act, 2023, PL 117-328, Div. II Sec. 103

Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of 1978, 42 U.S.C. sec. 2000e

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Initial Assignment	Eunice Davis: Dir	05/2023
Initial Assignment	Anthony Robinson: VP [CW]	05/2023



# **EXHIBIT F-9**

Status **Pending** PolicyStat ID **13027596**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR35A Drug Free Workplace

### 1. PURPOSE:

The purpose is for The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) to promote a safe, drug-free work environment for both Harris Center staff and the community we serve.

### 2. POLICY:

The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) to provide a drug-free workplace in compliance with Public Law 100-690, Title V, Subtitle D of the Drug-Free Work[place Act of 1988. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance such as inhalants, illegal drugs or alcoholic beverages is prohibited on the premises of the The Harris Center or any of its facilities. Any Employee who violates this prohibition is subject disciplinary action up to and including termination under Center rules. All employees, as a condition of employment , must comply with this policy. Employees are prohibited from using or being under the influence of drugs and/or alcohol when providing services, representing The Harris Center, or performing any agency activities, except as prescribed by a physician.

### 3. APPLICABILITY/SCOPE:

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

### ~~4. PROCEDURES:~~

~~Drug-Free Workplace~~

## 5. RELATED POLICIES/FORMS ~~(for reference only)~~:

~~HR4A dRUG/Alcohol Testing Pre-Employment~~ [HR4A Drug/Alcohol Testing Pre-Employment](#)

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

Drug-Free Workplace Act of 1988

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	02/2023

# **EXHIBIT F-10**

Status **Pending** PolicyStat ID **11936830**

Origination	04/2008
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Gertrude Leidich: Vice President Clinical Transformation and Quality
Area	Medical Services
Document Type	Agency Policy

## MED16A - Closed Record Review Committee Policy

### 1. PURPOSE:

To provide clinical peer review of all deaths of the Harris Center's ~~patients~~consumers to ensure against inappropriate clinical care, and one that the clinical conforms to the highest quality standard of care ~~was appropriate and conforms to~~and the Harris Center's ~~patient care~~ policies and procedures ~~and the community standard of care.~~

### 2. POLICY:

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

The Harris Center's Closed Record Review Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Medical Officer for the improvement of the Harris Center's service delivery system. The Closed Record Review Committee is a subcommittee of the Professional Review Committee (PRC).

### 3. APPLICABILITY/SCOPE:

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

employees.

## 4. PROCEDURES

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

## 5. RELATED POLICIES/FORMS:

~~Incident Reporting INC.9~~

~~Consumer Closed Record Review COMM: 4.001~~ [EM4A Incident Reporting](#)

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

Deaths of ~~Persons~~ [Individuals](#) Served by ~~TXMHMR Facilities or~~ Community Mental Health & ~~Mental Retardation~~ Centers, Title 25 ~~Tex. Admin~~ [TEX. Code, Part 1, ADMIN. CODE](#). Chapter 405, Subchapter K.

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Final Legal Review	Kendra Thomas: Counsel	05/2023
Initial Legal Review	Shannon Fleming: Counsel	05/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2023
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	05/2023

# **EXHIBIT F-11**

Status **Pending** PolicyStat ID **13417980**

Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

## ACC4A Development and Management for Mental Health and IDD Service Wait/ Interest List

### 1. PURPOSE:

To define the policy, the development, and maintenance of waiting/Interest lists, when The Harris Center for Mental Health and IDD (The Harris Center) has reached or exceeded its capacity to provide services. This is in accordance with the Texas Health and Human Services Commission (HHSC) performance contracts and Texas Administrative Codes (TAC).

### 2. POLICY:

It is the policy of The Harris Center that the Executive Management Team review the capacity of The Harris Center's services and will approve the establishment of waiting/ Interest lists for Center services. These determinations will be consistent with HHSC requirements. The Board of Trustees will be informed at the first regular board meeting following the establishment of the waiting list.

### 3. APPLICABILITY/SCOPE:

The Harris Center programs.

### 4. PROCEDURES:

#### Mental Health

- Routine care services



- ~~Texas Resilience and Recovery (TRR) Waiting List Development~~
- ~~TRR Waiting List Maintenance~~

## ~~Intellectual or Developmental Disability (IDD)~~

- ~~Services and Supports~~
- ~~Home and Community Based Services (HCS) and Texas Home Living (TxHmL) interest lists Maintenance of the HCS and TxHmL interest lists~~
- ~~Requesting DADS to Change HCS or TxHmL Interest Lists Information~~

## ~~5. RELATED POLICIES/FORMS: RELATED POLICIES/FORMS:~~

ACC4B: Development and Management for Mental Health and IDD Service Wait/ Interest List

## ~~6. REFERENCES: RULES/REGULATIONS/ STANDARDS: REFERENCES: RULES/ REGULATIONS/STANDARDS:~~

- Information Item R Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual
- Mental Health Community Standards, 36 Tex. Admin. Code Chapter 301, Subchapter G
- Local Authority Responsibilities, 40 Tex. Admin. Code Ch. 2, Subchapter G
- HCS and TxHmL Interest List Manual effective January 1, 2015 HCS and TxHmL Interest List Maintenance Attachment J

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2023
Legal Review	Kendra Thomas: Counsel	04/2023
Compliance Review	Anthony Robinson: VP	04/2023
Departmental Review	Keena Pace: Exec	04/2023
Initial Assignment	Keena Pace: Exec	04/2023

# **EXHIBIT F-12**

Status **Pending** PolicyStat ID **13233629**



Origination 03/2001  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2023  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR8A Employee Referral Bonus Program

### 1. PURPOSE:

The purpose of The Harris Center for Mental Health and IDD (The Harris Center) employee referral bonus program is to have an internal recruiting incentive to encourage employees to refer qualified candidates within their networks for jobs at The Harris Center in an effort to reduce voluntary turnover and retain talent.

### 2. POLICY:

In appreciation to staff for assisting The Harris Center for attracting and recruiting qualified persons into The Harris Center workforce, employees who refer persons who become employees of The Harris Center for the first time shall be provided an Employee Referral Bonus subject to the terms of this policy and related procedures.

### 3. APPLICABILITY/SCOPE:

All The Harris Center employees and staff.

## ~~4. Related Policies and Forms~~

## 5. RELATED POLICIES/FORMS:

• Employee Handbook	
• Employee Referral Bonus Program Form	
• Employee Referral Bonus Eligible Position List	

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

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	05/2023
Initial Assignment	Toby Hicks	03/2023

# **EXHIBIT F-13**

Status **Pending** PolicyStat ID **13233619**

Origination	03/1993	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

## HR11A Equal Employment Opportunity

### 1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

### 2. POLICY:

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to all terms and conditions of employment including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. As defined by law, sex includes gender identity, sexual orientation, and transgender status. Sexual orientation, gender identity, and transgender status will not have any influence on Harris Center employment decisions or opportunities.

The Harris Center strictly prohibits and does not tolerate discrimination against employees, applicants or any covered person because of the protected classes described above. All Harris Center employees are prohibited from engaging in unlawful discrimination.

Additionally, the Harris Center complies with the Americans with Disability Act (ADA), as amended by the ADA Amendments Act, the Texas Commission on Human Rights Act and all applicable state and local laws. Consistent with those requirements, The Harris Center will make reasonable accommodations for qualified individuals with a disability if such accommodation would allow the individual to perform the

essential functions of the job, unless doing so would result in an undue hardship to the Harris Center. Also, the Harris Center will, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

### **3. APPLICABILITY /SCOPE:**

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

### ~~4. Related Policies/Forms/Processes:~~

### 5. RELATED POLICIES/FORMS:

Employee Job Descriptions Transfers, Promotions, Demotions  
Personnel Requisition Action Form  
The Harris Center Application for Employment

- Creating a New Position
- Filling a New Position
- Filling a Vacant Position
- Changing a Current Position
- Posting of Vacancies
- Conditions of Employment

### ~~6. References: Rules/Regulations/Standards~~

### 7. REFENCES: RULES/REGULATIONS/STANDARDS:

- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e to 2000e-17
- The Americans with Disabilities Act , as amended by the ADA Amendment Act, 42 U.S.C. §12101-12213
- The Age Discrimination in Employment Act, 29 U.S.C. §§621-634
- The Genetic Information Nondiscrimination Act, 42 U.S.C. §§2000ff-2000ff-11
- Uniformed Services Employment Reemployment Rights Act, 38 U.S.C. §4311
- Section 1981 Civil Rights Act of 1866, 42 U.S.C. §1981
- The Equal Pay Act, 29 U.S.C. §206(d)
- Immigration Reform and Control Act, Pub.L. No. 99-603, 100 Stat. 3359 (1986)
- Texas Commission on Human Rights Act, Tex. Lab. Code Ann. §§21.101, 21.106, 21.051, & 21.402
- Employment Discrimination for Participating in Emergency Evacuation, Tex. Lab. Code Ch. 22

- Texas Worker's Compensation Act. Tex. Lab. Code, Ch. 451
- Texas Military Forces, § 437.204

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Compliance Review	Anthony Robinson: VP	05/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	03/2023



# **EXHIBIT F-14**

Status **Pending** PolicyStat ID **13437764**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Nina Cook: Dir
Area	Fiscal Management
Document Type	Agency Policy

## FM26A Guidelines for The Use of Purchase Orders for Goods and Non-Community Services

### 1. PURPOSE:

The purpose of this policy is to establish the use of purchase orders (PO) as a legally binding contract between the Harris Center and a business entity that obligates the business entity to provide goods or services in exchange for money or other consideration.

### 2. POLICY:

It is the policy of The Harris Center to promote effective, professional, and consistent procurement for the Harris Center in compliance with applicable local, state and federal laws. The Harris Center shall establish procedures related to the use of purchase orders to complete purchases of goods or non-community services.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees.

### 4. PROCEDURES:

~~FM19B--Requisitioning and Purchasing of Goods and Services Procedure~~

~~FM20B--The Requisitioning and Purchasing of Goods and/or Services Dollar Limit Threshold & Requirements Procedure~~

## 5. RELATED POLICIES/FORMS ~~(for reference only)~~:

~~FM19A - Requisitioning and Purchasing of Goods and Services Policy~~ [FM19A - Requisitioning and Purchasing of Goods and Services Policy](#)

~~FM19B - Requisitioning and Purchasing of Goods and Services Procedure~~ [FM20A The Requisitioning and Purchasing of Goods and/ or Services Dollar Limit Threshold & Requirements Policy](#)

~~FM20 A - The Requisitioning and Purchasing of Goods and/ or Services Dollar Limit Threshold & Requirements Policy~~

~~FM20B - The Requisitioning and Purchasing of Goods and/ or Services Dollar Limit Threshold & Requirements Procedure~~

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

Contracts Management for Local Authorities, 25 Tex. Admin. Code Ch. 412, Subchapter B

Contracts Management for Local Authorities, 40 Tex. Admin. Code Ch. 2, Subchapter B

Texas Grant Management Standards (TXGMS)

Code of Federal Regulation: 2 C.F.R. Part 200

Texas Government Code: Title 10, Subtitle D, Chapter 2155 - 2158 Purchasing General

Rules and Procedures, Subchapter A, General Provisions

Professional Services Procurement Act, Texas Government Code Chapter 2254

Texas Government Code Chapter 2269

Texas Health & Safety Code, Chapter 250, §§533.007, 533.035, 534.052, 534.055, 534.061, 534.065, and 534.066

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023

Legal Review	Kendra Thomas: Counsel	05/2023
Compliance Review	Anthony Robinson: VP	05/2023
Department Review	Steve Evans: Controller	05/2023
Initial Assignment	Nina Cook: Dir	04/2023

# **EXHIBIT F-15**

Status **Pending** PolicyStat ID **13421426**



Origination 04/2008

Last Approved N/A

Effective Upon Approval

Last Revised 06/2023

Next Review 1 year after approval

Owner [Lance Britt: Dir](#)

Area [Assessment, Care & Continuity](#)

Document Type [Agency Policy](#)

## ACC9A Improvement of Consumer Care Committees (ICC)

### 1. PURPOSE:

The Harris Center for Mental Health & IDD (The Harris Center) shall implement an improvement of consumer care monitoring process, which, using regularly scheduled interdisciplinary team meetings, reviews the clinical appropriateness of individual assessments and services provided, including consideration of individual preferences, responses, and outcomes.

The ICC process occurs on a monthly basis, or as otherwise scheduled, and involves the review of consumer records. The ICC will review a randomly selected set of records. The findings of each review are reported to the program director, the division medical director and may be posted in a share folder on The Harris Center intranet.

### 2. POLICY:

It is the policy of The Harris Center to implement an improvement of consumer care monitoring process.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff and programs.

### 4. PROCEDURES:

~~Section I: Review Teams and Selection of Records Review Process~~

~~Section II: Review Process~~

~~Section III: Documentation~~

~~Section IV: Related Policies and Procedures~~

## 5. RELATED POLICIES/FORMS ~~(for reference only)~~:

~~Content of Patient/Individual Records HIM8A~~

[HIM8A Content of Patient/Individual Records](#)

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

CARF BH Standards Manual Section 2H Quality Records Management

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2023
Legal Review	Kendra Thomas: Counsel	04/2023
Compliance Review	Anthony Robinson: VP	04/2023
Departmental Review	Keena Pace: Exec	04/2023
Initial Assignment	Lance Britt: Dir	04/2023

# **EXHIBIT F-16**



Status **Pending** PolicyStat ID **12253526**

Origination	09/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Vanessa Miller: Mgr
Area	Medical Services
Document Type	Agency Policy

## MED19P Infection Control Plan/Airborne Precautions

### 1. PURPOSE:

The purpose of this procedure is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees.

~~The purpose of this procedure is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Harris Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees. The Harris Center has developed a COVID-19 Plan ("Covid Plan").~~ The Covid Plan includes policies and procedures aimed at minimizing the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures, are responded to in an effective manner.

### 2. ~~APPLICABILITY/SCOPE:~~ APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD employees and all volunteers and contractors.

### 3. ~~REGULATORY/REFERENCE DOCUMENTS:~~ REGULATORY/REFERENCE DOCUMENTS:

Control of Communicable Diseases, Title 25, TAC Part 1, Chapter 97, and Subchapter A  
~~Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H,~~  
~~§§81.301 et seq.~~  
~~The Houston Department of Health and Human Services.~~

Bloodborne Pathogen Exposure Control Plan, Title 2, Texas Health and Safety Code, Subchapter H,  
Section 81.301.

The Houston Department of Health and Human Services.

Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)

Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)

Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

### 4. DEFINITIONS:

- **Communicable Disease:**
- An illness due to an infectious agent or its toxic products which is transmitted directly to a well person from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Communicable diseases may spread by physical contact with an infected person, contact with a contaminated surface or object, bites from insects or animals capable of transmitting the disease and travel through the air. Bacteria, fungi, parasites and viruses may cause communicable diseases.
- **Airborne Precautions:**
- **Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).**

**Source control:** put a mask on the patient.

- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.**
- **Restrict susceptible health care personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune health care personnel are available.**

- Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for health care personnel.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Health-care personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
  - **Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella or smallpox).**
  - ~~Control of Infection occurs by~~ **Control of Infection occurs by:**
    1. Identifying consumers and/or staff with communicable or potentially communicable infections.
    2. Implementing appropriate Infection Control measures.
    3. Educating staff on Infection Control procedures and standards.
    4. Providing information to all departments related to managing on site Infection control issues.
  - **Disease Prevention:** The prevention of infection in staff and consumers occurs through:
    1. Dissemination of Infection Control guidelines.
    2. Ongoing updates of Infection control procedures and practices
    3. Monitoring of Infection Control practices within the Departments.
  - **Exposure:**
    1. Condition of being exposed to an infectious agent.
  - **Investigation and Surveillance Involves the following:**
    1. Systematic Data collection.
    2. Analysis of the data with determination of specific events to be monitored.
    3. Development and implementation of measurable quality improvement plans.
    4. Evaluation of the quality improvement plans.
  - **Reporting of infections occurs by:**
    1. Staff reporting possible exposures to infectious diseases.
    2. ~~Reporting of reportable diseases as required by DSHS (25TAC Part 1, Chapter 97, and Subchapter A), Governing Control of Communicable Diseases.~~ Reporting to the DSHS notifiable conditions

## 5. PROCEDURES:

- A. Disease Prevention occurs by the Infection Control Manager:
- B. Identifying consumers ~~and~~/or staff with communicable or potentially communicable infections.

- C. Implementing appropriate Infection Control measures.
- D. Partnering with local pharmacies to provide vaccine clinics to employees.
- E. Educating staff on Infection Control procedures, standards and continued updates.
- F. Providing information to all departments related to managing on-site Infection Control issues.
- G. Monitoring of Infection Control Practices within the Department
- H. Investigation and Surveillance Involves the following:
  - I. Systematic Data collection
  - J. Analysis of the data with a determination of specific events to be monitored.
  - K. Development and implementation of measurable quality improvement plans
  - L. Evaluation of quality improvement plans.
- M. Reporting of infections occurs by:
- N. Staff reporting possible exposures to infectious diseases.
- O. Reporting ~~of reportable diseases as required by~~ to the DSHS (notifiable conditions and isolates. Communicable Diseases. 25 TAC Part 1, Chapter 97, and Subchapter A), governing Control of Communicable Diseases

## 6. RELATED POLICIES/FORMS:

- ~~Infection Control Policy~~ MED2A Infection Control Policy and Prevention Policy
- Reportable Disease Form
- ~~Mask Procedure~~ EM10P Risk Management Plan

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS

- ~~Association for Professionals in Infection Control and Epidemiology~~ [www.apic.org](http://www.apic.org)
- ~~Center for Disease Control,~~ [www.cdc.gov](http://www.cdc.gov)
- ~~Texas Department of State Health Service~~ [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023

Final Legal Review	Kendra Thomas: Counsel	05/2023
Initial Legal Review	Shannon Fleming: Counsel	05/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2023
Initial Assignment	Vanessa Miller: Mgr	05/2023

# **EXHIBIT F-17**

Status **Pending** PolicyStat ID **12434428**

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Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR12A Inquiries on Employees

### 1. PURPOSE:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has a responsibility to maintain a system to protect current and former employees' employment records. The purpose of this policy is to ensure a consistent process throughout the agency concerning the release of employment information.

### 2. POLICY:

All inquiries regarding the employment information of current and former employees will be referred to ~~the~~an approved third-party vendor for official responses. In the event the third-party vendor is unable to provide the necessary documentation, then the inquiry will be sent to the Human Resources Department ~~of Human Resource Services for official responses~~for completion. These inquiries include, but is not limited to, reference checks on current or past employment, working hours, salary verifications, credit and collection inquiries, requests pertaining to any solicitation of employees or distribution of material to employees, and all other requests for information that may be part of an employee's employment record. This list is illustrative only and not exhaustive.

### ~~3. APPUCABILITY/SCOPE~~

### 4. APPLICABILITY/SCOPE:

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

## 5. PROCEDURE

~~Inquiries on Employees~~

## 6. References: Rules/Regulations/Standards

## 7. RELATED POLICIES/FORMS:

[HIM4A Information Security Policy](#)

## 8. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- Restrictions on Blacklisting, Texas Labor Code §52.031
- Disclosure by Employer of Information Regarding Certain Employees or Former Employees, Texas Labor Code §103
- [Texas Public Information Act, Texas Government Code § 552](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	02/2023



# **EXHIBIT F-18**

Status **Pending** PolicyStat ID **13131865**



Origination 06/2020

Last Approved N/A

Effective Upon Approval

Last Revised 06/2023

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

## HR14A Lactation Breaks

### 1. PURPOSE:

To ensure employees at The Harris Center for Mental Health and IDD (The Harris Center) have ~~the opportunity~~ reasonable breaks to express breast milk at the workplace.

### 2. POLICY:

~~The Harris Center supports the practice of expressing breast milk and shall make reasonable accommodations for the needs of employees who express breast milk. All employees who are nursing mothers are eligible to take reasonable breaks under this policy to express breast milk for the employee's child. The Harris Center encourages all eligible employees who intend to take breaks under this policy to notify their immediate supervisor of the frequency, timing and duration of lactation breaks they need to take.~~

~~The Harris Center has designated a lactation room at each of its administrative and program locations. Employees are encouraged to reserve the lactation room by contacting their immediate supervisor.~~

The Harris Center supports the right of nursing employees to receive break time to express breast milk and a private place, other than the bathroom, to pump at work. Under this policy, employees who are nursing may take reasonable breaks to express breast milk for up to one year period following the birth of the employee's child each time such employee has need to express breast milk. Employees who telecommute are eligible to take reasonable breaks to express breast milk like other employees.

Employees are encouraged to provide notice to their supervisor of their intent to take lactation breaks. The advance notice will give The Harris Center the time needed to create or designate the required space if the work location does not maintain a permanent space dedicated for use as a lactation room.

The space provided for use to express breast milk will be a quiet place, not a bathroom (even if private), and is shielded from view and free from intrusion from coworkers and the public. The room will be fitted with an electrical outlet for employees who use a pump that must be plugged in. The employee will have access to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment. Employees who telecommute will also be free from observation by any Harris Center provided or required video system, including computer camera, security camera or web conferencing platform.

The employee will have access to cool refrigeration for storage of the employees expressed breast milk. Employees storing milk in the refrigerator assumes all responsibility for the safety of the milk and the risk of harm for any reason, including improper storage, refrigeration, and tampering. If the employee decides to store the milk in their own cooler, they may do so, and the Harris Center will provide a space to store the cooler and their supplies.

Employees are encouraged to reserve the lactation room at their respective program locations with their supervisor. The supervisor will share the information only on an as needed basis, such as with facilities personnel that may be charged with creating the required space. When an employee is using break time at work to express breast milk they either must be completely relieved from duty or must be paid for the break time. Employees who are provided paid breaks and use such break times to express breast milk shall be compensated in the same way that other employees are compensated for their break time.

The Harris Center may not suspend, discipline, intimidate, retaliate, or terminate the employment of, or otherwise discriminate, against an employee for requesting or taking lactation breaks or for filing a complaint for violation of this policy. If an employee feels they are subject to any conduct that they believe violates this policy, ~~the Fair Labor Standards Act or applicable state or local law~~ they should promptly contact the Human Resource Department.

The Human Resource Department is responsible for the administration of this policy. They will ensure that a prompt investigation is conducted and take prompt corrective action, if appropriate.

### **3. APPLICABILITY/SCOPE:**

All The Harris Center employees.

### ~~**4. References: Rules/Regulations/Standards**~~

### **5. RELATED POLICIES/FORMS:**

NA

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

- Fair Labor Standards Act of 1938, 29 U.S.C. §207(r)
- Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of

1978, 42 U.S.C. §2000e

- Right to Express Breast Milk in the Workplace, Texas Government Code Chapter 619
- [H.R.3110 - Pump for Nursing Mothers Act. 117th Congress \(2021-2022\)](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
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Compliance Review	Anthony Robinson: VP	04/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	03/2023

# **EXHIBIT F-19**

Status **Pending** PolicyStat ID **13574585**

Origination	10/1992
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED1A Medical Services

### 1. PURPOSE:

To document The Harris Center's expectation for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

### 2. POLICY:

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs ~~or~~, PAs, or clinical pharmacy specialists working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Medical Peer Review Committee, Nursing Peer Review Committee, Incident Reports, Patient System Quality, Safety and Experience Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

### 3. APPLICABILITY/SCOPE:

All Harris Center programs and clinical services.

### 4. PROCEDURES

- A. Medication Reviews/Consultation
- B. MED 1B Medical Services
- C. Administration of Medication to Patient
- D. Medication Errors
- E. Patient Consent, Information, and Education

### 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> <li>• Behavior Supports</li> </ul>
<ul style="list-style-type: none"> <li>• Abnormal Involuntary Movement Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) &amp; (Spanish)</li> </ul>

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

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part I, Ch. 2, Subchapter G
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, Division 3
- Provider Clinical Responsibilities - Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of the HHSC Psychiatric Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter G

### Approval Signatures

Step Description	Approver	Date
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Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Final Legal Review	Kendra Thomas: Counsel	05/2023
Initial Legal Review	Shannon Fleming: Counsel	05/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2023
Initial Assignment	Jennifer Evans	05/2023



# **EXHIBIT F-20**

Status **Pending** PolicyStat ID **12434432**

Origination 01/2012

Last Approved N/A

Effective Upon Approval

Last Revised 05/2023

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

## HR16A Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program

### 1. PURPOSE:

The purpose of this policy is to establish guidelines, which ~~inhibit~~ prevent The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from federally funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department-Office of Inspector General (HHSC-OIG)

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center") to comply with state and federal rules ~~-Social Security Act, 42 U to protect the interests of patients and the Harris Center. S.C. 1320a-7, Section 1128-~~

The Harris Center shall conduct both State and Federal List of Excluded Individuals/Entities (~~LEI-ELEIE~~) ~~sea-rehes~~ searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

### 3. APPLICABILITY/SCOPE:

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

## 4. RELATED POLICIES:

[HR9A Employment](#)

## 5. References: Rules/Regulations/Standards:

Social Security Act 42 U.S.C.A.1320a-7

[Barring Vendor from Participation in State Contracts, Tex. Government Code §2155.077](#)

[Debarment, 34 Tex. Admin. Code Ch. 20, Subchapter G](#)

### Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	02/2023

# **EXHIBIT F-21**

Status **Pending** PolicyStat ID **12354108**



Origination 09/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2023  
 Next Review 1 year after approval

Owner Ninfa Escobar:  
 Dir  
 Area Human Resources  
 Document Type Agency Policy

## HR17A Organizational Development

### 1. PURPOSE:

To establish a uniform policy for the training and professional development of all employees, volunteers, interns, and contractors.

### 2. POLICY:

It is the policy of The Harris Center to ensure its workforce, volunteers, interns, and contractors receive and maintain job-specific, competency training as required by federal and state regulations and laws, accreditation standards, licensing boards, and other contract specifications.

### 3. APPLICABILITY/SCOPE:

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

### ~~4. PROCEDURES~~

~~ST/D:3 Organizational Development~~

### 5. RELATED POLICIES/FORMS:

[HR15A Licensure, Certification, and Registration](#)

[MED36A Credentialing Policy](#)

NEO Training Checklist

Training Requirements Grid

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

- CCBHC I.c.2 - Cultural Competence and Other Training
- [CARF 1.I. Workforce Development and Management](#)
- HIPAA Security and Privacy Rule, 45 CFR § 164.308; 45 CFR § 164.530
- IDD-BH Contractor Administrative Functions, 26 Tex. Admin. Code Ch. 301, Subchapter G, §301.331
- Behavioral Health Delivery System, 26 Tex. Admin Code Ch. 306, Subchapter F, §306.273, §306.325
- Service Coordination for Individuals with an Intellectual Disability, Title 40 Texas Administrative Code Part 1, Chapter 2, Subchapter L, §2.560

### Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	05/2023
Initial Assignment	Ninfa Escobar: Dir	04/2023

# **EXHIBIT F-22**

Status **Pending** PolicyStat ID **13029806**



Origination	02/2022	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2023		
Next Review	1 year after approval		

## ACC14A Personal Property

### 1. PURPOSE:

The purpose of this policy is to establish guidelines relating to the handling of excluded or allowable personal items brought into programs by both employees and visitors.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (“Harris Center”) to exclude all weapons, illegal drugs, and tobacco products from the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law. Items including legal drugs and prescription medications are allowable based on regulations and laws governing transport and storage.

The Harris Center for Mental Health and IDD will post a list of excluded items in a visible location in all facilities. Storage for items will be provided based upon setting as described in the Personal Property procedure.

Excluded items include:

- A. “Weapon(s)” include handguns, firearms, clubs, location-restricted knives, “prohibited weapons” defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon; or (ii) may be reasonably foreseen or expected to be used as a weapon.
- B. “Illegal drugs” include street drugs, alcohol (if under the legal drinking age), and drug paraphernalia.
- C. “Tobacco products” include cigarettes, cigars, chewing tobacco, and electronic cigarettes.



Allowable items include:

- A. "Legal drugs" include prescription medications, over-the-counter drugs, vitamins, and herbs.

### 3. APPLICABILITY/SCOPE:

All Harris Center employees, contractors, volunteers, and visitors.

### ~~4. PROCEDURES:~~

~~1. [Personal Property](#)~~

~~2. [Managing Patient Property Inpatient](#)~~

### 5. RELATED POLICIES/FORMS ~~(for reference only):::~~

~~[EM4A Incident Reporting](#)~~

~~Statement of Weapon Confiscation [INC: 5.001](#)~~

~~Online Incident Report [INC: 9.001](#)~~

~~Prevention and Management of Aggressive Behavior [ST/D: 7MED3A Least Restrictive Interventions and Management of Aggressive Behavior](#)~~

~~MH Outpatient Property Management [Form](#)~~

~~Neuropsychiatric Center Patient Property Management [10.31 Form](#)~~

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

The Harris Center's Policy and Procedure Handbook

Texas Penal Code – Sections 46.01, 46.02, 46.03, 46.05, 46.15, 30.06, and 30.07.

License to Carry a Handgun, Texas Government Code – Chapter 411, Subchapter H

Restrictions on Prohibiting Employee Transportation or Storage of Certain Firearms or Ammunition-

Texas Labor Code – Chapter 52, Sub-chapter G

Texas Controlled Substances ACT- Title 6, Subtitle C, Chapter 481, Sub-chapter A.

CARF: Section 2. Subsection A., General Program Standards

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Lance Britt: Dir	02/2023

# **EXHIBIT F-23**

Status **Pending** PolicyStat ID **12714275**

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Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

## MED20A Pharmacy Services and Outpatient Prescription Purchase Plan

### 1. PURPOSE

To provide pharmaceutical services to Harris Center patients via Harris Center or contractual pharmacies.

### 2. POLICY

It is the goal of ~~The~~the Harris Center to ensure all consumers in need of ~~psychoactive~~"all medications" or "psychoactive and other medications" receive those medications ~~receive those medications~~. To this end, The Harris Center shall maintain pharmacy services, which will be available either at Harris Center program sites or through contractual agreements. The Harris Center Pharmacies shall be licensed by the Texas State Board of Pharmacy and shall operate in accordance with all applicable state and federal laws. A licensed pharmacist will staff the Harris Center Pharmacies. Medication prescribed by an Agency or contract prescriber will be provided to the consumer at a cost based upon the consumer's ability to pay.

The Harris Center pharmacy program will primarily dispense prescriptions written by ~~The~~the Harris Center prescribers or contractual prescribers based on ~~The~~the Harris Center Formulary(s).

### 3. APPLICABILITY/SCOPE

The Harris Center Pharmacies and contracted pharmacies

## 4. PROCEDURES

- A. Prescriptions
- B. Filling and Dispensing Prescriptions
- C. Prescription Purchase Plan

## 5. RELATED POLICIES/FORMS:

The Harris Center Fee Manual  
Harris Center Prescription Form PHAR: 2.001

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

[General Provisions, Pharmacy and Pharmacists, Title 3, Tex. Occ. Code, Subtitle J, Chapters 551-569](#)

[Administrative Practice and Procedures, Title 22, Tex. Admin. Code, Chapters 281-315](#)

[Texas Food, Drug, and Cosmetic Act, Title 6, Tex. Health & Safety Code, Chapters 431-486](#)

~~[Texas State Board of Pharmacy Laws and Regulations](#)~~  
CARF Section 2E

### Approval Signatures

Step Description	Approver	Date
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Final Legal Review	Kendra Thomas: Counsel	05/2023
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Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2023
Initial Assignment	Tanya White: Mgr	04/2023

# **EXHIBIT F-24**

Status **Pending** PolicyStat ID **13233623**



Origination 08/2000  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 05/2023  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR23A Shift Differential

### 1. PURPOSE:

The purpose of this policy is to provide guidance about shift differentials and to ensure consistent salary treatment for eligible employees.

### 2. POLICY:

As a mechanism to meet the prevailing wages, The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) **may** pay a shift differential to employees assigned to regular duties an evening, night, and/or weekend shifts, or any other division of a regular day.

The justification for approval of shift differential must be prepared by the Department Head, approved by the appropriate operational Vice President or Chief and the Vice President of Human Resources, on a program by program basis. Additional approvals may be required.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center.

### 4. PROCEDURES

- [Shift Differential](#)
- [Shift Designations](#)
- [Shift Changes](#)
- [Time Record](#)

- ~~Payment for Shift Differential~~

## ~~5. Related policies/Forms:~~

## 6. RELATED POLICIES/FORMS:

Shift Differential Time Sheet PER:20-001

## ~~7. References: Rules/Regulations/Standards~~

## 8. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Employee Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	05/2023
Initial Assignment	Toby Hicks	04/2023



# **EXHIBIT F-25**

Status **Pending** PolicyStat ID **13233626**



Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR24A Student Internship Program

### 1. PURPOSE:

To establish guidelines for recruitment, selection, assignment, evaluation and separation of The Harris Center for Mental Health and Intellectual Developmental Disabilities' (The Harris Center) student interns. The Harris Center student interns are individuals pursuing a higher level of education through practicum, internship, or field experience by providing service to the agency and do not receive compensation in return.

### 2. POLICY:

The Harris Center for Mental Health and IDD will provide students of various disciplines the opportunity to enhance their educational experience through field experience, internship, or practicum within the agency. The agency will coordinate with accredited schools and universities in providing such placement within the administrative and clinical programs. These experiences should be beneficial to the students, people we serve, and the agency.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center and all students who are completing field placements/internships at The Harris Center.

### 4. RELATED POLICIES/FORMS ~~(for reference only)~~:

- [Drug Alcohol Testing Pre-Employment](#)

## **5. PROCEDURES:**

N/A

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

- The Harris Center's Policy and Procedures
- The Harris Center Employee Handbook

### Approval Signatures

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
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Compliance Review	Anthony Robinson: VP	05/2023
Department Review	Joseph Gorczyca	04/2023
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# **EXHIBIT F-26**

Status **Pending** PolicyStat ID **13029801**

Origination	05/2005	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2023		
Next Review	1 year after approval		

## LD8A - Termination of General Revenue Contract Providers with Harris Center-IDD Services

### 1. PURPOSE:

The purpose of this policy is to protect the interests of The Harris Center and the health and safety of individuals served.

### 2. POLICY:

The Harris Center shall ensure that vendors and contractors suspended or debarred by the state or federal government are not awarded contracts with the Harris Center. When a vendor or contractor is suspended or debarred, the Harris Center shall terminate its contracts with debarred vendors and contracts as soon as possible, considering such factors as a need to procure replacement goods and services for an alternate vendor. Suspended or Debarred vendors are prohibited from participating in a procurement process or otherwise make offers to receive a contract or subcontract.

The Harris Center shall remove funded individuals served and suspend referrals to General Revenue ("GR") contractors and vendors who are notified by a licensing entity that they have been recommended for decertification. ~~In the event that the provider files an appeal, the~~The Harris Center ~~will defer action on the status of the contract until there is a determination on the appeal. If the contract provider does not file an appeal within (15) days of notice of recommendation to decertify, or the appeal is denied by the licensing entity, the Harris Center may~~shall initiate termination of the general revenue contract. In the event that the appeal is upheld, referrals and consumer choice may be reinstated after review and approval by Vice President of Intellectual and Developmental Disabilities.

### 3. APPLICABILITY/SCOPE:

This policy applies to all [contractors and vendors who sell goods and services to the Harris Center programs, contractors, and vendors who receive GR funding.](#)

### 4. RELATED POLICIES/FORMS ~~(for reference only):~~

### 5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Debarment, ~~title~~-34 Tex. Admin. Code Chapter 20, Subchapter G
- Contract Management for Local Authorities, Title 40 Tex. Admin. Code Chapter 2, Subchapter B
- ~~ICF/ID Programs--Contracting for Community Services, Title~~ 40 Tex. Admin. Code Chapter ~~49~~6, ~~Subcontractor~~Subchapter B.
- [Contracting for Community Services, Title 40 Tex. Admin. Code Chapter 49, Subchapter B](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2023
Legal Review	Kendra Thomas: Counsel	04/2023
Compliance Review	Anthony Robinson: VP	04/2023
Initial Assignment	Shannon Fleming: Counsel	03/2023
Initial Assignment	Kendra Thomas: Counsel	03/2023

# **EXHIBIT F-27**

Status **Pending** PolicyStat ID **13233631**

Origination	03/1995
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR26A Transfers - Promotions - Demotions

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### 1. PURPOSE:

The purpose of this policy is to develop, mobilize, and retain staff of the highest quality. The Harris Center provides equal opportunities for the recruitment, professional growth, and advancement of all employees while providing guidelines for employee promotion, transfer and demotion.

### 2. POLICY:

Any transfer, promotion, or demotion will be based on documented evidence of the employee's job qualifications and performance.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) including, both direct and contracted employees.



## ~~4. Related policies/Forms:~~

## 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> <li>• <del>PER:15 Transfers - Promotions - Demotions</del> <u>Transfers - Promotions - Demotions</u></li> <li>• Personnel Action Form</li> </ul>
<ul style="list-style-type: none"> <li>• Transfer Application</li> </ul>
<ul style="list-style-type: none"> <li>• Referral for Hire Form</li> </ul>

## ~~6. References:~~

### ~~Rules/Regulations/Standards~~

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Employment ~~PER:2~~
- The Harris Center's Employee Handbook

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Department Review	Joseph Gorczyca	04/2023
Initial Assignment	Toby Hicks	03/2023

# **EXHIBIT F-28**

# The Harris Center Foundation

The Harris Center Board of Trustees

Presented by: Susan Fordice, Executive Director  
Date: June 27, 2023



## FAST FACTS

- Friends of MHMRA established 2006
- Name change to The Harris Center Foundation for Mental Health and IDD
- 501(c)3 nonprofit organization
- Foundation Board approved recommendations to implement best practice Board governance practices in 2021
- Transitioned to a community-led Board in 2022

# Board of Directors

- Patricia "Gail" Bray, PhD, Vice Chair
- Judge Marc Carter, JD
- Gwen Emmett, Chair
- David Feldman, JD, Treasurer & Immediate Past Chair
- Lily Chen Foster
- Jenny Meyer, MBA, Secretary
- Diane Scardino
- Jim Lykes, Liaison

# Foundation Priorities

- Sustain a governing board of committed, seasoned nonprofit leaders with a passion for the mission of The Harris Center
- Generate revenue for investment in the mission of The Harris Center
- Build infrastructure to support a professional and competitive fund development enterprise

# Foundation Investments in The Harris Center

- Grants for Staff Projects
  - 2021 \$102,000+
    - capable Coffee, Project Airline Playground, Medical Assistant Certification Program
  - 2022 \$108,000 +
    - Coffeehouse Co-op Academy, Meaningful Day, Performance Improvement through Curated Rest, STARS Clinic Outreach and Quality Improvement Project
  - 2023 \$145,000+
    - Home Sweet Home, The Harris Center Resiliency Team, Project H.E.A.L (Healing through Entrepreneurship Arts and Leadership), Positive Behavior Enhancement (PBS) Project
  - 2024 Call for Applications for 2024 -- July 1, 2023
- Annual Sponsorship Budget \$20,000
- Special Considerations: Hurricane Harvey, Winter Storm Uri

# Board Analysis, Recruitment, Engagement

- Transition to a community-led Board commenced in 2021 with a plan to recruit 3 new directors each year for three years
- A “governance reboot” resulted in establishing term limits, meeting attendance requirements, revision of bylaws, etc.
- Board Analysis determines recruitment priorities
- First Board Retreat held in November 2022, second slated for October 2023
- Meetings in progress for three prospective Board members to be approved at the October Board meeting and invited to service in January 2024
- Executive Committee (Board Officers) meets to conduct business in between Quarterly Board meetings and serves as the Governance Committee
- Committees (Internal Affairs, External Affairs, Finance, Grants)
- Task Force (Board Retreat)
- Conduct an annual Board Self-Evaluation



# Transforming Lives First Annual Luncheon November 2022

- Fundraising Goal: \$150,000
- Event Gross Revenue: \$183,388.80
- Expenses: \$29,154.70 (including video)
- Net Revenue: \$149,366.92
- Attendance Goal: Sellout (330)
- RSVP/d Attendance: 300
- Actual Attendance: estimate 270

# Foundation Investments in Infrastructure & Operations

- Contractors:
  - Foundation Director
  - Event Coordinator
  - Grantwriting (3 months)
  - Database Developer
- Donor Perfect Database annual fee
- Operating Expenses
- Event Expenses

**SAVE THE DATE**  
*Transforming Lives*  
**Second Annual Luncheon**

- October 11, 2023
- The Junior League of Houston
- Registration 11:30 a.m.
- Honoring Mr. Nasruddi Rupani

Thank you.



Let's transform  
lives together.

# **EXHIBIT F-29**

# Legislative Update

A Review of the  
88<sup>th</sup> Legislative Session

Presented by: Amanda Jones, JD  
Director of Government and Public Affairs  
June 6, 2023



# Statewide Funding

- Workforce: Maintenance of Critical Services at LHMA/LIDDA: \$23.9 M

Program	Biennial Funding
Adult Mental Health	\$14.2 M
Children's Mental Health	\$3.6 M
Crisis Services	\$2.6 M
IDD Community Services	\$3.3 M
Long-term Care Intake	\$1.6 M

- Step-down Housing - \$17 M
- State Hospital Transition Teams - \$5 M
- Coordinated Specialty Care - \$4.2 M
- Multisystemic Therapy - \$30.4 M
- \$26.8 M Opioid Settlement Funds
- \$100 M for one-time funding for construction of Crisis Stabilization Units, Crisis Residential Units, supportive housing, and jail diversion.



# Statewide Funding

- Up to 5 Crisis Stabilization Units - \$28 M
- 4 Crisis Respite Units for Youth and 3 peer-run pilots - \$11.5 M
- Youth Mobile Crisis Outreach Teams (including 3 teams for DFPS youth) - \$14 M
- Increase in Mental Health Grants for Justice Involved Individuals - \$30 M
- Increase in Community Mental Health Grant Program - \$15 M
- Increase in Healthy Community Collaborative Grants - \$8 M
- New Innovation Grant - \$30 M
- Purchased psychiatric beds: maintain capacity (rate increase) plus 193 new beds - \$198 M
- 150 new Competency Restoration Beds - \$91 M
- Dunn Center - \$4.7 M for 144 beds per year and \$6.1 M to increase state hospital capacity by 24 beds.

# Statewide Funding

- \$37 M in General Revenue and \$81 M in Federal Funds for Unwinding of Continuous Medicaid Eligibility
- Community Attendants' Wage Increase (Intermediate Care Facilities, Home & Community-based Services, and Texas Home Living): Base Hourly Wage Increase to \$10.60
- IDD Interest Reduction: 1,831 Medicaid Waiver Slots
- Early Childhood Intervention: \$77.8 M increase (17% increase)

# SB 30: State Hospital Funding

Hospital	Purpose	Funds	Beds	Type of Beds
Dallas State Hospital	Construction	\$101.9 M	200	75% forensic
Lubbock Campus	Construction	\$121 M	50	Max security
San Antonio State Hospital	Rehabilitation	\$15 M	40	Max security
Amarillo State Hospital	Construction	\$159 M	75	75% forensic
Rio Grande Valley Facility	Construction	\$120 M	50	Max security
Terrell State Hospital	Construction	\$573 M	250	Replacement campus
North Texas State Hospital- Wichita Falls	Construction	\$452 M	200	Replacement campus
El Paso State Hospital	Planning, Land Acquisition, and Initial Construction	\$50 M	50	50% forensic
Sunrise Canyon	Construction	\$45 M	30	50% forensic
Montgomery County Facility	Construction	\$50 M	100	Inpatient

# High Profile Bills

- HB 3 by Burrows is the school safety bill.
  - Establishes regional education centers as school safety resource;
  - Requires school district employees who interact with children to complete evidence-based mental health training;
  - Requires armed security guard on each campus.
- SB 14 by Campbell bans gender transitioning, gender reassignment, or gender dysphoria treatment for trans children.
- HB 2127 provides for state preemption of local ordinances.
- SB 763 my Middleton allows school districts to employ chaplains to perform the duties of school counselors.

# Workforce

- \$233.1M for Graduate Medical Education to maintain a 1.1 to 1.0 ratio for residency slots.
- HB 400 by Klick creates the Psychiatric Specialty Innovation Grant and Behavioral Health Innovation Grant.
- HB 1211 by Guillen adds licensed specialist in school psychology to the definition of mental health professionals to the list of professions who are eligible for loan repayment assistance.
- HB 2100 by Price expands eligibility for repayment assistance to mental health professionals providing mental health services at a LMHA regardless of the area's designation as a mental health provider shortage area.
- SB 25 by Kolkhorst provides for several grant programs to support nursing training and education.
- SB 532 by West reduces the number of years of practice to 1, 2, or 3 years to be eligible for repayment assistance.

# Bills of Interest

## New Medicaid Coverage

- HB 12 by Rose: Coverage for new moms for 1 year
- HB 1357 by Holland: Medication-assisted treatments
- HB 4169 by Price: Pre-vocational services under Medicaid waiver
- HB 4888 by Hefner: Non-opioid treatments

## HB 3474 by Leach

- Creates 3 new courts with preference for criminal cases
- Creates a new probate court



# Miscellaneous Bills of Interest

- SB 26 by Kolkhorst
  - New performance audits of LMHA and public reporting of outcomes
  - Adds numerous new reporting requirements.
- HB 1283 by Oliverson extends HHSC's control over the formulary, preferred drug list, and other policies until 2033, an additional 10 years.
- SB 728 by Huffman requires reporting of mental illness or intellectual disability information of certain youth for purposes of a federal firearm background check.
- HB 3009 by VanDeaver allows an Advanced Practice Registered Nurse to issue a certificate of incapacity under certain circumstances.
- HB 4085 by Spiller relates to the payment of the costs related to mental health proceedings by the county or state.
- HB 729 by Rose would establish a statewide IDD coordinating council.

# Safety

- SB 186 by Miles prohibits a health care facility to discharge of a patient to certain unlicensed and unpermitted group-centered facilities.
- SB 188 by Miles requires criminal history information checks for applicants for employment and employees of group homes.
- SB 189 by Miles creates a criminal offense for the failure of certain persons to report mistreatment of residents of group homes.
- SB 1849 by Kolkhorst establishes an interagency child protection database.
- HB 1009 by Turner allows certain Medicaid providers of community-based residential care to obtain criminal history from the Health and Human Services Commission of applicants for employment.



# **EXHIBIT F-30**

**JUNE 2023**

**NEW CONTRACTS UNDER 100k**

SNAPSHOT SUMMARY  
NEW CONTRACTS  
LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY23/24 NEW CONTRACTS</b>						
	<b>ADMINISTRATION</b>						
1	Germain Company d/b/a Germane Solutions	Consultant Services	\$15,000.00	05/15/2023-08/31/2023	General Revenue	Request for Quote	This new Consultation Agreement is to support the Agency's organizational goals and future planning of increased involvement and integration of Graduate Medical Education (GME) into current behavioral health and developmental services.
2	Metropolitan Life Insurance Company (MetLife)	Employee Benefits Administration Initiative	N/A	07/01/2023-12/31/2023	General Revenue		This new Agreement is to enhance enrollment usability/management, carrier processing and ACA management which will allow Agency staff to pursue other more value-add aspects of our work. The Service fee is a 3% of premiums received and earned by MetLife.
3	NLUC, PLLC	Workers Compensation Treatment Services	\$6,000.00	09/01/2022-08/31/2023	General Revenue	Request for Quote	A new contract to replace previous contract with Next Level Medical, LLC for same services as a result of company assignment to NLUL, PLLC to align the medical services under the appropriate entity.
4	TBX Employee Benefits, LLC (TBX)	Employee Benefits Administration Initiative	N/A	01/01/2024-12/31/2024	General Revenue		New contract through the Agency's insurance broker USI, to retain TBX's services at no cost to the Agency. The services will allow better enrollment eligibility management, carrier processing management, ACA management, allowing current Agency's staff to pursue other more value-add aspects of Agency's work.
5	Trustmark Insurance Company	Third Party Administrator for Employee Benefits	N/A	01/01/2024-12/31/2024	General Revenue		Trustmark is a new contract to provide a Universal Life product as Long-term Care Insurance.
	<b>CPEP/CRISIS SERVICES</b>						
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>						
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>						
	<b>FORENSICS</b>						
	<b>LEASES</b>						



## Executive Contract Summary

### Contract Section

**Contractor\***

Germain Company d/b/a Germane Solutions

**Contract ID #\***

2023-0687

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Germane Solutions 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 **Consultant**

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

5/1/2023

**Contract Term End Date\* (?)**

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 15,000.00

**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\* (?)**

Consultation services to support the organizational goals and future planning of increased involvement and integration of Graduate Medical Education (GME) into current behavioral health and developmental needs services.

**Contract Owner\***

Wayne Young

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

11/18/2019 thru 18/31/2020 - GME Program

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center - Proposal for Strategic Support Revised 243.5KB  
04062023.pdf

**Vendor/Contractor Contact Person**

**Name\***

Germane Solutions

**Address\***

Street Address

8163 Old Yankee Street, Suite B

Address Line 2

City

Dayton

State / Province / Region

OH

Postal / Zip Code

45458

Country

USA

**Phone Number\***

336-266-8627

**Email\***

Shearn@germane-solutions.com

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 15,000.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Brown, Erica		Campbell, Ricardo

### Provide Rate and Rate Descriptions if applicable\* (?)

15,000.00 plus out of pocket expenses for airfare, hotel, etc.  
will be billed at actual costs.  
5,000.00 will be billed upon acceptance of this engagement.

### Project WBS (Work Breakdown Structure)\* (?)

n/a

<b>Requester Name</b>	<b>Submission Date</b>
Mayne, Annette	4/28/2023

### Budget Manager Approval(s)

#### Approved by



**Approval Date**  
4/28/2023

### Procurement Approval

#### File Upload (?)

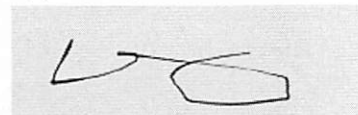
#### Approved by



**Approval Date**  
5/2/2023

### Contract Owner Approval

#### Approved by



**Approval Date**  
5/4/2023

### Contracts Approval

#### Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/8/2023



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Metropolitan Life Insurance Company (MetLife)

**Contract ID #\***

2023-0696

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

TBX (vendor) / MetLife (carrier), USI (broker), THC (us)

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

7/1/2023

**Contract Term End Date\* (?)**

12/31/2123

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

Zero cost contract, once implemented, we expect to operate in perpetuity until cancelled.

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00



Fiscal Year\* (?)

Amount\* (?)

2025

\$ 0.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

We are able to leverage our relationship with our insurance broker, USI, to retain this firm and TBXs services at no cost to THC. We get better enrollment usability/management, carrier processing management, ACA management, allowing current staff to pursue other more value-add aspects of our work.

MetLife (not to be confused with our prior Retirement vendor) supplies ancillary benefits, replacing the Colonial Life Products (e.g., critical illness, hospitalization, etc.). The existing Colonial products cannot be offered on TBX platform.

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 (?)

MetLife Group Ins - 249528 - Harris Center for Mental Health - Application_7.1.23.pdf	156.46KB
MetLife SOR (Ins Products) Statement of Responsibility_JW-Final Customer Centric version 07-20-2015.pdf	186.69KB
MetLife Fee Disclosure - The Harris Center for Mental Health and IDD - Platform Fee - TBX.doc	45.5KB

Vendor/Contractor Contact Person



Name\*

Oliver Hunt

**Address \***

Street Address

9811 Katy Freeway

Address Line 2

Suite 950

City

Houston

Postal / Zip Code

77024

State / Province / Region

TX

Country

US

**Phone Number \***

346-718-6317

**Email \***

ohunt@metlife.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 0.00	543039
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

**Provide Rate and Rate Descriptions if applicable\* (?)**

\$0 cost contract

**Project WBS (Work Breakdown Structure)\* (?)**

\$0 cost contract

**Requester Name**

Baughman, Kip

**Submission Date**

5/17/2023

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

5/17/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Kip BAUGHMAN*

Approval Date

5/17/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/18/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

NLUC, PLLC

**Contract ID #\***

2023-0686

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

THE HARRIS CENTER AND NEXT LEVEL URGENT CARE, PLLC

**Agenda Item Submitted For:\* (?)**

- Information Only (Total NTE Amount is Less than \$100,000.00)  
 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 6,000.00

**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\* (?)**

A new contract in the name of NLUC PLLC [entity responsible for all medical practice/care services] is required, per Contracts Department to correct entity's name.

**Contract Owner\***

Kendra Thomas

**Previous History of Contracting with Vendor/Contractor\***

- Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY21 - Current. - Service Provided: Worker's Compensation Medical Treatment services. Drug/Alcohol Screens X-Ray Services  
 WC Treatment which varies based on TDI-TWC Fee Schedule

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Allyson Cooper or Doug G. Smith

**Address\***

Street Address

P. O. Box 201

Address Line 2

P. O. Box

City

Houston

Postal / Zip Code

77001-0201

State / Province / Region

TEXAS

Country

United States

**Phone Number\***

936-661-2061

**Email\***

acooper@nlucc.com

## Budget Section

## 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
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Brown, Erica

## Provide Rate and Rate Descriptions if applicable\* (?)

Worker's Compensation Medical Treatment services which vary based on TDI-TWC Fee Schedule.

\$60 (\$35.00 Drug +\$25.00 Alcohol) Drug/Alcohol Screens

## Project WBS (Work Breakdown Structure)\* (?)

N/A

## Requester Name

MacKinney, Egla

## Submission Date

5/4/2023

## Budget Manager Approval(s)

## Approved by

*Ricardo Campbell*

## Approval Date

5/4/2023

## Procurement Approval

## File Upload (?)

## Approved by

*Sharon Brauner*

## Approval Date

5/5/2023

## Contract Owner Approval

## Approved by

*Kendra Thomas*

## Approval Date

5/11/2023

## Contracts Approval

## Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/12/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

TBX Employee Benefits, LLC (TBX)

**Contract ID #\***

2023-0695

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/17/2023

**Parties\* (?)**

TBX (vendor), USI (broker), 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

- 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\* (?)**

7/1/2023

**Contract Term End Date\* (?)**

12/31/2123

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

Zero cost contract, once implemented, we expect to operate in perpetuity until cancelled.

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00



**Fiscal Year\* (?)**  
2025

**Amount\* (?)**  
\$ 0.00

**Funding Source\***

General Revenue (GR)

**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                          |

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

We are able to leverage our relationship with our insurance broker, USI, to retain this firm and TBXs services at no cost to THC. We get better enrollment usability/management, carrier processing management, ACA management, allowing current staff to pursue other more value-add aspects of our work.

TBX specifically relates to the Benefits Administration and ACA platforms.

**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 (?)**

TBX Client Service Agreement The Harris Center.pdf	366.07KB
TBX ACA Module Agreement.pdf	291.93KB

**Vendor/Contractor Contact Person**

**Name\***

Joe Senizaiz

**Address\***

Street Address

7500 Dallas Pkwy

Address Line 2

Suite 550

City

Plano

Postal / Zip Code

75024-4019

State / Province / Region

TX

Country

US

Phone Number\*

972-248-9030 x 790

Email\*

jsenizaiz@tbxbenefits.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	543039
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable\* (?)

\$0 cost contract

Project WBS (Work Breakdown Structure)\* (?)

\$0 cost contract

Requester Name

Baughman, Kip

Submission Date

5/17/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/17/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*KIP BAUGHMAN*

Approval Date

5/17/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/18/2023



## Executive Contract Summary

### Contract Section

**Contractor \***

Turstmark Insurance Company

**Contract ID # \***

2023-0693

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

6/20/2023

**Parties \* (?)**

TBX (vendor) / Trustmark (carrier), USI (broker), 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

- 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 \* (?)**

1/1/2024

**Contract Term End Date \* (?)**

12/31/2123

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

Zero cost contract, once implemented, we expect to operate in perpetuity until cancelled.

**Fiscal Year \* (?)**

2024

**Amount \* (?)**

\$ 0.00

**Fiscal Year \* (?)**

2025

**Amount \* (?)**

\$ 0.00

**Funding Source \***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

ECS 3 of 3: Trustmark - others are for TBX and MetLife and should proceed concurrently with this ECS. Benefits Administration Initiative.

We are able to leverage our relationship with our insurance broker, USI, to retain this firm and TBXs services at no cost to THC. We get better enrollment usability/management, carrier processing management, ACA management, allowing current staff to pursue other more value-add aspects of our work.

Trustmark is a new offering for the THC on the TBX platform for 1/1/2024 due to timing of availability - this does not impact any existing THC product offering. It is a Universal Life product to cover Long-term Care Insurance offering. The start date differs from other items in this initiative that start 7/1/2023.

**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 (?)**

Trustmark (UL for LTC Ins) A112-2822\_Employer-App(Situs)-fillable.pdf 536.67KB

**Vendor/Contractor Contact Person**

**Name \***

Shaun Urista

**Address \***

Street Address

3838 Oak Lawn Avenue

Address Line 2

Suite 1000

City

Dallas

Postal / Zip Code

75219-4520

State / Province / Region

TX

Country

US

Phone Number\*

214-498-4976

Email\*

surista@trustmarkbenefits.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	543039
<b>Budget Manager</b> Brown, Erica	<b>Secondary Budget Manager</b> Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable\* (?)

N/A

Project WBS (Work Breakdown Structure)\* (?)

N/A

Requester Name

Baughman, Kip

Submission Date

5/17/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/17/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*KIP BAUGHMAN*

Approval Date

5/17/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/18/2023

# **EXHIBIT F-31**



# **JUNE 2023**

## **RENEWALS UNDER 100k**

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2023 NTE AMOUNT	FY2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY24 CONTRACT RENEWALS</b>							
	<b>ADMINISTRATION</b>							
1	American Business Forms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.	\$21,117.50	\$21,117.50	09/01/2023-08/31/2024	General Revenue (GR)	RFP	Annual renewal of Printing Services Agreement for Business Cards, Letterhead and Envelopes.
2	A-Rocket Moving & Storage, Inc.	Agency Wide Moving and Relocation Services	\$70,000.00	\$70,000.00	09/01/2023-08/31/2024	General Revenue (GR)	Tag-On to HCDE	Annual renewal of moving and relocation services Agreement.
3	Automated Business Systems	Agreement to provide maintenance for Formax fold/insert machine in Revenue Management	\$1,075.00	\$1,075.00	09/01/2023-08/31/2024	General Revenue (GR)		Annual renewal of Maintenance Service Agreement to provide maintenance on Formax fold/insert machine in the Revenue Management Department.
4	Automated Logic Contracting Services, Inc.	Automation System, Software and Maintenance	\$209,813.20	\$50,000.00	09/01/2023-08/31/2024	General Revenue (GR)	RFQ	Annual renewal of Multi-Facility Building Automation System, Software and Maintenance Agreement.
5	Critical Start, Inc.	VECTRA Software Subscription	\$43,361.46	\$56,450.39	06/10/2023-06/19/2024	General Revenue (GR)	Tag-On to DIR-CPO-4850	Annual renewal of VECTRA software subscription.
6	Feedtrail, Inc.	Administering and Monitoring for Consumer Satisfaction Survey	\$22,387.00	\$22,387.00	06/01/2023-05/31/2024	General Revenue (GR)	Request for Quote	Annual renewal for Consumer Satisfaction Survey Software.
7	Future Com, Ltd	Maintenance and Support for the Gigamon Ethernet	\$29,971.26	\$33,782.67	08/15/2023-08/14/2024	General Revenue (GR)	Tag-On to TIPS230105	Annual renewal of Maintenance and Support services Agreement for the Gigamon Ethernet.
8	Future Com, Ltd	Maintenance and Support for Forescout	\$36,125.00	\$43,049.43	08/24/2023-08/23/2024	General Revenue (GR)	Tag-On to DIR-TSO-04288	Annual renewal of Maintenance and Support Services Agreement for Forescout software.
9	Galaxy Building Services, Inc.	Window Replacement Services	\$120,000.00	\$34,564.10	09/01/2023-08/31/2024	FM22.1126.17	Request for Proposal	Annual renewal of window replacement services to add additional windows and changes due to damage or incorrect window type.
10	Pinnacle Business Solutions	Agency Wide Courier Services Mail, Pharmaceutical and Medical Records	\$86,434.46	\$86,434.46	09/01/2023-08/31/2024	General Revenue (GR)	RFP	Annual renewal of Courier Services: Mail, Pharmaceutical and Medical Records.
11	Pitney Bowes	Mail Room Postage Machine Lease Agreement (The SendPro P3000)	\$9,233.88	\$9,233.88	09/01/2023-08/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Mail Room Postage Machine Lease Agreement (The SendPro P3000).
12	P-Master Pool for Realtor and Brokerage	Realtor/Brokerage Services	N/A	N/A	09/01/2023- 08/31/2024	General Revenue (GR)	Request for Qualification	First year renewal of Pooled Realtor/Brokerage Services Agreements. All Brokerage Services are provided on an as needed basis. All Brokers are paid through earned commissions.
13	Snappy App, Inc.	Gifts for Employees of the Agency for Spot Rewards	\$42,000.00	\$42,000.00	09/01/2023-08/31/2024	General Revenue (GR)		Annual renewal of Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.



	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2023 NTE AMOUNT	FY2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
24	Thomas H. Mann	Psychological Services	\$12,000.00	\$10,800.00	09/01/2023-08/31/2024	Federal	Consumer Driven	Annual renewal of Psychological Services Agreement that provides quarterly reviews and updates.
25	Amando Cabral	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$22,500.00	\$20,500.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
26	Annie Vu	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$28,080.00	\$22,350.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
27	Brandon D. Smith	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$17,540.00	\$9,180.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
28	Carole Ward	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$24,000.00	\$25,850.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
29	Clarissa F. Smith	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$8,000.00	\$9,970.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
30	Elsa Almanza	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$22,690.00	\$29,190.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
31	Elsa Lozana - Tello	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$20,730.00	\$26,590.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
32	Haneef Abdullah	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$10,635.00	\$21,270.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2023 NTE AMOUNT	FY2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
33	Health Street, LLC	CPR Training for all Community First Choice (CFC) and Respite Providers	\$1,500.00	\$1,000.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of CPR Training Agreement for all Community First Choice (CFC) and Respite Providers.
34	Huan Bui	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$14,000.00	\$16,000.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
35	Josefa Yanez Hernandez	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$21,500.00	\$26,590.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
36	Katia Rubi Lemus	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$25,910.00	\$23,950.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
37	Maria Cervantes	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$24,460.00	\$25,870.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
38	Petra Trejo Martinez	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)	\$5,950.00	\$4,000.00	09/01/2023-08/31/2024	State	Consumer Driven	Annual renewal of Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation Agreement (PAS/HAB)(Consumer driven).
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
	<b>LEASES</b>							
39	The Bill Clair Family Mortuary, Inc.	Parking Space Lease at 2603 Southmore Street location.	\$8,640.00	\$8,640.00	09/01/2023-08/31/2024	GR		Annual renewal of Parking Space Lease at 2603 Southmore Street location.
	<b>MENTAL HEALTH SERVICES</b>							
40	Treatment Advocacy Center	Assisted Outpatient Treatment ("AOT") Training and Technical Assistance Services	\$5,000.00	\$5,000.00	08/01/2023-07/31/2024	State Grant	N/A	Renewal of training, technical, and collaborative assistance Agreement to provide Agency staff with the skills to establish and maintain a successful and sustainable AOT program.



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7800

**Contractor Name\***

American Business Forms, Inc. d/b/a American Solutions for Business

**Service Provided\* (?)**

Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)**

\$ 21,117.50

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1107

**G/L Code(s)\***

596001

**Current Fiscal Year Purchase Order Number\***

FY23 CT142473

**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

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

Contract Owner Approval 



Approved by

*NICOLE LIEVSAY*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2021-0138

#### Contractor Name\*

A-Rocket Moving & Storage, Inc.

#### Service Provided\* (?)

Agency Moving and Relocation Services

#### Renewal Term Start Date\*

9/1/2023

#### 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 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

Please provide the HUB status

HUB - State.

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

Contract NTE\* (?)

\$ 70,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served\*

1124, 1899

G/L Code(s)\*

571000

Current Fiscal Year Purchase Order Number\*

CT142339

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1899	\$ 65,000.00	571000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Brown, Erica	Campbell, Ricardo

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1124	\$ 5,000.00	571000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Brown, Erica	Campbell, Ricardo

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 70,000.00

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

**Contract Funding Source\***  
General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

A Rocket pricing FY2024.pdf 371.45KB

Contract Owner

**Contract Owner\* (?)**


Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s) 

Approved by

*Erica Brown*

Contract Owner Approval 

Approved by

*Todd L. McQuardale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/25/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7539

**Contractor Name\***

Automated Business Systems

**Service Provided\* (?)**

Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 1,075.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1107

**G/L Code(s)\***

553001

**Current Fiscal Year Purchase Order Number\***

CT142424

**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	\$ 1,075.00	553001
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,075.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  
\$1075

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 \*

5/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2021-0124

**Contractor Name\***

Automated Logic Contracting Services, Inc.

**Service Provided\* (?)**

Multi-Facility Building Automation System, Software and Maintenance

**Renewal Term Start Date\***

9/1/2023

**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 checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

Contract NTE\* (?)

\$ 209,813.20

Rate(s)/Rate(s) Description

Unit(s) Served\*

1126

G/L Code(s)\*

900040

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142407

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	\$ 50,000.00	900040
<b>Budget Manager *</b> Brown, Erica		<b>Secondary Budget Manager *</b> Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 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

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd L. McCorquodale*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7145

**Contractor Name\***

Critical Start, Inc.

**Service Provided\* (?)**

VECTRA Software

**Renewal Term Start Date\***

6/20/2023

**Renewal Term End Date\***

6/19/2024

**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 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\* (?)

\$ 43,361.46

Rate(s)/Rate(s) Description

Unit(s) Served\*

1130

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

FY22 PO CT142088

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	\$ 56,450.39	553002
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 56,450.39

## 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 (?)

Q-30458-MHMRA Harris County - Vectra RNL - 1 YR - DIR-CPO-4851.pdf

25.58KB

## 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\*

5/26/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7741

**Contractor Name\***

Feedtrail, Inc.

**Service Provided\* (?)**

Consumer Satisfaction Survey Software

**Renewal Term Start Date\***

6/1/2023

**Renewal Term End Date\***

5/31/2024

**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 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\* (?)

\$ 22,387.00

Rate(s)/Rate(s) Description

\$22,387.00

Unit(s) Served\*

1130

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

FY22 PO CT142027

Contract Requestor\*

Luc Josaphat

Contract Owner\*

Trudy Leidich

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

**Please Explain\***

The full term of this contract ends after this renewal. A decision has not been made to continue with this contractor in the next fiscal year.

**Budget Manager Approval(s)**

Approved by

Sign

**Contract Owner Approval**

Approved by

Sign

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

5/3/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7016

**Contractor Name\***

Future Com, Ltd

**Service Provided\* (?)**

Maintenance and Support for the Gigamon Ethernet

**Renewal Term Start Date\***

8/15/2023

**Renewal Term End Date\***

8/14/2024

**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 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\* (?)

\$ 29,971.26

Rate(s)/Rate(s) Description

Unit(s) Served\*

1130

G/L Code(s)\*

553002

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142353

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	\$ 33,782.67	553002
<b>Budget Manager*</b> Campbell, Ricardo		<b>Secondary Budget Manager*</b> Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 33,782.67

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\_053023\_Gigamon\_Renewal.pdf 101.83KB

#### 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\*

6/1/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

6670

**Contractor Name\***

Future Com, Ltd.

**Service Provided\* (?)**

Forescout maintenance & support. Tag-on to DIR-TSO-4288.

\*\*\*\* Please let me know if an FY23 PO is needed. The FY24 PO will not be available until October at the latest. Last year this was an issue. Be advised.\*\*\*\*

**Renewal Term Start Date\***

8/24/2023

**Renewal Term End Date\***

8/23/2024

**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

- 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\* (?)**

\$ 36,125.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1130

**G/L Code(s)\***

553001

**Current Fiscal Year Purchase Order Number\***

FY23 PO CT142183

**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	\$ 43,049.43	553001
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 43,049.43

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\_053023\_Forescout\_Renewal\_FY23.pdf 98.14KB

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\*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0394

#### Contractor Name\*

Galaxy Building Services

#### Service Provided\* (?)

Replacement and Installation of Windows for Agency Properties. Request for Proposal Project #FY22-0223.

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)

\$ 120,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1126

G/L Code(s)\*

900040

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142510

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	\$ 34,564.10	900040
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 34,564.10

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd L McCorqudale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2021-0183

#### Contractor Name\*

Pinnacle Business Solutions

#### Service Provided\* (?)

Courier Services Mail, Pharmaceutical and Medical Records

#### Renewal Term Start Date\*

9/1/2023

#### 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 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\* (?)**

\$ 86,434.46

**Rate(s)/Rate(s) Description**

**Unit(s) Served\***

1107

**G/L Code(s)\***

577000

**Current Fiscal Year Purchase Order Number\***

FY23 CT142302

**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	\$ 86,434.46	577000
<b>Budget Manager*</b> Campbell, Ricardo		<b>Secondary Budget Manager*</b> Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 86,434.46

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  
86434.46

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 \*

5/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2021-0211

#### Contractor Name\*

Pitney Bowes

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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 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\* (?)

\$ 9,233.88

Rate(s)/Rate(s) Description

Unit(s) Served\*

1107

G/L Code(s)\*

577000

Current Fiscal Year Purchase Order Number\*

FY23 CT142420

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* (?)
2024	\$ 9,233.88

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**  
9233.88

**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\*

5/31/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0414

#### Contractor Name\*

P-Realtor/Brokerage Services

#### Service Provided\* (?)

New Contract for Realtor/ Brokerage services for acquisitions or sale of properties on a as needed basis.

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)**

\$ 0.00

**Rate(s)/Rate(s) Description**

Commission

**Unit(s) Served\***

1119

**G/L Code(s)\***

00000

**Current Fiscal Year Purchase Order Number\***

0

**Contract Requestor\***

Silvia Tiller

**Contract Owner\***

Silvia Tiller

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	00000

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 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

Please provide the net days\*

As per the Purchase/Sale Agreement

Are there any changes in the Performance Targets?\*

Yes  No

Are 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\*

*Belinda Stude*

Approval Date\*

6/2/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7362

**Contractor Name\***

Snappy App, Inc.

**Service Provided\* (?)**

Gifts for employees of the Agency for Spot Rewards.

**Renewal Term Start Date\***

9/1/2023

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

**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\* (?)**

\$ 42,000.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1108

**G/L Code(s)\***

549009

**Current Fiscal Year Purchase Order Number\***

FY23 PO CT142432

**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	\$ 45,000.00	549009

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 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

Kip Baughman

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

#### Contract Owner Approval

Approved by

*Kip PAUGHMAN*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

6168

**Contractor Name\***

West Publishing Corporation dba Thomson Reuters Business

**Service Provided\* (?)**

Westlaw Subscription

**Renewal Term Start Date\***

9/1/2023

**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

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

Contract NTE\* (?)

\$ 5,675.05

Rate(s)/Rate(s) Description

Unit(s) Served\*

1119

G/L Code(s)\*

574000

Current Fiscal Year Purchase Order Number\*

FY23 CT142439

Contract Requestor\*

Silvia Tiller

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	\$ 5,675.05	574000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,675.05

## 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 \*

*Belinda Stude*

Approval Date \*

5/25/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

5749

**Contractor Name\***

WEX Health Inc. DBA WEX

**Service Provided\* (?)**

FSA Administration Services Agency Wide.

**Renewal Term Start Date\***

1/1/2023

**Renewal Term End Date\***

12/31/2024

**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

- 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 Benefits Service(s) Agreement

**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\* (?)**

\$ 35,000.00

**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\***

CT142292

**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* (?)
2024	\$ 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 PAUGHMAN*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/30/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0422

**Contractor Name\***

The Warring Group

**Service Provided\* (?)**

The Harris Center for Mental Health and IDD seeks a PR/Marketing agency to conduct an initial brand audit (Phase 1) to identify communication for the organization. Phase 2 will be general consultative services.

**Renewal Term Start Date\***

9/1/2023

**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

- 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 consultant

**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\* (?)

\$ 72,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1109

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

CT142281

Contract Requestor\*

Nicole Lievsay

Contract Owner\*

Carrie Rys

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

- Yes  No

Were Services delivered as specified in the contract? \*

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

### Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1109	\$ 72,000.00	542000
<b>Budget Manager *</b> Brown, Erica	<b>Secondary Budget Manager *</b> Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2024	\$ 72,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

72000

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

*Erica Brown*

Contract Owner Approval



Approved by

*NICOLE LIEVSAY*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2021-0236

#### Contractor Name\*

Xerox Business Solutions Southwest

#### Service Provided\* (?)

(2) Print Shop Production Copiers and (1) SeeSequence Compose Kit

#### Renewal Term Start Date\*

9/1/2023

#### 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 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\* (?)**

\$ 16,978.05

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1107

**G/L Code(s)\***

552002

**Current Fiscal Year Purchase Order Number\***

FY23 CT141686 and CT141667

**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**Please Explain\***

There have been gaps in the ability to order needed products due to administrative issues with Xerox.

**Were Services delivered as specified in the contract? \*** Yes  No**Did Contractor perform duties in a manner consistent with standards of the profession? \*** 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\***

It is unclear whether the lapse in billing was due to Xerox or the change in contract ownership within the Harris Center. Billing and payment have been resolved.

**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? \* (?)** Yes  No**Did Contractor render services consistent with Agency policy and procedures? \* (?)** Yes  No


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

Yes  No

Renewal Determination 

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

Yes  No

Renewal Information 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	\$ 16,978.05	552002
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Campbell, Ricardo	Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2024	\$ 16,978.05

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  
16978.05

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 \*

5/31/2023





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7262

**Contractor Name\***

P-Housing & Transition (CCAP)

**Service Provided\* (?)**

Master Pool: Vendors will provide Transitional Housing Services for CCAP Consumers (formerly HDMD).

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)

\$ 7,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

9238

G/L Code(s)\*

595031

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142278

Contract Requestor\*

Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 18,803.74	595031
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 18,803.74

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

18803.74

## Contract Funding Source\*

Private Grant

## Contract Content Changes



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

 Yes  No

Will the scope of the Services change?\*

 Yes  No

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

 Yes  No

Are there any changes in the Performance Targets?\*

 Yes  No

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

 Yes  No

File Upload (?)

## Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

## Budget Manager Approval(s)



Approved by

*Jodel Oshman*

Contract Owner Approval



Approved by

*Kim Kornmayer*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7810

**Contractor Name\***

P-Housing & Transition Master Pool (CCSI)

**Service Provided\* (?)**

Master Pool: Vendor to provide temporary 'Housing and Transitional Services' to consumers in the CCSI Program.

**Renewal Term Start Date\***

9/1/2023

**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

- 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\*

FY23 PO CT142283

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	595031
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,000.00

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

25000

## 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\*

*Belinda Stude*

Approval Date\*

5/26/2023





## Annual Renewal Evaluation

## Current Fiscal Year Contract Information



## Current Fiscal Year

2023

## Contract ID#\*

7256

## Contractor Name\*

P-Temporary Housing for Jail Diversion

## Service Provided\* (?)

Master Pool: Eleven (11) possible vendors provide temporary housing services for jail diversion.

## Renewal Term Start Date\*

9/1/2023

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

## Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 48,276.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

9405

G/L Code(s)\*

543004

Current Fiscal Year Purchase Order Number\*

Master Pool PO CT142294

Contract Requestor\*

Priscilla Ramirez

Contract Owner\*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 76,551.00	543004
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Puente, Giovanni	

Fiscal Year* (?)	Amount* (?)
2024	\$ 76,551.00

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

76551.00

### Contract Funding Source\*

County

## Contract Content Changes

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

Yes  No

### Please Explain\*

Leadership wants clarity on when the invoices are due for the housing providers. We should be invoiced after services are rendered as opposed to the 1st of each month and invoices need to be submitted within 5 days of the following month similar to the pooled substance abuse contracts "Invoice Requirements".

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

### Please Explain\*

We would like to include the following "Invoices or claim forms for payment must be submitted by the fifth (5th) calendar day of the month following the month in which the services were rendered. All invoices or claim form must be received no later forty-five (45) calendar days after the end of the month in which services were rendered. Invoices or claim forms that are received later than forty-five (45) days after the end of the month in which services were rendered will not be paid."

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\*

*Belinda Stude*

Approval Date \*

5/30/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2021-0078

**Contractor Name\***

Angelica Padilla d/b/a Lice Care Solutions, LLC

**Service Provided\* (?)**

Lice Removal Services for Consumers.

**Renewal Term Start Date\***

9/1/2023

**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 checked="" type="checkbox"/> Request for Quote                    | <input type="checkbox"/> Tag-On                     |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven            |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

9501, 9403

G/L Code(s)\*

543053

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142437

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	\$ 600.00	543053
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 4,400.00	543053
<b>Budget Manager*</b> Ramirez, Priscilla		<b>Secondary Budget Manager*</b> Puente, Giovanni

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

**Contract Funding Source\***  
State Grant

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

#### Contract Owner

**Contract Owner\* (?)**

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 \*

*Belinda Stude*

Approval Date \*

5/30/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0560

**Contractor Name\***

Karen Itzel Black Group

**Service Provided\* (?)**

Spanish Translation and Language Localization Services

**Renewal Term Start Date\***

12/1/2023

**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 HMHC External Evaluation Team Recommendation |

**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\* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

7008

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142605

Contract Requestor\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 10,000.00	542000

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

#### Contract Owner

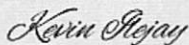
Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

#### Budget Manager Approval(s)

Approved by



#### Contract Owner Approval

Approved by

*Jennifer Battle*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7407

**Contractor Name\***

P-MHFA Independent Certified Trainers

**Service Provided\* (?)**

Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.

**Renewal Term Start Date\***

9/1/2023

**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 Training Services. |

**Contract Description / Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Personal/Professional Services          | <input type="checkbox"/> Consultant                     |
| <input type="checkbox"/> Consumer Driven Contract                | <input type="checkbox"/> New Contract/Agreement         |
| <input type="checkbox"/> Memorandum of Understanding             | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor                | <input type="checkbox"/> Service/Maintenance            |
| <input type="checkbox"/> BAA/DUA                                 | <input type="checkbox"/> IT/Software License Agreement  |
| <input 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\* (?)**

\$ 5,000.00

**Rate(s)/Rate(s) Description**

MHFA Instructors are reimbursed at \$300.00 per completed course.

**Unit(s) Served\***

7003

**G/L Code(s)\***

543058

**Current Fiscal Year Purchase Order Number\***

CT142550

**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*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 5,000.00	543058
<b>Budget Manager*</b> Ilejay, Kevin		<b>Secondary Budget Manager*</b> Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

**Contract Funding Source\***  
State Grant

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

**Contract Owner\* (?)**

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

*Kevin Ilejay*

Contract Owner Approval



Approved by

*Jennifer Battle*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023





## Annual Renewal Evaluation

## Current Fiscal Year Contract Information



## Current Fiscal Year

2023

## Contract ID#\*

7514

## Contractor Name\*

Thomas H. Mann

## Service Provided\* (?)

Psychological Services

## Renewal Term Start Date\*

9/1/2023

## 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 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\* (?)**

\$ 12,000.00

**Rate(s)/Rate(s) Description**

\$75.00 per hour

**Unit(s) Served\***

3350, 3579, 3609, 3611, 3692

**G/L Code(s)\***

543021

**Current Fiscal Year Purchase Order Number\***

CT142327

**Contract Requestor\***

Lily Pan

**Contract Owner\***

Lance Britt

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 2,700.00	543021

<b>Budget Manager*</b> Adams-Austin, Mamie	<b>Secondary Budget Manager*</b> Kerlegon, Charles
---	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 2,700.00	543021

<b>Budget Manager*</b> Adams-Austin, Mamie	<b>Secondary Budget Manager*</b> Kerlegon, Charles
---	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 2,700.00	543021

<b>Budget Manager*</b> Adams-Austin, Mamie	<b>Secondary Budget Manager*</b> Kerlegon, Charles
---	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 2,700.00	543021

<b>Budget Manager*</b> Adams-Austin, Mamie	<b>Secondary Budget Manager*</b> Kerlegon, Charles
---	---

<b>Fiscal Year* (?)</b> 2024	<b>Amount* (?)</b> \$ 10,800.00
---------------------------------	------------------------------------

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**  
10,800

**Contract Funding Source\***  
Federal

**Contract Content Changes** 

**Are there any required changes to the contract language?\*** (?)  
 Yes  No

**Will the scope of the Services change?\***  
 Yes  No

**Is the payment deadline different than net (45)?\***  
 Yes  No

**Are there any changes in the Performance Targets?\***  
 Yes  No

**Are 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. Evanthe Collins

Budget Manager Approval(s)

Approved by

*Manice Adams-Austin*

Contract Owner Approval

Approved by

*[Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0530

**Contractor Name\***

Armando Cabral

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 22,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543009 / 543005

Current Fiscal Year Purchase Order Number\*

CT142289

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 13,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,500.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 20,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
State

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

Are 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. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Manice Adams-Austin*

Contract Owner Approval



Approved by

*Evanthe Collins*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0520

**Contractor Name\***

Annie Vu

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)**

\$ 28,080.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

3585

**G/L Code(s)\***

534005 / 534009

**Current Fiscal Year Purchase Order Number\***

CT142303

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

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

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 15,080.00	543009

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie	Kerlegon, Charles

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 7,270.00	543005

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie	Kerlegon, Charles

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 22,350.00

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

Dr. Evanthe Collins

**Budget Manager Approval(s)** 

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2022-0522

**Contractor Name\***

Brandon D. Smith

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)**

\$ 17,540.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

3585

**G/L Code(s)\***

543005 / 543009

**Current Fiscal Year Purchase Order Number\***

CT142304

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,180.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 9,180.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*Evanthe Collins*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/2/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2021-0241

**Contractor Name\***

Carole Ward

**Service Provided\* (?)**

CFC and Respite Services

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 24,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543005, 543009

Current Fiscal Year Purchase Order Number\*

FY23 CT142399

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 17,650.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,200.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,850.00

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

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0547

#### Contractor Name\*

Clarissa F. Smith

#### Service Provided\* (?)

Providing CFC PS/HAB Services for Waiver Individuals

#### Renewal Term Start Date\*

9/1/2023

#### 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 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\* (?)

\$ 8,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543005

Current Fiscal Year Purchase Order Number\*

CT142577

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,970.00	543009
<b>Budget Manager*</b> Adams-Austin, Mamie		<b>Secondary Budget Manager*</b> Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 9,970.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

#### Contract Owner Approval

Approved by



Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0523

#### Contractor Name\*

Elsa Almanza

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)

\$ 22,690.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543005 / 543009

Current Fiscal Year Purchase Order Number\*

CT142295

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 20,800.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,390.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 29,190.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information


**Current Fiscal Year**

2023

**Contract ID#\***

2022-0524

**Contractor Name\***

Elsa Lozana - Tello

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)**

\$ 20,730.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

3585

**G/L Code(s)\***

543005 / 543009

**Current Fiscal Year Purchase Order Number\***

CT142344

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 18,200.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,390.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 26,590.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/2/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0527

#### Contractor Name\*

Haneef Abdullah

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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 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\* (?)

\$ 10,635.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543005 / 543009

Current Fiscal Year Purchase Order Number\*

CT142345

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 13,520.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,750.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 21,270.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*Evanthe Collins*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7576

**Contractor Name\***

Health Street LLC

**Service Provided\* (?)**

CPR Training for all CFC and Respite Providers.

**Renewal Term Start Date\***

9/1/2023

**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 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\* (?)

\$ 1,500.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543006

Current Fiscal Year Purchase Order Number\*

CT141472

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,000.00	543066
<b>Budget Manager*</b> Adams-Austin, Mamie		<b>Secondary Budget Manager*</b> Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,000.00

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  
Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by  


#### Contract Owner Approval

Approved by

*Evanthe Collins*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0518

**Contractor Name\***

Huan Bui

**Service Provided\* (?)**

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

**Renewal Term Start Date\***

9/1/2023

**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

- 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\* (?)

\$ 14,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

3585

G/L Code(s)\*

543005 / 543009

Current Fiscal Year Purchase Order Number\*

CT142576

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 10,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

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

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 16,000.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/2/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0439

#### Contractor Name\*

Josefa Yanez Hernandez

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)

\$ 21,500.00

Rate(s)/Rate(s) Description

\$10.00 per hour

Unit(s) Served\*

3585

G/L Code(s)\*

543005, 543009

Current Fiscal Year Purchase Order Number\*

CT142277

Contract Requestor\*

Patrina Anthony

Contract Owner\*

Lily Pan

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 18,200.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,390.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 26,590.00

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

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0441

#### Contractor Name\*

KATIA RUBI LEMUS

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)**

\$ 25,910.00

**Rate(s)/Rate(s) Description**

\$10.00 per hour for Respite and CFC

**Unit(s) Served\***

3585

**G/L Code(s)\***

543005, 543009

**Current Fiscal Year Purchase Order Number\***

CT142330

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

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

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 15,600.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,350.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 23,950.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
State

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

Are 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. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0442

#### Contractor Name\*

Maria Cervantes

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)**

\$ 24,460.00

**Rate(s)/Rate(s) Description**

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

**Unit(s) Served\***

3585

**G/L Code(s)\***

543005, 543009

**Current Fiscal Year Purchase Order Number\***

CT142276

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

Yes  No

**Were Services delivered as specified in the contract? \***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 18,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,870.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,870.00

## 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

Dr. Evanthe Collins

## Budget Manager Approval(s)



Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0443

#### Contractor Name\*

Petra Trejo Martinez

#### Service Provided\* (?)

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

#### Renewal Term Start Date\*

9/1/2023

#### 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

- 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\* (?)**

\$ 5,950.00

**Rate(s)/Rate(s) Description**

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

**Unit(s) Served\***

3585

**G/L Code(s)\***

543005

**Current Fiscal Year Purchase Order Number\***

CT142267

**Contract Requestor\***

Patrina Anthony

**Contract Owner\***

Lily Pan

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

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,000.00	543005
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 4,000.00

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

Dr. Evanthe Collins

## Budget Manager Approval(s)



Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Current Fiscal Year

2023

### Contract ID#\*

6541

### Contractor Name\*

The Bill Clair Family Mortuary, Inc.

### Service Provided\* (?)

Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas.

### Renewal Term Start Date\*

9/1/2023

### 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 <b>Parking Agreement</b> |

### 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\* (?)

\$ 8,640.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

0000

G/L Code(s)\*

126006

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142282

Contract Requestor\*

Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 8,640.00	555000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 8,640.00

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

## Contract Funding Source\*

General Revenue (GR)

## Contract Content Changes



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

 Yes  No

Will the scope of the Services change?\*

 Yes  No

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

 Yes  No

Are there any changes in the Performance Targets?\*

 Yes  No

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

 Yes  No

File Upload (?)

## Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

## Budget Manager Approval(s)



Approved by

*Jodel Oshman*

Contract Owner Approval



Approved by

*Kim Kornmayer*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

7840

**Contractor Name\***

Treatment Advocacy Center

**Service Provided\* (?)**

Assisted Outpatient Treatment ("AOT") Training and Technical Assistance Services

**Renewal Term Start Date\***

8/1/2023

**Renewal Term End Date\***

7/31/2024

**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 State Grant Related Agreement |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

Contract NTE\* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

2200

G/L Code(s)\*

549005

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142313

Contract Requestor\*

Lance Britt

Contract Owner\*

Lance Britt

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 5,000.00	549005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,000.00

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 \*

*Belinda Stude*

Approval Date \*

5/17/2023

# **EXHIBIT F-32**

# **JUNE 2023**

## **AMENDMENTS UNDER 100k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY23 AMENDMENTS</b>								
	<b>ADMINISTRATION</b>								
1	MSX GROUP, LLC	Proprietary Budgeting Software for Financial Operations	\$6,555.00	\$1,268.00	\$7,823.00	09/01/2022-08/31/2023	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to add a license for the new MH Budget Director position.
2	Waste Management of Texas, Inc.	Agency Wide Waste Disposal Services	\$70,372.00	\$10,000.00	\$80,372.00	09/01/2022-08/31/2023	General Revenue (GR)	Tag-On to HCDE	Amendment to increase the NTE to cover expenses for 20(yd) container being utilized for projects at 6160 South Loop location and trash clean-up.
	<b>CPEP/CRISIS SERVICES</b>								
	<b>FORENSICS</b>								
3	Data Shredding Services of Texas, Inc.	Agency Wide Data Destruction Services	\$28,081.00	\$60.00	\$28,141.00	09/01/2022-08/31/2023	GR	RFP	Amendment to increase the NTE to add services at new location. [1307 Baker Street location].
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
4	Armando Cabral	Respite & Community First Choice Personal Assistance/Habilitation Services	\$19,000.00	\$3,500.00	\$22,500.00	09/01/2022-08/31/2023	State	Consumer Driven	Amendment to increase the NTE due to the addition of CFC Service hours being added to Consumer's plan.
5	Elsa Lozano-Tello	Respite & Community First Choice Personal Assistance/Habilitation Services	\$17,230.00	\$3,500.00	\$20,730.00	09/01/2022-08/31/2023	State	Consumer Driven	Amendment to increase the NTE due to the addition of CFC Service hours being added to Consumer's plan.
6	Josefa Yanez Hernandez	Respite & Community First Choice Personal Assistance/Habilitation Services	\$15,500.00	\$6,000.00	\$21,500.00	09/01/2022-08/31/2023	State	Consumer Driven	Amendment to increase the NTE due to the addition of CFC Service hours being added to Consumer's plan.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>LEASES</b>								
	<b>MENTAL HEALTH SERVICES</b>								



## Executive Contract Summary

### Contract Section

**Contractor\***

MSXGROUP, LLC

**Contract ID #\***

ID 7414

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

MSX GROUP, LLC 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 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                     |

**Funding Information\***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

5/1/2023

**Contract Term End Date\* (?)**

8/31/2023

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

5/1/2023 - 8/31/2023

**Current Contract Amount\***

\$ 6,555.00

**Increase Not to Exceed\***

\$ 1,268.00

**Revised Total Not to Exceed (NTE)\***

\$ 7,823.00



**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 1,268.00

**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\* (?)**

The ECS is being submitted for an additional license for the new MH Budget Director position.

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

9/1/2023 - 8/31/2024

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Invoice\_17012\_from\_MSXGROUP\_LLC.pdf 21.66KB

**Vendor/Contractor Contact Person**

**Name\***

Noah Moseley

**Address\***

Street Address  
100 South Place Blvd  
Address Line 2  
City  
Pensacola  
Postal / Zip Code  
32502

State / Province / Region  
FL  
Country  
United States

**Phone Number\***

(877) 456-7632

Email\*

noah.moseley@msxgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 1,268.00	553002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable\* (?)

1 Additional Power User(s) \$1,200  
 Annual Support & Maintenance \$68.00  
 License-Support & Maintenance TOTAL \$1,268.00

Project WBS (Work Breakdown Structure)\* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

4/27/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

4/27/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochinnwala*

Approval Date

4/28/2023

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/3/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

Waste Management of Texas, Inc.

**Contract ID #\***

2022-0455

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

7/18/2023

**Parties\* (?)**

Waste Management of Texas, Inc. 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 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 70,372.00

**Increase Not to Exceed\***

\$ 10,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 80,372.00

**Fiscal Year\*** (?) 2023 **Amount\*** (?) \$ 80,372.00

**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\*** (?)

need additional funds to cover expenses, including 20 yd container being utilized for projects at 6160 and trash clean-up

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

2016 to present / trash services (may have used longer than listed, unknown exact start date)

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

Yes  No  Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\*** (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

**Vendor/Contractor Contact Person**

**Name\***

Waste Management of Texas, Inc / Ryan Ellis

**Address\***

Street Address

520 East Corporate Drive

Address Line 2

City

Lewisville

Postal / Zip Code

75057-6400

State / Province / Region

TX

Country

US

Phone Number\*

2816028365

Email\*

rellis6@wm.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 10,000.00	569006

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable\* (?)

per contract

Project WBS (Work Breakdown Structure)\* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

5/23/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

5/23/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd L McCorquodale*

Approval Date

5/23/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

5/26/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

Data Shredding Services of Texas, Inc.

#### Contract ID #\*

7623

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

7/18/2023

#### Parties\* (?)

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                     |

#### Funding Information\*

- New Contract  Amendment

#### Contract Term Start Date\* (?)

9/1/2022

#### Contract Term End Date\* (?)

8/31/2023

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

#### Current Contract Amount\*

\$ 28,081.00

#### Increase Not to Exceed\*

\$ 60.00

#### Revised Total Not to Exceed (NTE)\*

\$ 28,141.00



**Fiscal Year\* (?)** 2023 **Amount\* (?)** \$ 28,141.00

**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\* (?)**

Add service for new location (6201) Adult Forensics at 1307 Baker St. Contractor will pick up documents weekly/bimonthly/monthly as specified by program/site and destroy them as required by destruction certificates.

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

**Please add previous contract dates and what services were provided\***

FY2015-FY2022 Document Destruction

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Lee Wright

**Address\***

Street Address

615 West 18th Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008-3610

Country

US

**Phone Number\***

7134639300

Email \*

lwright@datashredservice.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 60.00	543034
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Williams-Wesley, Sheenia		Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable\* (?)

\$15 for the 1st 64L bin per location and \$5 for each additional bin. 95L bins are \$14; \$3/box.

Project WBS (Work Breakdown Structure)\* (?)

N/A

Requester Name

Burnett-Gipson, Annell

Submission Date

5/31/2023

Budget Manager Approval(s)

Approved by

*Sheenia Williams-Wesley*

Approval Date

5/31/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

6/1/2023

Contracts Approval

Approve\*

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

Approved by \*

A rectangular box containing a handwritten signature in cursive script that reads "Belinda Stude". The signature is written in black ink on a light-colored background.

Approval Date \*

6/2/2023



## Executive Contract Summary

### Contract Section


**Contractor\***

Armando Cabral

**Contract ID #\***

2022-0530

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Armando Cabral, 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 19,000.00

**Increase Not to Exceed\***

\$ 3,500.00

**Revised Total Not to Exceed (NTE)\***

\$ 22,500.00

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 22,500.00

**Funding Source \***

State

**Contract Description / Type\* (?)**

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

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

The individual was granted additional hours on plan for CFC service.

**Contract Owner\***

Dr. Evanthe Collins

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

9/1/2022 -8/31/2023

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

Armando Cabral

**Address\***

Street Address

2909 Hayes Road

Address Line 2

City

Houston

Postal / Zip Code

77082

State / Province / Region

TX

Country

US

**Phone Number\***

7137322398

Email \*

armando\_cadral@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 3,500.00	543009
<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable \* (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure) \* (?)

n/a

Requester Name

Anthony, Patrina

Submission Date

4/28/2023

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Approval Date

4/28/2023

Contract Owner Approval

Approved by

*Evanthe Collins*

Approval Date

4/28/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

5/3/2023



## Executive Contract Summary

### Contract Section


**Contractor\***

Elsa Lozano-Tello

**Contract ID #\***

6964

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Elsa Lozano-Tello, 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 17,230.00

**Increase Not to Exceed\***

\$ 3,500.00

**Revised Total Not to Exceed (NTE)\***

\$ 20,730.00

Fiscal Year\* (?) 2023 Amount\* (?) \$ 20,730.00

Funding Source\*

State

Contract Description / Type\* (?)

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

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

The individual received additional hours on plan which is causing an increase on contract for CFC services.

Contract Owner\*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor\*

Yes No Unknown

Please add previous contract dates and what services were provided\*

9/1/2022 - 8/31/2023

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

Yes No Unknown

Community Partnership\* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Elsa Lozano-Tello

Address\*

Street Address

2409 Persimmon Street

Address Line 2

City

Houston

Postal / Zip Code

77093

State / Province / Region

Texas

Country

Harris

Phone Number\*

7136533183



Email \*

dra.elsalozano@hotmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 3,500.00	543009
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable \* (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure) \* (?)

n/a

Requester Name


Anthony, Patrina

Submission Date

4/28/2023

Budget Manager Approval(s)

Approved by



Approval Date

4/28/2023

Contract Owner Approval

Approved by



Approval Date

4/28/2023

Contracts Approval

Approve \*

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

Approved by \*



Approval Date \*

5/3/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

Josefa Yanez Hernandez

**Contract ID #\***

0439

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Josefa Yanez Hernandez, 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\* (?)**

9/1/2022

**Contract Term End Date\* (?)**

8/31/2023

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

**Current Contract Amount\***

\$ 15,500.00

**Increase Not to Exceed\***

\$ 6,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 21,500.00

Fiscal Year\* (?) 2023 Amount\* (?) \$ 21,500.00

Funding Source\*

Federal Grant

Contract Description / Type\* (?)

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

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

The individual received additional hours on plan which caused a need for increase of monies on contract.

Contract Owner\*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor\*

Yes No Unknown

Please add previous contract dates and what services were provided\*

9/1/2022 - 8/31/2023

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

Yes No Unknown

Community Partnership\* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Josefa Yanez Hernandez

Address\*

Street Address

514 Rosamond Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77076-3344

Country

US

Phone Number\*

8328781389

Email\*

josieyanez8@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,000.00	543005

<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> Kerlegon, Charles
--	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,000.00	543009

<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> Kerlegon, Charles
--	--

Provide Rate and Rate Descriptions if applicable\* (?)

\$10 per hour

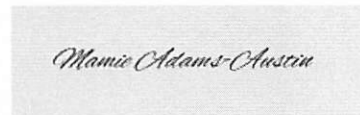
Project WBS (Work Breakdown Structure)\* (?)

n/a

<b>Requester Name</b> Anthony, Patrina	<b>Submission Date</b> 5/11/2023
---	-------------------------------------

Budget Manager Approval(s)

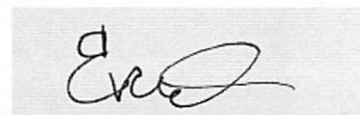
Approved by



**Approval Date**  
5/15/2023

Contract Owner Approval

Approved by



**Approval Date**  
5/15/2023

Contracts Approval

Approve\*

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

Approved by\*



**Approval Date\***  
5/17/2023



# **EXHIBIT F-33**

**JUNE 2023**  
**AFFILIATION AGREEMENTS,**  
**GRANTS, MOU'S AND**  
**REVENUES**  
**INFORMATION ONLY**

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY23 CONTRACTS						
AFFILIATION AGREEMENTS						
GRANTS						
MOU						
1	Episcopal Health Foundation	Memorandum of Understanding	New MOU	05/01/2023-05/31/2024	Grant	New MOU through integrated care for the Health Promotion & Neighborhood Health Coalition Project. The Agency will identify 3 Community Wellness Ambassadors. The State Grant will pay monthly stipends in the amount of \$400.00 to each Ambassador. Each Ambassador will advocate for the needs of the community in medically underserved areas located in the 3rd and 5th wards of Houston, TX. The Ambassadors efforts will support collaboration between the Community and Agency's Mobile Wellness Clinic which will serve these same identified underserved communities.
1	Healing Species Texas	Memorandum of Understanding	New MOU	06/01/2023-05/31/2024	GR	New MOU with Healing Species Texas, which is the first Character Education program in the nation that blends teaching Social and Emotional Learning concepts with Humane Education through the assistance of Rescue Dogs in classrooms. The program is taught in curriculum-based, residential and/or clinical settings up to twice a week. The Service is offered at no cost to the Agency.
2	Huffman ISD	Memorandum of Understanding	New MOU	05/01/2023-08/31/2024	GR	New MOU through the Mental Health Division to perform screenings, assessments, psychosocial and follow-up services on an as needed basis for students in Huffman ISD.
4	Montrose Counseling Center	Care Coordination Agreement	New Care Coordination Agreement	09/01/2023-08/31/2028		New Care Coordination Agreement for collaboration between the MCOT Program and the Montrose Center for coordination of care for clients served at the Montrose Center's CCBHCC.
REVENUE						





## Executive Contract Summary

### Contract Section

**Contractor\***

Episcopal Health Foundation

**Contract ID #\***

2023-0698

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

5/18/2023

**Parties\* (?)**

Episcopal Health Foundation, The Harris Center for Mental 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 Paying out stipends from the awarded grant to volunteers who will advocate for community needs.

**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\* (?)**

5/16/2022

**Contract Term End Date\* (?)**

5/15/2024

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 14,400.00

**Funding Source\***

State Grant

**Contract Description / Type\* (?)**

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

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

MOU needed for 3 Community Wellness Ambassadors that will serve as volunteers. These individuals will advocate for the needs of their community. We are looking for community members of the medically underserved areas located in the 3rd and 5th wards of Houston, TX. These individuals will allow for collaboration to bring our Mobile Wellness Clinic to persons in need services.

**Contract Owner\***

Stanley Williams

**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\***

Episcopal Health Foundation

**Supporting Documentation Upload (?)**

Copy of EHF - Health Promotion Neighborhood Coalition Project Budget 4-april 2022 final submitted Info.xlsx 1.01MB

**Vendor/Contractor Contact Person** ▲

**Name\***

Episcopal Health Foundation- Tanweer Kaleemullah

**Address\***

Street Address

500 Fannin St #300

Address Line 2

City

Houston

Postal / Zip Code

77002-3159

State / Province / Region

TX

Country

US

**Phone Number\***

(713) 225-0900

**Email\***

TKaleemullah@episcopalhealth.org

**Budget Section** ▲

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2626	\$ 0.00	420020
<b>Budget Manager</b> Shelby, Debbie	<b>Secondary Budget Manager</b> Loera, Angelica	

**Provide Rate and Rate Descriptions if applicable \* (?)**

A monthly stipend in the amount of \$400 will be paid out to 3 Community Wellness Ambassadors. These are volunteers who will be compensated for their time. Stipend will not exceed \$4,800 per person over the course of 1 year.

**Project WBS (Work Breakdown Structure) \* (?)**

N/A

Requester Name	Submission Date
Martinez, Janeth	5/18/2023

**Budget Manager Approval(s)** 

**Approved by**

*Debbie Chambers Shelby*

**Approval Date**  
5/18/2023

**Procurement Approval** 

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval** 

**Approved by**

*DR. STANLEY WILLIAMS, PHD*

**Approval Date**  
5/30/2023

**Contracts Approval**

**Approve \***

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

**Approved by \***

*Belinda Stude*

**Approval Date \***  
5/30/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Healing Species Texas

**Contract ID #\***

2023-0691

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD  
Healing Species of Texas

**Agenda Item Submitted For: \* (?)**

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

**Procurement Method(s)\***

Check all that Apply

- 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\* (?)**

6/1/2023

**Contract Term End Date\* (?)**

5/31/2024

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**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\* (?)**

Healing Species will provide pet program services to The Harris Center for Mental Health and IDD that is curriculum based and offered twice a week in agreed upon settings to include residential areas and clinic areas.

**Contract Owner\***

Trudy Leidich

**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\***

Joy Southard

**Address\***

Street Address

unknown

Address Line 2

City

unknown

State / Province / Region

unknown

Postal / Zip Code

unknown

Country

USA

**Phone Number\***

936-525-7385

**Email\***

healingspeciastexas@yahoo.com

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1179	\$ 0.00	00000000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Campbell, Ricardo	Brown, Erica

**Provide Rate and Rate Descriptions if applicable\* (?)**

Service is free and does not require funding

**Project WBS (Work Breakdown Structure)\* (?)**

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Bittner, Tiffany	5/10/2023

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**  
5/10/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Trudy Leidich*

**Approval Date**  
5/11/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
5/11/2023



## Executive Contract Summary

### Contract Section



**Contractor\***

Huffman ISD

**Contract ID #\***

2023-0689

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Huffman ISD 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\* (?)**

5/5/2023

**Contract Term End Date\* (?)**

8/31/2024

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Funding Source\***

State

**Contract Description / Type\* (?)**

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

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

The purpose of this contract is to perform screenings and assessments, psychosocial services as needed, and follow-up services to students of Huffman ISD.

**Contract Owner\***

Tiffanie Williams-Brooks

**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\***

Monica L Oncale

**Address\***

Street Address

24302 FM 2100

Address Line 2

City

Huffman

Postal / Zip Code

77336

State / Province / Region

TX

Country

USA

**Phone Number\***

346-999-6136

**Email\***

MOncale@huffmanisd.net

**Budget Section**

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



<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4780	\$ 0.00	000000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Loera, Angelica

**Provide Rate and Rate Descriptions if applicable\* (?)**  
0.00

**Project WBS (Work Breakdown Structure)\* (?)**  
0.00

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	5/5/2023

**Budget Manager Approval(s)**

**Approved by**

*Janai Lynnette Smith*

**Approval Date**  
5/5/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Effanie Williams-Brooks*

**Approval Date**  
5/8/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
5/9/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

Montrose Counseling Center

**Contract ID #\***

2023-0699

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

6/20/2023

**Parties\* (?)**

Montrose Counseling Center and The Harris Center for Mental Health and IDD

**Agenda Item Submitted For:\* (?)**

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

**Contract Term Start Date\* (?)**

9/1/2023

**Contract Term End Date\* (?)**

8/31/2028

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 0.00

Fiscal Year\* (?) Amount\* (?)  
2026 \$ 0.00

Fiscal Year\* (?) Amount\* (?)  
2027 \$ 0.00

Fiscal Year\* (?) Amount\* (?)  
2028 \$ 0.00

Funding Source\*  
General Revenue (GR)

Contract Description / Type\* (?)

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

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

MCOT Program Services Collaboration- to provide coordination of care for clients served at the Montrose Center's CCBHCC.

Contract Owner\*  
Kim Kornmayer

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

Please add previous contract dates and what services were provided\*  
2018-2023  
Care Coordination Agreement

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

Community Partnership\* (?)  
 Yes  No  Unknown

Specify Name\*  
The Montrose Center

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name\*  
Ann J Robinson

**Address \***

Street Address  
401 Branard Street

Address Line 2

City  
Houston

Postal / Zip Code  
77006-5015

State / Province / Region

TX

Country

US

**Phone Number\***

713.529.0037

**Email \***

arobinson@montrosecenter.org

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 0.00	na

**Budget Manager**

Oshman, Jodel

**Secondary Budget Manager**

Kornmayer, Kimberly

**Provide Rate and Rate Descriptions if applicable \* (?)**

na

**Project WBS (Work Breakdown Structure) \* (?)**

na

**Requester Name**

Singh, Patricia

**Submission Date**

5/26/2023

**Budget Manager Approval(s)**

**Approved by**

*Jodel Oshman*

**Approval Date**

5/26/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Kim KORNMEYER*

Approval Date

5/26/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/1/2023

# **EXHIBIT F-34**

**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

<b>COD</b>	<b>Co-Occurring Disorders Unit</b>
<b>COPSD</b>	<b>Co-occurring Psychiatric and Substance Abuse Disorders</b>
<b>COR</b>	<b>Council on Recovery</b>
<b>CPEP</b>	<b>Comprehensive Psychiatric Emergency Programs</b>
<b>CPOSS</b>	<b>Charleston Psychiatric Outpatient Satisfaction Scale</b>
<b>CPS</b>	<b>Children's Protective Services</b>
<b>CRCG</b>	<b>Community Resource Coordination Group</b>
<b>CRU</b>	<b>Crisis Residential Unit</b>
<b>CSC</b>	<b>Community Service Center</b>
<b>CSCD</b>	<b>Community Supervision and corrections department</b>
<b>CSP</b>	<b>Community Support plan</b>
<b>CSU</b>	<b>Crisis Stabilization Unit</b>
<b>CYS</b>	<b>Community Youth Services</b>

**D**

<b>DFPS</b>	<b>Department of Family and Protective Services</b>
<b>DHHS</b>	<b>Department of Health and Human Services</b>
<b>DID</b>	<b>Determination of Intellectual Disability</b>
<b>DLA-20</b>	<b>Daily Living Activities-20 Item Version</b>
<b>DRB</b>	<b>Dangerousness review board</b>
<b>DSM-5</b>	<b>Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition</b>
<b>DSRIP</b>	<b>Delivery System Reform Incentive Payment Program</b>

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

<b>FACT</b>	<b>Forensic Assertive Community Team</b>
<b>FF</b>	<b>Flex Funds</b>
<b>FSIQ</b>	<b>Full Scale Intelligence Quotient</b>
<b>FSPA</b>	<b>Jail -Forensic Single Portal</b>
<b>FTND</b>	<b>Fagerstrom Test for Nicotine Dependence</b>
<b>FY</b>	<b>Fiscal Year</b>

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>



**H**

<b>HAM-A</b>	<b>Hamilton Rating Scale for Anxiety</b>
<b>HCJPD</b>	<b>Harris County Juvenile Probation Department</b>
<b>HCPC</b>	<b>Harris County Psychiatric Center</b>
<b>HCPI</b>	<b>Harris County Psychiatric Intervention</b>
<b>HCPS</b>	<b>Harris County Protective Services for Children and Adults</b>
<b>HCS</b>	<b>Home and Community Services</b>
<b>HCS-O</b>	<b>Home and Community Services – OBRA</b>
<b>HCSO</b>	<b>Harris County Sheriff's Office</b>
<b>HH</b>	<b>Harris Health System</b>
<b>HHS</b>	<b>Health Human Services</b>
<b>HHSC</b>	<b>Health and Human Services Commission</b>
<b>HMO</b>	<b>Health Maintenance Organization</b>
<b>HOT</b>	<b>Homeless Outreach Team</b>
<b>HPD</b>	<b>Houston Police Department</b>
<b>HRC</b>	<b>Houston Recovery Center</b>

**I**

<b>ICAP</b>	<b>Inventory for Client and Agency Planning</b>
<b>ICC</b>	<b>Interim Care Clinic</b>
<b>ICF-ID</b>	<b>Intermediate Care Facility for Intellectual Disability</b>
<b>IEP</b>	<b>Individual Education Plan</b>
<b>IFSP</b>	<b>Individual Family Support Plan</b>
<b>IHR</b>	<b>In Home Respite</b>
<b>IRG</b>	<b>Innovative Resource Group</b>
<b>IRP</b>	<b>Individualized recovery plan</b>

**J**

<b>JDC</b>	<b>Juvenile Detention Center</b>
<b>JJAEP</b>	<b>Juvenile Justice Alternative Education Program</b>
<b>JSS</b>	<b>Job Satisfaction Scale</b>

**K****L**

<b>LAR</b>	<b>Legislative Appropriations Request</b>
<b>LIDDA</b>	<b>Local IDD Authority</b>
<b>LMHA</b>	<b>Local Mental Health Authority</b>
<b>LOC</b>	<b>Level of Care – LOC A= Authorized and LOC R= Calculated</b>
<b>LOS</b>	<b>Length of Stay</b>
<b>LPHA</b>	<b>Licensed Professional of the Healing Arts</b>
<b>LSA</b>	<b>Local Service Area</b>

**M**

<b>MACRA</b>	<b>Medicare Access and CHIP Reauthorization Act</b>
<b>MAPS</b>	<b>Mental Retardation Adult Psychiatric Services</b>
<b>MBOW</b>	<b>Medicaid Managed Care Report (Business Objects)</b>
<b>MCO</b>	<b>Managed Care Organization</b>
<b>MCOT</b>	<b>Mobil Crisis Outreach Team</b>
<b>MCAS</b>	<b>Multnomah Community Assessment Scale</b>
<b>MDU</b>	<b>Multiple Disabilities Unit</b>
<b>MHW</b>	<b>Mental Health Warrant</b>
<b>MMPI-2</b>	<b>Minnesota Multiphasic Personality Inventory 2<sup>nd</sup> Edition</b>
<b>MoCA</b>	<b>Montreal Cognitive Assessment</b>
<b>MSU</b>	<b>Maximum security unit</b>

**N**

<b>NAMI</b>	<b>National Alliance for the Mentally Ill</b>
<b>NEO</b>	<b>New Employee Orientation</b>
<b>NGRI</b>	<b>Not Guilty for Reason of Insanity (46C)</b>
<b>NPC</b>	<b>Neuro-Psychiatric Center</b>
<b>NWCSC</b>	<b>Northwest Community Service Center</b>

**O**

<b>OSAR</b>	<b>Outreach Screening Assessment and Referral</b>
<b>OASS</b>	<b>Overt Agitation Severity Scale</b>
<b>OHR</b>	<b>Out of Home Respite</b>
<b>OVSOM</b>	<b>Office of Violent Sexual Offenders Management</b>

**P**

<b>PAP</b>	<b>Patient Assistance Program (for Prescriptions)</b>
<b>PASARR</b>	<b>Preadmission Screening and Annual Residential Review</b>
<b>PATH</b>	<b>Project to Assist in the Transition from Homelessness</b>
<b>PCH</b>	<b>Personal Care Home</b>
<b>PCM</b>	<b>Patient care monitoring</b>
<b>PDP</b>	<b>Person Directed Plan</b>
<b>PDSA</b>	<b>Plan-Do-Study-Act</b>
<b>PES</b>	<b>Psychiatric Emergency Services</b>
<b>PHCRU</b>	<b>Post Hospitalization Crisis Residential Unit</b>
<b>PHQ-9</b>	<b>Patient Health Questionnaire-9 Item Version</b>
<b>PHQ-A</b>	<b>Patient Health Questionnaire-9 Modified for Adolescents</b>
<b>PI</b>	<b>Performance Improvement</b>
<b>PIP</b>	<b>Performance Improvement Plan</b>
<b>PMAB</b>	<b>Prevention and Management of Aggressive Behavior</b>
<b>POC</b>	<b>Plan of Care</b>

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**