



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

Resource Committee Meeting

June 20, 2023

8:30 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, May 16, 2023
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'23 Year-to-Date Budget Report- May
(EXHIBIT R-2 Vanessa McKeown)
- B. June 2023 New Contracts Over 100K
(EXHIBIT R-3 Silvia Tiller)
- C. June 2023 Renewals Over 100K
(EXHIBIT R-4 Silvia Tiller)
- D. June 2023 Amendments Over 100K
(EXHIBIT R-5 Silvia Tiller)
- E. June 2023 Interlocal Agreements
(EXHIBIT R-6 Silvia Tiller)
- F. FY 23 Facilities Capital Improvement Reallocation Request
(EXHIBIT R-7 Carrie Rys/Todd McCorquodale)
- G. Authorization to Pay 2023 TMC Assessments
(EXHIBIT R-8 Vanessa McKeown)

V. 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.

VI. RECONVENE INTO OPEN SESSION

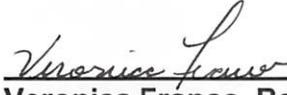
VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. June 2023 New Contracts Under 100K
(EXHIBIT R-9)
- B. June 2023 Renewals Under 100K
(EXHIBIT R-10)
- C. June 2023 Amendments Under 100K
(EXHIBIT R-11)

D. June 2023 Affiliation, Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT R-12)

IX. ADJOURN



Veronica Franco, Board Liaison
Gerald Womack, Chairman
Resource Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees



EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, MAY 16, 2023
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 8:30 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack, Dr. G. Santos, Dr. M. Miller, Jr.

Committee Member Absent: Mr. J. Lykes

Other Board Member Present: Dr. L. Moore, Mr. S. Zakaria, Dr. R. Gearing

1. CALL TO ORDER

Mr. Gerald Womack called the Resource Committee meeting to order at 8:30am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Dr. L. Moore and Dr. R. Gearing as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

There were no Public Comments.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday April 18, 2023.

MOTION: SANTOS SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, April 18, 2023, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'23 Year-to-Date Budget Report-April

MOTION: SANTOS SECOND: MILLER

With unanimous affirmative votes,

9. RECOVENE INTO OPEN SESSION-

10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

11. ADJOURN

MOTION: ZAKARIA

SECOND: MOORE

There being no further business, the meeting was adjourned at 9:36 a.m.

Veronica Franco, Board Liaison
Gerald W. Womack, Secretary/Chairman Resource Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees

EXHIBIT R-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.



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

	Original budget	Actual	Variance
Revenues	\$ 26,112,525	\$ 30,143,938	\$ 4,031,412
Expenditures	26,754,311	29,647,843	(2,893,532)
Change in net assets	\$ (641,786)	\$ 496,095	\$ 1,137,881
Use of prior year balances	\$ 483,276	\$ 483,276	\$
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

	Original budget	Actual	Variance
Revenues	\$ 239,402,380	\$ 244,904,944	\$ 5,502,564
Expenditures	242,990,543	247,104,964	(4,114,421)
Change in net assets	\$ (3,588,163)	\$ (2,200,019)	\$ 1,388,143
Use of prior year balances	\$ 4,349,484	\$ 4,349,484	\$
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		
			\$	%			\$	%	
Operating Revenue									
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%	A
Federal Contracts and Grants	3,116,926	5,379,091	2,262,165	73%	31,420,029	31,086,117	(333,912)	-1%	B
State Contract and Grants	1,260,593	1,432,286	171,693	14%	11,345,313	10,658,414	(686,899)	-6%	C
Third Party Billing	2,485,087	2,507,072	21,985	1%	22,365,458	20,348,262	(2,017,196)	-9%	D
Charity Care Pool	3,366,382	4,158,429	792,047	24%	30,297,438	32,673,578	2,376,140	8%	E
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%	F
Interest Income	129,940	387,337	257,397	198%	1,169,458	1,819,361	649,903	56%	G
Operating Revenue, total	\$ 26,112,525	\$ 30,143,938	\$ 4,031,412	15%	\$ 239,402,380	\$ 244,904,944	\$ 5,502,564	2%	
Operating expenditures									
Salaries and Fringe Benefits	\$ 18,883,011	\$ 21,547,207	\$ (2,664,196)	-14%	\$ 172,602,929	\$ 177,314,129	\$ (4,711,200)	-3%	H
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%	J
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%	K
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%	
Operating Expenditures, total	\$ 26,754,311	\$ 29,647,843	\$ (2,893,532)	-11%	\$ 242,990,543	\$ 247,104,964	\$ (4,114,421)	-2%	
Change in Net Assets, before Other Sources	\$ (641,786)	\$ 496,095	\$ 1,137,881	-177%	\$ (3,588,163)	\$ (2,200,019)	\$ 1,388,143	-39%	
Other Sources									
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)		
Capital Expenditures, net		(174,782)	(174,782)			(195,065)	(195,065)		
DSRIP	483,276	483,276		0%	4,349,484	4,349,484		0%	
Covid reserve						-			
Use of prior year balances	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		
Change in Net Assets, all Sources	\$ (158,510)	\$ 818,249	\$ 976,759		\$ 761,321	\$ 2,056,403	\$ 1,295,081		

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

	April-23	May-23	Change
ASSETS			
Current Assets			
Cash and Petty Cash	\$ 31,653,661	\$ 33,188,714	\$ 1,535,053
Investments	82,636,394	70,762,650	(11,873,744) L
Inventory and Prepaid	5,044,704	3,824,656	(1,220,048) M
Accounts Receivable			
Other	21,622,129	24,708,175	3,086,046 N
Patient, net of allowance	9,826,689	8,001,111	(1,825,578)
Current Assets, Total	\$ 150,783,577	\$ 140,485,306	\$ (10,298,271)
Capital Assets			
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 O
Capital Assets, Total	\$ 92,952,685	\$ 93,277,393	\$ 324,708
Total Assets	\$ 243,736,262	\$ 233,762,699	\$ (9,973,563)
LIABILITIES AND NET ASSETS			
Unearned Income	\$ 44,545,454	\$ 28,306,244	\$ (16,239,210) P
Accounts Payable and Accrued Liabilities	13,918,821	19,837,457	5,918,636 Q
Long term Liabilities	909,494	941,099	31,605
Liabilities, Total	\$ 59,373,769	\$ 49,084,800	\$ (10,288,969)
NET POSITION			
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
Net Assets, Total	\$ 184,362,493	\$ 184,677,899	\$ 315,406 R

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.

		March		April		May
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.

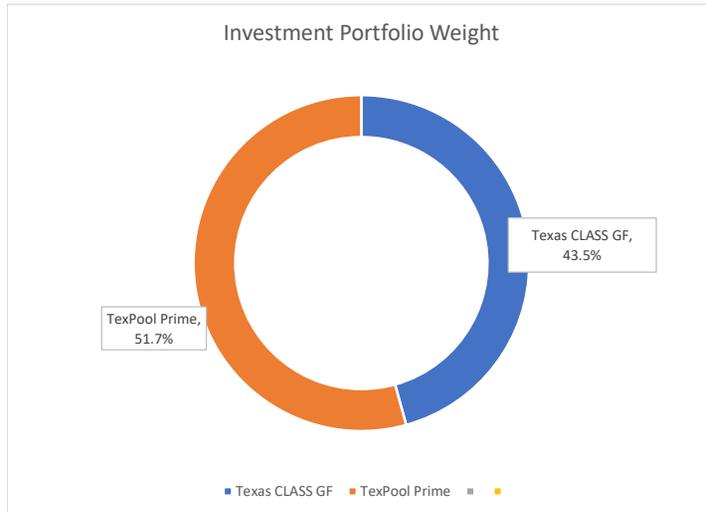
The Harris Center for Mental Health and IDD
Notes to Statements Presented
As of May 30, 2023

R Net assets	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>
Texas CLASS							
Texas CLASS General Fund	\$ 37,225,768	\$ -	\$ (6,600,000)	\$ 148,530	\$ 30,774,298	43.5%	5.205%
TexPool							
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>
Total Investments	\$ 82,636,394	\$ -	\$ (12,200,000)	\$ 326,256	\$ 70,762,650	100%	4.968%
Additional Interest-Checking Accounts				61,081			
Total Interest Earned				<u>387,337</u>			



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

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

Vendor	Description	Monthly Not-To-Exceed*	May-23	YTD Total Through May
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 R-3

JUNE 2023
NEW CONTRACTS OVER 100k

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23/24 NEW CONTRACTS						
ADMINISTRATION						
CPEP/CRISIS SERVICES						
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.
FORENSICS						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
LEASES						
MENTAL HEALTH SERVICES						



Executive Contract Summary

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

- 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* (?)

8/31/2024

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 R-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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <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* (?)

\$ 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 R-5

JUNE 2023

AMENDMENTS OVER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 AMENDMENTS								
	ADMINISTRATION								
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	Correction Only 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.
	CPEP/CRISIS SERVICES								
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.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								



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
Budget Manager	Secondary Budget Manager	
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* (?)

- | | |
|---|--|
| <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* (?)

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

Postal / Zip Code

94104

State / Province / Region

CA

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
Budget Manager	Secondary Budget Manager	
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
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	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* (?)	Amount* (?)
2023	\$ 133,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

need to 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* (?)
2023

Amount* (?)
\$ 250,000.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

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	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77079	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

State / Province / Region

TX

Postal / Zip Code

78212-3938

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
Budget Manager	Secondary Budget Manager	
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
Budget Manager	Secondary Budget Manager	
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 R-6

JUNE 2023
INTERLOCAL AGREEMENTS

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY23 CONTRACTS						
INTERLOCALS						
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
Budget Manager*	Secondary Budget Manager*	
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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Singh, Patricia	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

- 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* (?)

\$ 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
Budget Manager* Brown, Erica	Secondary Budget Manager* 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

Todd 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

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

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

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

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

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

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

Fiscal Year* (?)	Amount* (?)
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 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#*

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <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* (?)

\$ 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
Budget Manager * Campbell, Ricardo		Secondary Budget Manager * 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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <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* (?)

\$ 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
Budget Manager *	Secondary Budget Manager *	
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 Hejny

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*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 81,420.00	437085

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

6,785 will be invoiced monthly.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Battle, Jennifer	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
Budget Manager*	Secondary Budget Manager*	
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* (?) 2023 **Amount* (?)** \$ 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
Budget Manager	Secondary Budget Manager	
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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		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 R-7

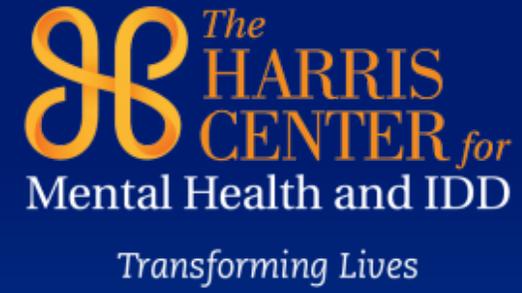
Facilities Capital Improvement Reallocation Request

Todd McCorquodale, Director of Facilities Services

Facilities Capital Improvement Reallocation request

Facilities is asking the board to reallocate fund from the 5959 South Loop East building Demolition Capital Project (FM23.1126.01) to be used for the elevator modernization at the Dennis Street location and to conduct a structural evaluation of the 9401 SW Fwy Garage.

FM23.1126.01	SE Building Demolition Project	\$330,000 Funded
	Abatement & Demo	<u>\$83,423</u>
Balance		\$246,577
May Request for Funds, Loading Dock Assessment		<u>\$50,000</u>
		\$196,577
Dennis St Elevator Modernization		\$75,000
Garage Structural Assessment		<u>\$12,000</u>
	Balance	\$109,577



Thank You

EXHIBIT R-8



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> |

TOTAL	\$ 180,804.00
--------------	----------------------

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 R-9

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
	FY23/24 NEW CONTRACTS						
	ADMINISTRATION						
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.
	CPEP/CRISIS SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	FORENSICS						
	LEASES						



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* (?)

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

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
04062023.pdf

243.5KB

Vendor/Contractor Contact Person**Name***

Germane Solutions

Address*

Street Address

8163 Old Yankee Street, Suite B

Address Line 2

City

Dayton

Postal / Zip Code

45458

State / Province / Region

OH

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
Budget Manager	Secondary Budget Manager	
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

Requester Name	Submission Date
Mayne, Annette	4/28/2023

Budget Manager Approval(s)

Approved by



Approval Date

4/28/2023

Procurement Approval

File Upload (?)

Approved by

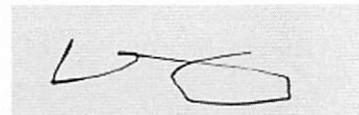


Approval Date

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

- 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.

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

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 R-10

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
	FY24 CONTRACT RENEWALS							
	ADMINISTRATION							
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.

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
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
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).
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
	LEASES							
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.
	MENTAL HEALTH SERVICES							
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

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#*

2021-0138

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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

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

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

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

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

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

Fiscal Year * (?)	Amount * (?)
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
Budget Manager *	Secondary Budget Manager *	
Brown, Erica	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
Budget Manager *	Secondary Budget Manager *	
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 |

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* (?)

\$ 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
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* 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
Budget Manager*	Secondary Budget Manager*	
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



Contract Owner Approval



Approved by

Todd L McCordale

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
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* 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

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
Budget Manager*	Secondary Budget Manager*	
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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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* Brown, Erica		Secondary Budget Manager* 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



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

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
Budget Manager * Brown, Erica	Secondary Budget Manager * 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
Budget Manager *	Secondary Budget Manager *	
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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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
Budget Manager*		Secondary Budget Manager*
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

Budget Manager*	Secondary Budget Manager*
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
Budget Manager*	Secondary Budget Manager*	
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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 4,400.00	543053

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	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

- 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 HMHC External Evaluation Team Recommendation

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*

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
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		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

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 2,700.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 2,700.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 2,700.00	543021

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

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

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#*

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 15,080.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,270.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
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

[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 |

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* (?)

\$ 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 24,000.00

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
Budget Manager* Adams-Austin, Mamie		Secondary Budget Manager* 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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	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

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#*

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

[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#*

2022-0442

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
Budget Manager*		Secondary Budget Manager*
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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other Parking 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 (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
Budget Manager*	Secondary Budget Manager*	
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
Budget Manager *	Secondary Budget Manager *	
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 R-11

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
	FY23 AMENDMENTS								
	ADMINISTRATION								
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.
	CPEP/CRISIS SERVICES								
	FORENSICS								
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].
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
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.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								
	MENTAL HEALTH SERVICES								



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
Budget Manager	Secondary Budget Manager	
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 <input type="text"/> |

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
Budget Manager		Secondary Budget Manager
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

Fiscal Year* (?) 2023 **Amount* (?)** \$ 22,500.00

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 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
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager 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 <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*

\$ 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
Budget Manager	Secondary Budget Manager	
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

Postal / Zip Code

77076-3344

State / Province / Region

TX

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

Budget Manager	Secondary Budget Manager
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,000.00	543009

Budget Manager	Secondary Budget Manager
Adams-Austin, Mamie	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$10 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	5/11/2023

Budget Manager Approval(s)

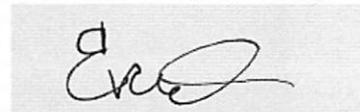
Approved by



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 R-12

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
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1179	\$ 0.00	00000000

Budget Manager	Secondary Budget Manager
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

Requester Name	Submission Date
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 <input type="text"/> |

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 0.00	000000

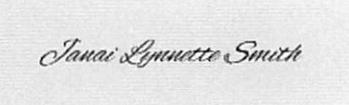
Budget Manager	Secondary Budget Manager
Smith, Janai	Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)
0.00

Project WBS (Work Breakdown Structure)* (?)
0.00

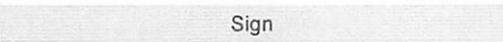
Requester Name	Submission Date
Bowser, Mohagony	5/5/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	5/5/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	5/8/2023

Contracts Approval

Approve*

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

Approved by*	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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

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* (?)

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