



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

Full Board Meeting

July 25, 2023

9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, June 27, 2023
(EXHIBIT F-1)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Resource Committee Report and/or Action
(G. Womack, Chair)
 - B. Quality Committee Report and/or Action
(G. Santos, Chair)
 - C. Program Committee Report and/or Action
(B. Hellums, Chair)
 - D. Audit Committee Report and/or Action
(R. Gearing, Chair)
 - E. Governance Committee Report and/or Action
(J. Lykes, Chair)
 - F. Foundation Committee Report and/or Action
(J. Lykes, Chair)
- VI. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-June
(EXHIBIT F-2)
 - B. July 2023 New Contracts Over 100K
(EXHIBIT F-3)
 - C. July 2023 Contract Renewals Over 100K
(EXHIBIT F-4)
 - D. July 2023 Contract Amendments Over 100K
(EXHIBIT F-5)
 - E. July 2023 Interlocal Agreements
(EXHIBIT F-6)
 - F. Clinician Peer Review
(EXHIBIT F-7)
 - G. Suicide-Homicide Prevention
(EXHIBIT F-8)

- H. Bylaws of The Professional Review Committee
(EXHIBIT F-9)
- I. Pharmaceutical or Patient Assistance Programs (PAP)
(EXHIBIT F-10)
- J. Professional Review Committee
(EXHIBIT F-11)
- K. The Requisitioning and Purchasing of Goods and/or Services Dollar
Limit Threshold and Requirements
(EXHIBIT F-12)
- L. Vehicle Operations
(EXHIBIT F-13)
- M. Medication Storage, Preparation, and Administration Areas
(EXHIBIT F-14)
- N. Professional Practice Evaluation
(EXHIBIT F-15)
- O. FY24 Annual Audit Plan
(EXHIBIT F-16)
- P. Award Recommendation-Personnel Background Investigation
Services RFP
(EXHIBIT F-17)
- Q. Award Recommendation-Agency Wide Multifunction Devices
(EXHIBIT F-18)

VII. REVIEW AND COMMENT

- A. Human Resources Update
(EXHIBIT F-19 Carrie Rys/Joseph Gorczyca)
- B. RDLR-Northeast Community Clinic Update
(EXHIBIT F-20 RDLR Architects)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

• **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**

• **As authorized by § 551.074 of the Texas Government Code, mid-year performance evaluation of CEO and discussion of FY24-27 CEO performance objectives.**

• **In accordance with §551.071 of the Texas Government Code, to seek legal advice from attorney related to Inpatient Beds for Patients with IDD. Kendra Thomas, General Counsel and Amanda Jones, Director of Government and Public Affairs.**

• **As authorized by §551.071 of the Texas Government Code, consultation with attorney on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. Wayne Young, CEO, Kendra Thomas, General Counsel, and Carrie Rys, Chief Administrative Officer**

• **In accordance with §551.072 of the Texas Government Code, to discuss the purchase of real property for the expansion of the Southeast Clinic. Wayne Young, CEO and Kendra Thomas, General Counsel**

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

- A. July 2023 New Contracts Under 100K
(EXHIBIT F-21)
- B. July 2023 Renewals Under 100K
(EXHIBIT F-22)
- C. June 2023 Affiliation Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT F-23)
- D. Attendance Report
(EXHIBIT F-24)
- E. Abbreviations List
(EXHIBIT F-25)

XIII. ADJOURN

Veronica Franco

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



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

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

TYPE OF MEETING: Regular

DATE: June 27, 2023

TRUSTEES

IN ATTENDANCE: Mr. Shaukat Zakaria-Chair
Dr. L. Moore, Vice Chairperson
Dr. Robin Gearing PhD, Vice Chairperson
Dr. George Santos, Secretary (virtual)
Mr. Gerald Womack
Mr. Jim Lykes
Mrs. B. Hellums,
Mrs. Natali Hurtado

TRUSTEES ABSENT: Dr. Max Miller, Jr., Sheriff Ed Gonzalez,

I. Declaration of Quorum

Mr. S. Zakaria, Chair, called the meeting to order at 9:31 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

There were no public comments.

III. Approval of Minutes

MOTION BY: MOORE SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, May 23, 2023 as presented under Exhibit F-1, are approved.

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

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

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

- A. Resource Committee Report and/or Action- G. Womack, Chair
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on June 20, 2023
- B. Quality Committee Report and/or Action-G. Santos, Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on June 20, 2023.
- C. Program Committee Report and/or Action-R. Gearing, Vice chairperson
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Program Committee meeting on June 20, 2023.
- D. Audit Committee Report and/or Action-R. Gearing, Chair
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on May 23, 2023.
- E. Foundation Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided the Board of Trustees with an update about the Foundation.

VI. Consent Agenda

- A. Approve FY'22 Year-to-Date Budget Report-June
- B. June 2023 New Contracts Over 100K
- C. June 2023 Renewals Over 100K
- D. June 2023 Amendments Over 100K

MOTION: Mr. Lykes moved to approve Consent Agenda item A-D

SECOND: Dr. Moore seconded the motion

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

- E. June 2023 Interlocal Agreements

Dr. Gearing recused himself from item #10 and Dr. Santos recused himself from items #7, #9, #11 and #12.

MOTION: Mr. Womack moved to approve Consent Agenda item E

SECOND: Mr. Lykes seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items E is approved.

- F. Authorization to pay Texas Medical Center 2023 Maintenance and Security Assessment

G. Pregnant Workers and Accommodations

H. Drug Free Workplace

I. Closed Records Review Committee

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

SECOND: Mr. Lykes seconded the motion

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

J. Development and Management for Mental Health and IDD Service

The Development and Management for Mental Health and IDD Services was tabled by the Governance Committee on June 27, 2023.

K. Employee Referral Bonus Program

L. Equal Employment Opportunity

M. Guidelines for The Use of Purchase Orders for Goods and Non-Community Services

MOTION: Dr. Moore moved to approve Consent Agenda item K-M

SECOND: Mr. Lykes seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items K-M are approved

N. Improvement of Consumer Care Committee

The Improvement of Consumer Care Committee was tabled by the Governance Committee on June 27, 2023.

O. Infection Control Plan

P. Inquires on Employees

Q. Lactation Breaks

R. Medical Services

S. Obligations to identify Individuals or Entities Excluded from Participation in Federal Healthcare Programs

T. Organizational Development

U. Personal Property

V. Pharmacy Services and Outpatient Prescription Purchase Plan

W. Shift Differential

X. Student Internship Program

Y. Termination of General Revenue Contract Providers

Z. Transfers-Promotions-Demotions

MOTION: Dr. Moore moved to approve Consent Agenda item O-Z

SECOND: Mr. Lykes seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items O-Z are approved

VII. Review and Comment

A. Foundation Update-Susan Fordice presented the Foundation Update to the Full Board.

B. RDLR Northeast Clinic Update-The presentation was tabled by the Full Board.

C. Community Advisory Committee-Board of Trustees discussed the item.

D. Legislative Update-Amanda Jones presented the Legislative Update to the Full Board.

VIII. Executive Session-Mr. Zakaria announced the Board would convene into Executive Session at 10:38am for the following purpose:

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

evaluation of CEO and discussion of FY24-27 CEO performance objectives.

IX. Reconvene into Open Session – The Board reconvened into Open Session at 1:05 pm.

Lease of real property for the MCOT, MCOT-Rapid Response and BHART team

MOTION: Mrs. Hurtado moved to have the Chief Executive Officer be authorized and empowered to execute all required legal documents and enter into a Lease to Rent 11,683 SQFT of net rental space in and about 3200 Main St. Houston, TX 77002 for a period of 36 months with an offer to extend 2 months periods for the benefit and use of eligible CPEP Programs begin on August 1, 2023.

SECOND: HELLUMS

BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.

Purchase of real property for the expansion of the Southeast Clinic

MOTION: Mr. Lykes moved to have the Chief Executive Officer be authorized and empowered to execute all required legal documents to close to ownership of 0 Long Dr. Houston, TX 77087 by The Harris Center for Mental Health and IDD within 60 days of the effect date of the purchase sales agreement.

SECOND: MOORE

BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.

Financing of property and lines of credit

Mr. Lykes moved to engage financial consultants to develop a solicitation and assist The Harris Center in evaluating financing options including public bond offering and selecting banking and investment services.

SECOND: GEARING

BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.

X. ADJOURN

MOTION: GEARING

SECOND: LYKES

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 1:15 P.M.

Respectfully submitted,

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

EXHIBIT F-2

The Harris Center for Mental Health and IDD

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

Fiscal year 2023

Presented to the Resource Committee of the Board of Trustees
June 18, 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 June 30, 2023
unaudited/budget-basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 26,109,414	\$ 24,973,385	\$ (1,136,029)
Expenditures	26,699,892	28,841,775	(2,141,883)
Change in net assets	\$ (590,478)	\$ (3,868,390)	\$ (3,277,912)
Use of prior year balances	\$ 483,276	\$ 483,276	\$
Capital, net		(14,706)	(14,706)
Other sources		11,022	11,022
	<u>\$ (107,202)</u>	<u>\$ (3,388,798)</u>	<u>\$ (3,281,596)</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 265,511,795	\$ 270,684,329	\$ 5,172,535
Expenditures	269,690,438	275,946,737	(6,256,299)
Change in net assets	\$ (4,178,644)	\$ (5,262,408)	\$ (1,083,765)
Use of prior year balances	\$ 4,832,760	\$ 4,832,760	\$
Capital, net		(209,770)	(209,770)
Other sources		113,019	113,019
	<u>\$ 654,117</u>	<u>\$ (526,400)</u>	<u>\$ (1,180,516)</u>

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

As of June 30, 2023

unaudited/budget-basis reporting

	For the Month				Fiscal Year to Date			
	ORGBUD	Actual	Variance		orgbud	Actual	Variance	
			\$	%			\$	%
Operating Revenue								
State General Revenue	\$ 9,507,049	\$ 8,795,965	\$ (711,084)	-7%	\$ 95,070,234	\$ 94,672,819	\$ (397,415)	0%
Harris County and Local	5,005,564	3,993,626	(1,011,938)	-20%	50,126,503	52,962,820	2,836,317	6% A
Federal Contracts and Grants	3,116,927	2,569,929	(546,999)	-18%	34,536,957	33,151,385	(1,385,572)	-4% B
State Contract and Grants	1,260,593	493,038	(767,555)	-61%	12,605,906	11,244,440	(1,361,466)	-11% C
Third Party Billing	2,485,119	2,843,297	358,178	14%	24,850,577	23,191,559	(1,659,018)	-7% D
Charity Care Pool	3,366,382	4,158,429	792,047	24%	33,663,820	36,832,007	3,168,187	9% E
Directed Payment Programs	817,840	817,840		0%	8,178,400	8,178,402	2	0%
PAP	420,000	916,411	496,411	118%	5,180,000	8,246,686	3,066,686	59% F
Interest Income	129,940	384,850	254,910	196%	1,299,398	2,204,211	904,813	70% G
Operating Revenue, total	\$ 26,109,414	\$ 24,973,385	\$ (1,136,029)	-4%	\$ 265,511,795	\$ 270,684,329	\$ 5,172,535	2%
Operating expenditures								
Salaries and Fringe Benefits	\$ 18,883,011	\$ 20,331,109	\$ (1,448,098)	-8%	\$ 191,485,944	\$ 197,645,239	\$ (6,159,295)	-3% H
Contracts and Consultants	2,025,772	2,127,638	(101,866)	-5%	20,265,008	18,989,988	1,275,020	6%
HCPC Contract	2,322,734	2,330,396	(7,662)	0%	23,227,340	23,247,216	(19,876)	0%
Supplies and Drugs	1,085,714	1,791,337	(705,623)	-65%	10,863,150	13,566,243	(2,703,093)	-25% J
Purchases, Repairs and Maintenance of:								
Equipment	521,159	267,304	253,855	49%	5,226,571	4,745,371	481,200	9%
Building	494,847	300,303	194,544	39%	4,950,475	3,231,961	1,718,514	35% K
Vehicle	85,349	200,027	(114,678)	-134%	854,940	943,614	(88,674)	-10%
Telephone and Utilities	287,187	341,369	(54,182)	-19%	2,871,699	3,087,546	(215,847)	-8%
Insurance, Legal and Audit	194,200	164,243	29,957	15%	1,738,779	1,732,766	6,013	0%
Travel	137,017	230,403	(93,386)	-68%	1,529,224	1,616,562	(87,338)	-6%
Other	662,902	757,646	(94,744)	-14%	6,677,308	7,140,231	(462,923)	-7%
Operating Expenditures, total	\$ 26,699,892	\$ 28,841,775	\$ (2,141,883)	-8%	\$ 269,690,438	\$ 275,946,737	\$ (6,256,299)	-2%
Change in Net Assets, before Other Sources	\$ (590,478)	\$ (3,868,390)	\$ (3,277,912)	555%	\$ (4,178,644)	\$ (5,262,408)	\$ (1,083,765)	26%
Other Sources								
Use of Net Assets, capital	\$	\$ 159,388	\$ 159,388		\$	\$ 3,565,219	3,565,219	
Capital Outlay		174,094	(174,094)			3,774,989	(3,774,989)	
Capital Expenditures, net		(14,706)	(14,706)			(209,770)	(209,770)	
DSRIP	483,276	483,276		0%	4,832,760	4,832,760		0%
Covid reserve						-		
Use of prior year balances	483,276	483,276	-		4,832,760	4,832,760		
Insurance proceeds		10,375	10,375			87,087	87,087	
Proceeds from Sale of Assets		647	647			25,932	25,932	
Change in Net Assets, all Sources	\$ (107,202)	\$ (3,388,798)	\$ (3,281,596)		\$ 654,117	\$ (526,400)	\$ (1,180,516)	

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

	May-23	June-23	Change
ASSETS			
Current Assets			
Cash and Petty Cash	\$ 33,188,714	\$ 35,620,463	\$ 2,431,748
Investments	70,762,650	68,645,185	(2,117,465) L
Inventory and Prepaid	3,824,656	6,050,211	2,225,555 M
Accounts Receivable			
Other	24,708,175	23,873,204	(834,971) N
Patient, net of allowance	8,001,111	8,338,071	336,960
Current Assets, Total	\$ 140,485,306	\$ 142,527,132	\$ 2,041,827
Capital Assets			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,588,886	46,595,256	6,369
Furniture, Equipment and Vehicles	9,960,918	10,076,111	115,192
Construction in Progress	24,033,805	24,174,821	141,016 O
Capital Assets, Total	\$ 93,277,393	\$ 93,539,971	\$ 268,947
			(6,369)
Total Assets	\$ 233,762,699	\$ 236,067,103	\$ 2,310,774
LIABILITIES AND NET ASSETS			
Unearned Income	\$ 28,306,244	\$ 35,727,869	\$ 7,421,625 P
Accounts Payable and Accrued Liabilities	19,837,457	17,713,128	(2,124,329) Q
Long term Liabilities	941,099	911,096	(30,003)
Liabilities, Total	\$ 49,084,800	\$ 54,352,093	\$ 5,267,293
NET POSITION			
Inventory and Capital Assets	93,676,940	93,939,518	262,578
Assigned (see notes for designated balances)	88,944,555	88,301,892	(642,664)
Change in net assets, <i>budgetary basis</i>	2,056,403	(526,400)	(2,582,803)
Net Assets, Total	\$ 184,677,899	\$ 181,715,010	\$ (2,962,889) R

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).

B Federal Contract and grants

The primary drive of the net unfavorable variance in Federal Contract and grants is related to ARPA revenue.

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 and THL waiver revenue. These two categories comprise \$1.1M of the variance to original budget.

	Original Budget	Actual	Variance
THL Waiver	\$ 822,490	\$ 497,168	\$ (325,322)
Service coordination	7,683,758	6,893,112	(790,646)
	<u>\$ 8,506,248</u>	<u>\$ 7,390,280</u>	<u>\$ (1,115,968)</u>

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 variance presented is a net variance of positive for benefit costs and negative for compensation. Of the compensation unfavorable variance, approximatley \$1M is in units with an associated increase in revenue over original budget. In addition, the estimated variance factor is higher than actual amounts and other compensation exceeds budget.

I **Contracts and consultants**

The variance in contracts and consultants is primarily attributed to the timing of payments for private beds.

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 \$8.2M, compared to a budget of \$5.2M.

	Original Budget	Actual	Variance
Drug purchases	3,239,828	3,015,646	224,182
PAP drug program	5,180,000	8,246,686	(3,066,686)
All other supplies	2,443,322	2,303,911	139,411
	<u>10,863,150</u>	<u>13,566,243</u>	<u>(2,703,093)</u>

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 increased slightly in May; however, not as much as anticipated in the first month of a quarter due to the remittance of DPP IGT, \$3.3M and the impact of three payrolls, \$25M.

Balances, in millions	February	March	April	May	June
Cash					
Bank of America	\$ 8.05	\$ 7.79	\$ 7.60	\$ 7.23	\$ 6.74
Chase	26.42	34.97	24.05	25.95	28.87
Petty cash/cash drawers	0.01	0.01	0.01	0.01	0.01
	<u>\$ 34.48</u>	<u>\$ 42.77</u>	<u>\$ 31.66</u>	<u>\$ 33.19</u>	<u>\$ 35.62</u>
Investments	17.38	87.09	82.64	70.76	68.65
	<u>\$ 51.86</u>	<u>\$ 129.86</u>	<u>\$ 114.30</u>	<u>\$ 103.95</u>	<u>\$ 104.27</u>

The Bank of America account has been closed as of month end. Paperwork has been submitted to move remaining funds to Chase.

M **Inventory and Prepaid**

Inventory and Prepaid balances increased in June due to the remittance of DPP IGT balances (\$3.3M).

N Accounts receivable, other

Accounts receivable, other, balances fluctuated due to timing of receipt of payments.

O Construction in Progress

The correction needed for Construction in Progress is still pending.

P Unearned income

Unearned income increased in June as anticipated as quarterly general revenue was received in June, \$23M.

Q Accounts Payable and Accrued Liabilities

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

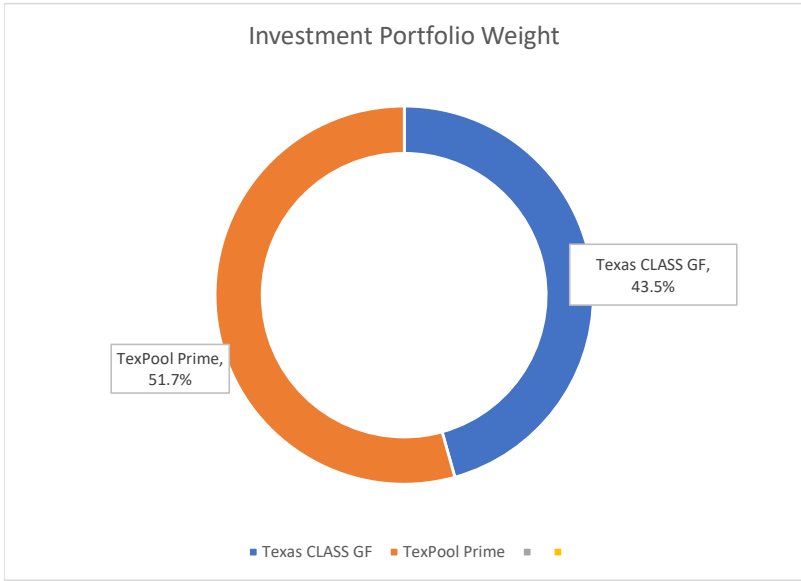
R Net assets

	As of June 2023
Investment in Fixed Assets	\$ 93,539,971
Compensated Absences	4,854,354
Inventories	399,548
Self Insurance	2,000,000
ECI building use	361,664
COVID-19 eFMAP Reserve	904,067
Current Capital Projects	7,118,764
Future purchases of real property/ IT infrastructure	1,365,842
Assigned waiver 1115	53,553,501
General fund balance	18,143,700
FY2023 change in net assets	(526,400)
	<u>\$ 181,715,010</u>

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

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
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				387,337			



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 June 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 June 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 F-3

JULY 2023

NEW CONTRACTS OVER 100k



Executive Contract Summary

Contract Section

Contractor*

P-Co-Occurring Disorders Residential Treatment

Contract ID #*

7222

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Contracted vendors and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 250,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To provide co-occurring disorders residential treatment services.

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

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Evelyn Locklin

Address*

Street Address

6160 South Loop East

Address Line 2

City

Houston

Postal / Zip Code

77087-1010

State / Province / Region

TX

Country

US

Phone Number*

713-970-3301

Email*

Evelyn.Locklin@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

9225

Amount Charged to Unit*

\$ 250,000.00

Expense/GL Code No.*

543043

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

\$79.00 per bed day per consumer for intensive residential treatment \$69.00 per bed day per consumer for supportive residential treatment

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

6/6/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Amber Pastuszek, MD

Approval Date

6/6/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2023

EXHIBIT F-4

JULY 2023
RENEWALS OVER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
MORE THAN \$100,000JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION							
1	Aptean, Inc.	Software License, Support & Maintenance for On-line requisition & Approval process (Ross)	\$391,381.21	\$391,381.21	10/25/2023 - 10/24/2024	General Revenue (GR)		Annual renewal of Software License, Support and Maintenance Agreement [On-line Requisition and Approval process (Ross)].
2	Ascend HR Corp	Agency-Wide Recruitment Services as-needed for Human Resources	\$200,000.00	\$200,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Recruitment Services Agreement [Human Resources on an as needed basis].
3	AT&T Corp.	AT&T Ethernet on Demand Services and AT&T Circuits at 14 Agency Locations	\$152,000.00	\$150,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of AT&T Ethernet on Demand Services and AT&T Circuits Agreements [14 14 Agency Locations].
4	Cardinal Health Pharmacy Services, LLC	Remote Order Pharmacy Support Services	\$120,000.00	\$132,000.00	3/31/2023 - 3/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Remote Order Pharmacy Support Services Agreement.
5	Centre Technologies, Inc.	Microsoft Office 365 Subscription	\$693,000.00	\$770,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Microsoft Office 365 Subscription.
6	Centre Technologies, Inc.	Microsoft Azure DraaS- Disaster Recovery as a Service	\$205,000.00	\$215,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Microsoft Azure DraaS- Disaster Recovery as a Service Agreement.
7	Comcast	Agency Wide Internet and Data Circuits Service	\$200,000.00	\$220,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of multiple internet and data circuit Services Agreement.
8	DataVox, Inc.	Lifeseize Audio Conferencing and Cloud Subscription	\$103,338.54	\$110,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Lifeseize Audio Conferencing and Cloud Subscription services Agreement. [TIPS Tag-On Contract# 170306].
9	Granite Telecommunications, LLC	POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills.	\$170,000.00	\$172,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Agreement to manage the POTS and AT&T bills.
10	Innovation Network Technologies	Deepwatch Platform	\$124,928.66	\$124,928.66	11/1/2023 - 10/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Deepwatch Platform Agreement [24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications]. Tag-On to TOPS Contract # 200105.
11	J. Tyler Services, Inc.	Furniture Purchase and Installation for NPC Renovations Project.	\$350,000.00	\$267,035.63	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Renewal of Furniture Purchase and Installation Services Agreement [NPC Renovations Project].
12	Knight Security Systems, LLC	Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.	\$165,000.00	\$148,714.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agency-Wide Access Control and Other System Related Services Agreement [Pharmacy Intrusion Alarm Monitoring Services].
13	Kronos Incorporated	HRMS Software including Time and Attendance	\$274,940.00	\$300,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of HRMS Software Agreement [time and attendance].
14	M Strategic Partners	Project Management Consultant Services for the 6168 South Loop East Apartment Project.	\$233,450.00	\$227,155.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Annual renewal of Project Management Consultant Services Agreement. [6168 South Loop East Apartment Project].
15	M Strategic Partners	Project Management Consultant Services for the Northeast Community Clinic Project	\$425,951.75	\$333,423.75	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Renewal of Project Management Consultant Services Agreement [Northeast Community Clinic Project].



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6115

Contractor Name*

Aptean, Inc.

Service Provided* (?)

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

Renewal Term Start Date*

10/25/2023

Renewal Term End Date*

10/24/2024

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 |

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* (?)

\$ 391,381.21

Rate(s)/Rate(s) Description

Unit(s) Served*

1130, 1147

G/L Code(s)*

564004, 900021

Current Fiscal Year Purchase Order Number*

FY23 CT142573

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	\$ 316,941.21	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 33,500.00	900060

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

Provide Rate and Rate Descriptions if applicable* (?)

FY 2024 ANNUAL RENEWAL

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 391,381.21

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

391,381.21

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0209

Contractor Name*

Ascend HR Corp

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 200,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1108

G/L Code(s)*

592000

Current Fiscal Year Purchase Order Number*

FY23 PO CT142445


Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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


Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 200,000.00	592000

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

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 200,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
200000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

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

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

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

[Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7611

Contractor Name*

AT&T Corp.

Service Provided* (?)

AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing Schedule

Renewal Term Start Date*

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 <input type="text" value="none"/> |

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* (?)

\$ 152,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY23 CT142454

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	\$ 150,000.00	564004
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7828

Contractor Name*

Cardinal Health Pharmacy Services, LLC

Service Provided* (?)

Remote Order Pharmacy Support Services

Renewal Term Start Date*

3/31/2023

Renewal Term End Date*

3/31/2024

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 checked="" type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <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 checked="" type="checkbox"/> Other <input type="text" value="FY24 Funding Setup Only"/> |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 120,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142404

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 132,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 132,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Please provide the net days*

30 days

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7710

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

Microsoft Office 365 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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 693,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY23 CT142415

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	\$ 770,000.00	574000

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 770,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
770,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7709

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 205,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY23 CT142394

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	\$ 215,000.00	574000

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 215,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
215,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0549

Contractor Name*

Comcast (Master PO)

Service Provided* (?)

Master PO for (4) Comcast Contract IDs:

7696 - Data Circuits for EPIC EHR

6529 - Agency Wide Internet Service; Multiple Sales Orders

7612 - New Data Circuits; Primary & Redundant Circuits at all Agency Clinics

7486 - Network Connectivity for 911 Crisis Diversion Center

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 |

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* (?)

\$ 200,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY23 CT142400

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	\$ 220,000.00	564004
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2024	\$ 220,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cechinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7718

Contractor Name*

DataVox, Inc.

Service Provided* (?)

Lifesize Audio Conferencing and Cloud Subscription (TIPS). TIPS Tag-On Contract# 170306.

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

Contract NTE* (?)

\$ 103,338.54

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142396

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	\$ 110,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 110,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
110,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6825

Contractor Name*

Granite Telecommunications, LLC

Service Provided* (?)

POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills.

Renewal Term Start Date*

9/1/2023

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 none

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 170,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1171

G/L Code(s)*

564000

Current Fiscal Year Purchase Order Number*

FY23 CT142561

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 172,000.00	564000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 172,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
172,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinnwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0234

Contractor Name*

Innovation Network Technologies

Service Provided* (?)

Deepwatch Platform (24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications)

Renewal Term Start Date*

11/1/2023

Renewal Term End Date*

10/31/2024

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* (?)

\$ 124,928.66

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553001, 553002

Current Fiscal Year Purchase Order Number*

FY23 CT142319

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 20,000.00	900011

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 104,928.66	900021

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

Provide Rate and Rate Descriptions if applicable* (?)

FY 2024 ANNUAL RENEWAL

Project WBS (Work Breakdown Structure)* (?)

IT22.1147.03

Fiscal Year* (?)	Amount* (?)
2024	\$ 124,928.66

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2024

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0591

Contractor Name*

J. Tyler Services, Inc.

Service Provided* (?)

Professional Furniture Purchase and Install for NPC Renovations Project.

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

Please provide the HUB status

WBE - Women owned business.

Contract NTE* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

CT142679

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	\$ 267,035.63	900040
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 267,035.63

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0171

Contractor Name*

Knight Security Systems, LLC

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 165,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1817

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY23 PO CT142297

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 148,714.00	553001

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

Provide Rate and Rate Descriptions if applicable* (?)
 per secure plan rates by location, increase for new access controls added

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 148,714.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

Are there any changes to the Submission deadlines for notes or supporting documentation?*
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6685

Contractor Name*

Kronos Incorporated

Service Provided* (?)

HRMS Software including Time and Attendance.

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

Contract NTE* (?)

\$ 274,940.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142371

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 300,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
300,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochunwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0196

Contractor Name*

M Strategic Partners (6168 S. Loop Apt. Project)

Service Provided* (?)

Project Management Consultant Services for the 6168 South Loop East Apartment Project.

Renewal Term Start Date*

8/1/2021

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 200,890.63

Rate(s)/Rate(s) Description

Unit(s) Served*

9261

G/L Code(s)*

556000

Current Fiscal Year Purchase Order Number*

CT141424

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 233,450.00	900040
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Please Explain*

please make sure that it is charged to unit 1126 budget and 900040 GL code

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Shaskyja Behm

Approval Date *

5/23/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0194

Contractor Name*

M Strategic Partners (NE Clinic Project)

Service Provided* (?)

Project Management Consultant Services for the Northeast Community Clinic Project.

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

Renewal Term Start Date*

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

Contract Description / Type

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

\$ 425,951.75

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY23 PO CT142306

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	\$ 333,423.75	900040
Budget Manager *	Secondary Budget Manager *	
Brown, Erica	Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2024	\$ 333,423.75

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

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*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0129

Contractor Name*

Mazzammil Sajjad D/B/A Innovative Solutions IT

Service Provided* (?)

Access to large quantities of Personal Protective Equipment (PPE) Services in a timely manner.

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 Supplies Agreement, Consumer Driven |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2379

G/L Code(s)*

549001

Current Fiscal Year Purchase Order Number*

CT142332

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Kendra D. Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/5/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0189

Contractor Name*

McKesson Corporation

Service Provided* (?)

Pharmacy Wholesaler to obtain drugs for patient prescriptions form The Harris Center Pharmacies.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

6/12/2024

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* (?)

\$ 2,000,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1135

G/L Code(s)*

547001

Current Fiscal Year Purchase Order Number*

CT142477

Contract Requestor*

Angela Babin

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 2,000,000.00	547001

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 8,000,000.00	547001

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,000,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Debbie Chambers Stubby

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0116

Contractor Name*

Metropolitan Landscape Management, Inc.

Service Provided* (?)

Agency-Wide Grounds Keeping 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

Contract NTE* (?)

\$ 238,880.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1899

G/L Code(s)*

569003

Current Fiscal Year Purchase Order Number*

CT142338

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	\$ 238,880.00	569003

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 238,880.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0127

Contractor Name*

PPG Global, LLC

Service Provided* (?)

Personal Protective Equipment (PPE) Supply 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 type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Procured through Federal Emergency Statute-Covid 19 2021 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

2379

G/L Code(s)*

549001

Current Fiscal Year Purchase Order Number*

CT142444

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?*

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra D. Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/5/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6329

Contractor Name*

P-Psychiatric Recruitment

Service Provided* (?)

Master Pool Contract for psychiatric locum tenens and/or ANP/PA coverage.

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* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2200, 6302

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT142482

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 350,000.00	540503

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

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

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

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

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

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

[Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0224

Contractor Name*

P-Recruitment

Service Provided* (?)

Master Contract for HR recruitment, placement and temporary staffing agency wide.

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* (?)

\$ 539,800.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1108

G/L Code(s)*

540500

Current Fiscal Year Purchase Order Number*

Ct142318

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 539,800.00	540500

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

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

NA

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

539800.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

[Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7757

Contractor Name*

Safeway Inc.

Service Provided* (?)

Pharmacy Drug Dispensing 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 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* (?)

\$ 100,436.46

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

547003

Current Fiscal Year Purchase Order Number*

FY23 CT142783

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 75,000.00	547003

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2111	\$ 40,000.00	547003

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Sign

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0360

Contractor Name*

Web-head Technologies, Inc. d/b/a Webhead

Service Provided* (?)

Design and Develop a New Public Website

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* (?)

\$ 218,479.34

Rate(s)/Rate(s) Description

Unit(s) Served*

1147

G/L Code(s)*

900060

Current Fiscal Year Purchase Order Number*

FY23 CT142500

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 180,000.00	900060

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 180,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
180,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5643

Contractor Name*

Labatt Institutional Supply Company DBA Labatt Food Services, LLC

Service Provided* (?)

Food Services for Consumers in the CRU.

Renewal Term Start Date*

7/1/2023

Renewal Term End Date*

6/30/2024

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 <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* (?)

\$ 113,700.00

Rate(s)/Rate(s) Description

Vary

Unit(s) Served*

9210, 9810

G/L Code(s)*

548000

Current Fiscal Year Purchase Order Number*

CT142532

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	\$ 63,672.00	548000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 50,028.00	548000

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 113,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Osman

Contract Owner Approval



Approved by

Amber Pastusick, MD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7871

Contractor Name*

CC Assessment Services, Inc.

Service Provided* (?)

Psychological testing/evaluation for eligible 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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

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

Contract NTE* (?)

\$ 170,810.00

Rate(s)/Rate(s) Description

\$400.00 per evaluation.

Unit(s) Served *

3411

G/L Code(s) *

540503

Current Fiscal Year Purchase Order Number *

CT142468

Contract Requestor *

Margo Childs

Contract Owner *

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3355	\$ 33,900.00	540503
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Kerlegon, Charles	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3411	\$ 118,000.00	540503
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Kerlegon, Charles	

Fiscal Year * (?)	Amount * (?)
2024	\$ 151,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
N/A

Contract Funding Source *
State

Contract Content Changes

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

Yes No

Please Explain *

Change in amount charged to unit 3411. See rate and rate description section.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are 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*

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6835

Contractor Name*

P-IDD Master Pool

Service Provided* (?)

IDD Consumer Services Master Pool

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* (?)

\$ 2,765,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

Multiple

Current Fiscal Year Purchase Order Number*

FY23 PO CT142268

Contract Requestor*

Margo Childs

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 20,000.00	543008

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543014

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3569	\$ 2,540,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3568	\$ 5,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3577	\$ 30,000.00	543010

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

Fiscal Year* (?) 2024	Amount* (?) \$ 2,605,000.00
---------------------------------	---------------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
2,605,000.00

Contract Funding Source*
State

Contract Content Changes

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

Yes No

Please Explain*

See attached file upload.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

FY24 P IDD Master Pool Contracted Services.docx

13.63KB

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 *

6/5/2023

FY24 P-IDD Master Pool Services
Contract ID #6835

Please note: The FY24 Master Pool contract funding has been decreased by **\$160,000.00**. Funding decreases were applied to the following services listed below:

3585-543008 Individualized Socialization Skills (ISS) decreased by \$52,000.00

3585-543005 TxHml Respite decreased by \$5,000.00

3585-543014 TxHml – Transportation decreased by \$3,000.00

3575-543008 Day Habilitation (RO53): \$40,000.00 funding applied to 3569-543005 In Home Respite RO23 for FY24

3646-543063 Crisis Out of Home Respite: \$100,000.00 removed from the master pool and applied to another budget line item for FY24.

FY24 Master Pool Services and NTE Amounts are listed below:

<u>Unit/GL Code</u>	<u>Service Description</u>	<u>NTE Amount</u>
3585-543008	Individualized Socialization Skills (ISS)	\$20,000.00
3585-543005	TxHml Respite	\$5,000.00
3585-543014	TxHml – Transportation	\$5,000.00
3569-543005	IDD In Home Respite RO23	\$2,540,000.00
3568-543005	IDD Out of Home Respite RO22	\$5,000.00
3577-543010	IDD Employment Services (RO41, RO42)	\$30,000.00
	Grand Total	\$2,605,000.00



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7697

Contractor Name*

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

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2023

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 Professional Services

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 208,000.00

Rate(s)/Rate(s) Description

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

Unit(s) Served*

6901

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT141564

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 208,000.00	540503

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Fiscal Year* (?)	Amount* (?)
2024	\$ 208,000.00

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Contract Owner Approval

Approved by

Monalisa Tites

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6648

Contractor Name*

P-CLS Paraprofessional

Service Provided* (?)

Master Pooled Contract for Community Living Supports & Paraprofessional Support Services (YES Waiver 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* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

N/A.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT142321

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 350,000.00	543064

Budget Manager*	Secondary Budget Manager*
Smith, Janai	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 350,000.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Contract Owner Approval

Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6650

Contractor Name*

P-Family Supports, Respite and Paraprofessional

Service Provided* (?)

Master Pooled Contract for Family Supports Services (YES Waiver Program), Respite (In-Home), Out Of Home Respite/ Camp and Out Of Home Respite/DFPS.

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* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT142299

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 100,000.00	543064

Budget Manager*	Secondary Budget Manager*
Smith, Janai	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 100,000.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Contract Owner Approval

Approved by

Tiffany Williams-Bracke

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6515

Contractor Name*

P-Yes Waiver Specialized Therapies

Service Provided* (?)

Master Pooled Contract for Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.

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* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT142300

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 350,000.00	543064
Budget Manager* Smith, Janai		Secondary Budget Manager* Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 350,000.00

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Contract Owner Approval

Approved by

Tiffany Williams-Bricks

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0186

Contractor Name*

The Council on Recovery - OSAR

Service Provided* (?)

The Council will provide engagement, outreach, screening, referral (OSAR), and linkage services to clients of The Harris Center for Mental Health and IDD 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 OSAR Grant Program

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 793,354.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2234

G/L Code(s)*

543061

Current Fiscal Year Purchase Order Number*

FY23 CT142425

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2234	\$ 793,354.00	543061

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 793,354.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/9/2023

EXHIBIT F-5

JULY 2023
AMENDMENTS OVER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$100,000

JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION									
1	Kronos Incorporated	HRMS Software including Time and Attendance	\$274,940.00	\$3,080.00	\$278,020.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Tag-On	Amendment to increase the NTE for UKG's professional services and assistance to resolve issues with an essential Export file for reporting.
2	Medical Practice Consultants, Inc.	Consulting Services for Medical Coding and Training	\$99,500.00	\$40,000.00	\$139,500.00	11/28/2022 - 8/31/2023	Private Pay Source	Request for Quote	Amendment to increase the NTE to provide annual provider medical coding education and auditing for all MD and APRN providers within the Agency.
3	Pivot Point Consulting, A Vaco Company	Consulting & IT Services	\$640,000.00	\$265,000.00	\$905,000.00	9/1/2022 - 8/31/2023	State Grant	Tag-On	Amendment to increase the NTE for Epic form building and Telehealth on-demand as part of the Outpatient Expansion Project. Additionally, for Professional Billing and Cadence optimizations to ensure Agency Staff can have improved process workflows to enhance client experience.
4	VC5 Partners d/b/a Rekruters	Temporary IT Recruitment and Placement Services	\$250,000.00	\$239,000.00	\$489,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	...	Amendment to increase the NTE for temporary IT Recruitment Services. [Epic form builders and Telehealth on-demand features as part of the Outpatient Expansion Project].
CPEP/CRISIS SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
FORENSICS									
LEASES									
MENTAL HEALTH									



Executive Contract Summary

Contract Section

Contractor*

Kronos Incorporated

Contract ID #*

6685

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Ultimate Kronos Group

Agenda Item Submitted For: * (?)

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

\$ 274,940.00

Increase Not to Exceed*

\$ 3,080.00

Revised Total Not to Exceed (NTE)*

\$ 278,020.00

Fiscal Year* (?)

Amount* (?)

2023

\$ 3,080.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The NTE request is to allow UKG professional services to resolve issues with an essential Export file for reporting.

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 - 8/31/2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

THE HARRIS CENTER WFD SMB PSWO CASE.pdf

153.44KB

Vendor/Contractor Contact Person

Name*

Raven Wolff

Address*

Street Address

North Commerce Parkway

Address Line 2

City

Weston

Postal / Zip Code

33326

State / Province / Region

FL

Country

US

Phone Number*

317.558.8630

Email *

onesupport@ukg.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 3,080.00	553003
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Integration Consultant - 12 x \$220.00 = \$2,640.00
 Project Manager - 2 x \$220.00 \$440.00

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.08 - HRIS

Requester Name	Submission Date
Jones, Anthony	6/14/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/15/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochunwala

Approval Date

6/15/2023

Contracts Approval

Approve *

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

Approved by*

Belinda Sudo

Approval Date*

6/16/2023



Executive Contract Summary

Contract Section

Contractor*

Medical Practice Consultants, Inc.

Contract ID #*

2022-0593

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/3/2023

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/28/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 99,500.00

Increase Not to Exceed*

\$ 40,000.00

Revised Total Not to Exceed (NTE)*

\$ 139,500.00

Fiscal Year* (?)

Amount* (?)

2023

\$ 139,500.00

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* (?)

This contract is being increased to provide annual provider coding education and auditing for all MD and APRN providers within the Agency.

Contract Owner*

Eva Honeycutt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/19- 08/31/21

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Medical Practice Consultants.docx

118.23KB

Vendor/Contractor Contact Person



Name*

Medical Practice Consultants, Inc.

Address*

Street Address

1900 Northwest Expressway

Address Line 2

City

Oklahoma City

Postal / Zip Code

73118-1802

State / Province / Region

OK

Country

US

Phone Number*

(405) 848-8558

Email*

renee@mpcinc.biz

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 139,500.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

2,000 per provider (\$100.00 per encounter/DOS), outside of this hourly rate of \$375.00 with a 10% reduction. \$125.00 per hour to pull medical records from EPIC.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Honeycutt, Eva

Submission Date

6/12/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/12/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Eva Honeycutt

Approval Date

6/12/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Executive Contract Summary

Contract Section



Contractor*

Pivot Point

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Pivot Point and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 640,000.00

Increase Not to Exceed*

\$ 265,000.00

Revised Total Not to Exceed (NTE)*

\$ 905,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 905,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The funds will be used for Epic form building, video development, and Telehealth on-demand. These feature builds are part of the Outpatient Expansion Project. In addition, we are adding Professional Billing and Cadence optimizations so that our staff can have improved process workflows to enhance our client experience.

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-FY23
Consulting and EPIC Specialists

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

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

Paul Meyer

Address *

Street Address
5501 Virginia Way
Address Line 2

City
Brentwood

State / Province / Region
TN

Postal / Zip Code
37027

Country
United States

Phone Number*

2817052368

Email *

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
2426	\$ 200,000.00	542000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1147	\$ 65,000.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Up to \$160/hour

Project WBS (Work Breakdown Structure)* (?)

EHR21.1158.02 - EPIC Implementation - \$65,000

Requester Name	Submission Date
Hurst, Richard	6/7/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date
6/7/2023

Approved by

Erica Brown

Approval Date
6/7/2023

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Mustafa Cochinwala

6/8/2023

Contracts Approval

Approve *

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

Approved by *

Approval Date *

Belinda Stude

6/8/2023



Executive Contract Summary

Contract Section

Contractor*

ReKruiters/VC5 Partners

Contract ID #*

7356

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

ReKruiters and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 250,000.00

Increase Not to Exceed*

\$ 239,000.00

Revised Total Not to Exceed (NTE)*

\$ 490,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 489,000.00

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 building, video development, and Telehealth on-demand. These feature builds are part of the Outpatient Expansion Project. In addition, we are adding Professional Billing and Cadence optimizations so that our staff can have improved process workflows to enhance our client experience.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY18 - FY23
Consulting and Employee Backfill

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Gabe Quintanilla

Address *

Street Address

11111 Katy Freeway

Address Line 2

Suite 310

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

United States

Phone Number *

8322434000

Email *

support@rekruters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 26,000.00	542000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 154,000.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1158	\$ 59,000.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

Up to \$155 per hour

Project WBS (Work Breakdown Structure) * (?)

IT21.1158.02 - \$60,000

IT23.1147.02 - \$154,000

Requester Name

Hurst, Richard

Submission Date

6/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/7/2023

Approved by

Erica Brown

Approval Date

6/8/2023

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Mustafa Cochunwala

Approval Date

6/8/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/9/2023

EXHIBIT F-6

JULY 2023
INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSJULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Alief Independent School District	MOU Agreement	New Contract	9/1/2023 - 8/31/2026	State Grant	New MOU between the Harris Center and Alief Independent School District to provide skills training, assessments, and case management services to Consumers.
2	Baylor College of Medicine Department of Family and Community Medicine	Physical Medical Evaluations	Renewal	9/1/2023 - 8/31/2024	General Revenue (GR)	Annual renewal of Physical Medical Evaluations Agreement.
3	Burke Center	Assistance with Psychological Testing/Evaluations	Renewal	9/1/2023 - 8/31/2024	State	Annual renewal of Psychological Testing/Evaluation Agreement for Consumers.
4	City of Houston Northeast Multi Service Center	New Lease	New Lease	6/13/2023 - 8/31/2024	State Grant	New lease between the Harris Center and the Northeast Multi Purpose Center. The new lease secures space within the MSC to host quarterly community engagement meetings on a weekly, monthly and/or quarterly basis for children, adults, and senior citizens [Northeast Youth and Family Wellness Center and Early Childhood Intervention (ECI) programs].
5	Harris County Department of Education	Agency Wide Records Management Services	Renewal	9/1/2023 - 8/31/2024	State	Annual renewal of ILA and funding for Agency Wide Records Management Services [FY24 NTE: 27,484.75].
6	Harris County Hospital District d/b/a Harris Health System	Security Services for NPC	Renewal	9/1/2023 - 8/31/2024	General Revenue (GR)	Annual renewal of Interlocal Agreement and funding for Security Services at NPC [FY24 NTE \$329,100.61].
7	The University of Texas at Austin	New MOU	New MOU	7/1/2023 - 8/31/2024	General Revenue (GR)	New MOU between the Harris Center's and UT Austin to collaborate with on SUDOP, SUD and Mental Health Services.
8	University of Houston-College of Medicine	Physician will provide Primary Care Services to Patients at Agency's Clinic (Southeast, Southwest, Northwest and Northeast).	Renewal	9/1/2023 - 8/31/2024	General Revenue (GR)	Annual renewal of Primary Care Services Agreement that serve Patients at Agency's four main clinics [Southeast, Southwest, Northwest and Northeast][FY24 NTE:\$635,000.00].
9	University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center	Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds	Renewal	9/1/2023 - 8/31/2024	State	Annual Renewal of ILA for Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds [HCPC]. [FY24 \$36,717,873.80]
10	University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center	Outcomes Research and Program Evaluation Services	Renewal	9/1/2023 - 8/31/2024	State Grant	Annual renewal of Outcomes Research and Program Evaluation Services Agreement for the Harris Center's Coordinated Specialty Care ("CSC") Early Onset First Episode Psychosis (HR-133 COVID-19) Program.



Executive Contract Summary

Contract Section ^

Contractor*

Alief Independent School District

Contract ID #*

7616

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/16/2023

Parties* (?)

Alief Independent School District 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 <input style="width: 200px;" type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

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

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

The Harris Center for Mental Health and IDD will provide skills training, assessments, and case management services to clients within the Alief Independent School District.

Jackie Armwood will be the contact personnel for Alief ISD until December 2023, she will inform us of who her replacement will be.

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

Specify Name*

Alief Independent School District

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jackie Armwood

Address*

Street Address

4250 Cook Road

Address Line 2

City

Houston

Postal / Zip Code

77072-1115

State / Province / Region

TX

Country

US

Phone Number*

281-988-3100

Email*

Jackie.Armwood@aliefisd.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 0.00	000000

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

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

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

Requester Name	Submission Date
Bowser, Mohagony	6/15/2023

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

6/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Tiffany Williams-Bricks

Approval Date

6/20/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7521

Contractor Name*

Baylor College of Medicine Department of Family and Community Medicine

Service Provided* (?)

Physical Medical Evaluations.

Renewal Term Start Date*

9/1/2023

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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

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

Unit(s) Served*

9209

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT142509

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 100,000.00	543011
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Oshman

Contract Owner Approval



Approved by

Amber Pastuszek, MD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7542

Contractor Name*

Burke Center

Service Provided* (?)

Assistance with Psychological Testing/Evaluations

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 |

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* (?)

\$ 1,250.00

Rate(s)/Rate(s) Description

\$125 per assessment with a max. of 10

Unit(s) Served*

3355

G/L Code(s)*

543065

Current Fiscal Year Purchase Order Number*

CT142285

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 2,500.00	543065
Budget Manager* Adams-Austin, Mamie		Secondary Budget Manager* Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
N/A

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?*

Yes No

Please Explain*

Change in NTE amount. FY24 NTE amount is \$2,500.00

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are 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 *

6/5/2023



Executive Contract Summary

Contract Section

Contractor*

Northeast Multi Service Center

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Northeast Multi Service Center and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

6/13/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

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

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

For the Northeast Youth and Family Wellness Center and Early Childhood Intervention programs to facilitate and host quarterly community engagement meetings and weekly, monthly and/or quarterly groups for children, adults, and senior citizens.

Activities, meetings, and groups can be held during the operating days/hours of: Monday, Wednesday, and Friday 8am-6pm, Saturday are closed, but available for RSVP.

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 (?)

Northeast Multi Center Map.pdf 368.65KB

Vendor/Contractor Contact Person ▲

Name*

Natalie Stein

Address*

Street Address
9120 Spaulding Street
Address Line 2
City
Houston
Postal / Zip Code
77016

State / Province / Region
TX
Country
US

Phone Number*

832-395-0473

Email*

Natalie.stein@houstontx.gov

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	555000
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	

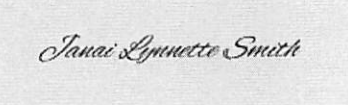
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	555000
Budget Manager	Secondary Budget Manager	
Smith, Janai	Kerlegon, Charles	

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

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

Requester Name	Submission Date
Bowser, Mohagony	6/13/2023

Budget Manager Approval(s) 


Approved by	Approval Date
	6/13/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	6/14/2023

Contracts Approval

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

Approved by*	Approval Date*
	6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5080

Contractor Name*

Harris County Department of Education

Service Provided* (?)

Agency Wide Records Management Services (EVERGREEN)

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 |

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* (?)

\$ 28,227.00

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

571002

Current Fiscal Year Purchase Order Number*

CT142348

Contract Requestor*

Nina Cook

Contract Owner*

Nina Cook

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 2,676.00	571002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 2,125.25	571002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 3,511.25	571002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 16,110.00	571002

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

Fiscal Year* (?) 2024	Amount* (?) \$ 27,484.75
---------------------------------	------------------------------------

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 (?)

HCDE FY 2024 Budget Summary.pdf 244.54KB

HCDE Schedule A Prices FY24 Sept 23 - August 24.doc 72KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nina Cook

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Nina Cook

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5778

Contractor Name*

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

Service Provided* (?)

Security 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

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

\$ 321,683.91

Rate(s)/Rate(s) Description

Unit(s) Served*

9206, 9209,9211

G/L Code(s)*

583001

Current Fiscal Year Purchase Order Number*

CT142368

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	\$ 263,280.49	583001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 46,074.09	583001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 19,746.03	583001

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 329,100.61

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*

6/20/2023



Executive Contract Summary

Contract Section

Contractor*

The University of Texas at Austin

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The University of Texas at Austin 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* (?)

7/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow SUDOP to collaborate with UT Austin for SUD and Mental Health with the Harris Center. UT Austin has provided a Participant Agreement for TXCOPE app services. The SUD clients are acquired from outreach, engagement, referral, and given the opportunity for retention through linkage to treatment for SUD, Mental Health, and Residential Care to Texas residents living with Co-Occurring Disorders. Also it allows SUDOP MAT Integrated Care program to streamline its outreach services through the use of the app for better treatment that is tailored to their level of care.
 Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The University of Texas at Austin

Supporting Documentation Upload (?)

TxCOPE Harris Ctr for MH IDD Participant Agreement Draft.cleaned (3).docx 54.7KB

Vendor/Contractor Contact Person

Name*

FREDERIC J COURTOIS

Address*

Street Address

3001 Lake Austin Blvd

Address Line 2

City

Austin

Postal / Zip Code

78703-4206

State / Province / Region

TX

Country

US

Phone Number*

956-844-6598

Email*

frederic.courtois@austin.utexas.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Macleod, Ann	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

6/26/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

6/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stride

Approval Date*

6/27/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7309

Contractor Name*

University of Houston-College of Medicine

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 635,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2801

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

FY23 CT142760

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 635,000.00	543011

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 635,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5736

Contractor Name*

University of Texas Health Science Center @ Houston - HCPC

Service Provided* (?)

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

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 - _____ |

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* (?)

\$ 36,717,873.80

Rate(s)/Rate(s) Description

Unit(s) Served*

2200, 2221, 0000

G/L Code(s)*

126004, 543002, 543044

Current Fiscal Year Purchase Order Number*

FY23 CT142666, CT142456

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.*
2186	\$ 27,809,291.80	543002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

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

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9300	\$ 983,457.00	543059

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

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

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 36,717,873.80

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0243

Contractor Name*

University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center ("HCPC")

Service Provided* (?)

Contractor shall provide outcomes research and program evaluation Services for The Harris Center's Coordinated Specialty Care ("CSC") Early Onset First Episode Psychosis (HR-133 COVID-19) Program.
19) 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* (?)

\$ 40,087.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

2424

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142644

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. *
2424	\$ 40,087.00	542000
Budget Manager * Shelby, Debbie	Secondary Budget Manager * Hooper Jr., Michael	

Fiscal Year * (?)	Amount * (?)
2024	\$ 40,087.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *
State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers-Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2023

EXHIBIT F-7

Status **Pending** PolicyStat ID **13617731**

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

Owner	Lance Britt: Dir
Area	Assessment, Care & Continuity
Document Type	Agency Policy

ACC19A Clinician Peer Review

Clinician Peer Review Policy

1. **PURPOSE:**

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

2. **POLICY:**

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. **APPLICABILITY/SCOPE**

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

4. **PROCEDURES**

Clinician Peer Review Procedure

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

MED12A Professional Review Committee Policy

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

1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

4. RELATED POLICIES/FORMS:

MED12A Professional Review Committee Policy

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas State Board of Examiners of Professional Counselors. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html>

Texas State Board of Psychologists. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html>

Texas State Board of Social Worker Examiners. <https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html>

Licensed Chemical Dependency Counselor Program. <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

Approval Signatures

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

EXHIBIT F-9

Status **Pending** PolicyStat ID **13923058**

Origination 11/2002

Last Approved N/A

Effective Upon Approval

Last Revised 07/2023

Next Review 1 year after approval

Owner Keena Pace: Exec

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC12A - Suicide/Homicide Prevention

1. PURPOSE

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

2. POLICY

It is the policy of The Harris Center to protect the health, safety and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in and respond to patients' threats of harm to self or others or high risk behaviors.

3. APPLICABILITY/SCOPE

This policy applies in all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

4. PROCEDURES

- A. ~~Suicide Awareness~~
- B. ~~Homicide/Violence Awareness~~
- C. ~~Crisis Assessment and Documentation~~
- D. ~~Training~~

5. RELATED POLICIES/FORMS:

[Incident Reporting](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Policy and Procedure Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Departmental Review	Keena Pace: Exec	07/2023
Initial Assignment	Keena Pace: Exec	07/2023

EXHIBIT F-8

Status **Pending** PolicyStat ID **13574559**

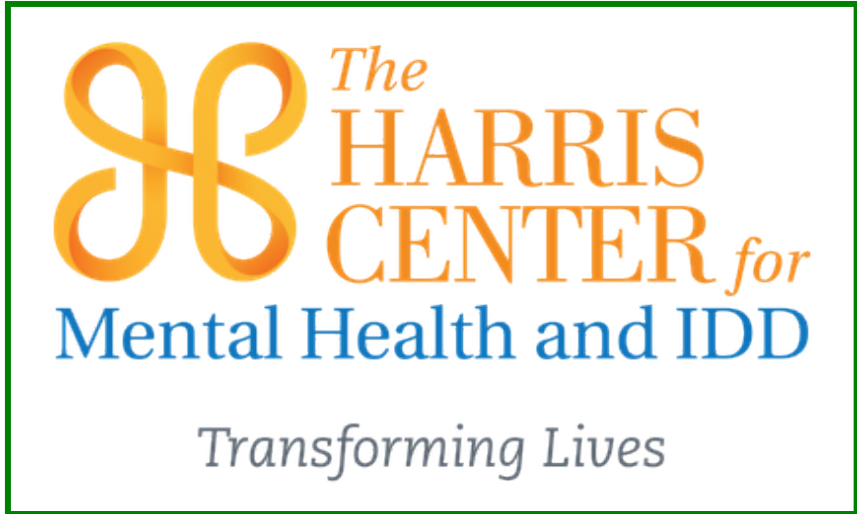


Origination 09/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2023
 Next Review 1 year after approval

Owner Jennifer Evans
 Area Medical Services

MED12B Bylaws Of The Professional Review Committee Of The Harris Center For Mental Health and IDD with signature





Bylaws of the Professional Review Committee of The Harris Center for Mental Health and IDD

Article One

Creation and Purpose of the Professional Review Committee.

1.1 **The Harris Center for Mental Health and IDD**, is a Community Center, an agency of the state, a governmental unit and a health care facility that provides medical or health-care services and follows a formal peer review process for the purpose of furthering quality medical and/or health-care.

1.2 **The Professional Review Committee**, or PRC, is created as a permanent Committee of The Harris Center for Mental Health and IDD, a health care entity which provides health care services within its geographical region. The Committee is formed in order to institute and implement a formal peer review process to further quality medical care or health care to the patients and clients of The Harris Center for Mental Health and IDD Center pursuant to the provisions of Texas Occupations Code §151.001 et. seq., §160.001 et. seq., and the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et. seq.. It is the responsibility of the Professional Review Committee of The Harris Center for Mental Health and IDD Center to perform professional review actions involving the evaluation of medical and health care services, including evaluation of qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners. The term "professional review action" includes, but is not limited to, evaluation of the following:

1. Merits of a complaint relating to health care practitioner and a determination or recommendation regarding a complaint;
2. Accuracy of a diagnosis;
3. Quality of the care provided by health care practitioners;
4. Report made to a Professional Review Committee and its subcommittees and ad hoc committees concerning activities under the Committee's review authority;

5. Report made by a Professional Review Committee, any of its subcommittees or ad hoc committees or to the Board of Trustees as permitted or required by law; and
6. Implementation of the duties of a Professional Review Committee and the PRC subcommittees and ad hoc committees by a member, agent, or employee of the Committee.

1.3 Nature of the Committee.

The Professional Review Committee is established to serve as a "professional review body" as that term is defined in the Texas Medical Practices Act. The Nursing Peer Review Committee as defined in Texas Occupations Code is a sub-Committee of the Professional Review Committee; The Closed Records Review Committee as defined in Title 25 Texas Administrative Code Ch. 405, Subchapter K, is a sub-Committee of the Professional Review Committee. The Pharmacy Peer Review Committee as defined §§564.001-564.006; 564.101-564.106 is a subcommittee of the Professional Review Committee. The Pharmacy & Therapeutics and the Medical Peer Review Committees are "medical peer review committees" as defined by the Texas Occupations Code **§151.002(a)(8)** and are subcommittees of the Professional Review Committee. As a Committee of The Harris Center for Mental Health and IDD Center, a health care entity, all references to the Professional Review Committee include within its scope the governing Board of Trustees of The Harris Center for Mental Health and IDD Center and the medical staff of The Harris Center for Mental Health and IDD Center. The term "Professional Review Committee" also includes an employee or agent of the Committee or of The Harris Center for Mental Health and IDD, including an assistant, investigator, intervener, attorney and any other person or organization that serves the Committee.

Article Two

Meetings

2.1 Time and Place. The PRC shall hold at least quarterly meetings throughout the calendar year. The meetings of the Committee shall take place at The Harris Center for Mental Health and IDD Administration Building located at 9401 Southwest Freeway, Houston, Texas, or such other place as may be designated in writing from time to time by the PRC chair or designee of The Harris Center for Mental Health and IDD.

2.2 Quorum. Fifty percent (50%) of members plus one (1) of the Professional Review Committee shall constitute a quorum for the transaction of business. The quorum requirement for Urgent Case Reviews is waived and the staff identified in Article 4, Section 4.03 are required to attend.

2.3 Action without Meeting. Action may be taken without a meeting if each member of the Committee entitled to participate signs a written consent to the action and such written consents are filed with the Chair of the Professional Review Committee.

2.4 Conference Call Meetings. Meetings of the Committee may also take place by conference call or video conference with attempted notice to all members, and with the conference call or video conference to include all available members of the Committee.

Article Three

Composition or the Committee

3.01 **Powers.** The Committee shall act only as a body, and no individual member of the Committee shall have any power to bind the Committee, absent written resolution of consent of more than a quorum of the Committee granting such authority.

3.02 **Qualification of Members.** Members of the Committee shall hold office as members of the Committee until their respective successors are named, or until the death, resignation as an employee or agent of The Harris Center for Mental Health and IDD or as a member of the Committee, or removal of any Committee member.

3.03 **Membership.** The Professional Review Committee of The Harris Center shall be comprised of the following permanent members: The Chief Medical Officer who will serve as the chair, the Chief Nursing Officer, Chief Operating Officer, Legal Counsel, Chief Administrative Officer, the Division Vice Presidents of Medical Services, VP of Clinical Transformation and Quality, Director of Pharmacy, and the Chief Executive Officer. In addition, the appropriate Program Director, and any other staff members having relevant information and expertise may participate, but may not vote, in Committee meetings. The Medical Services Administrator will provide administrative support and coordinating functions but will not be a voting member of the Committee.

3.04 **Vacancies.** Vacancies on the Committee may be filled by the Chief Executive Officer or Chief Medical Officer or designee of The Harris Center for Mental Health and IDD.

3.05 **Removal of Members.** Any member of the Committee may be removed from the Committee with or without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

3.06 **Custodian of Records.** The custodian of the records and documents of the Committee shall be the Chief Medical Officer, Chair of the PRC, who shall be responsible for secure and confidential safekeeping of all patient records and privilege and confidential records of the Committee.

Article Four

Peer Review Authority of the Professional Review Committee

4.01 The Professional Review Committee (PRC), acting under the written Bylaws approved by the Board of Trustees of The Harris Center for Mental Health and IDD is authorized and directed to evaluate the quality of medical and health care Services and/or the competence of physicians and other health care providers including the evaluation of the performance of those functions specified by §85.204 of the Health and Safety Code. Likewise, the proceedings, actions, records and decisions of the Professional Review Committee are covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq..

4.02 **Duties of the Committee.** The primary duties of the PRC is to implement a formal peer review

process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against the healthcare providers;
 - To prepare reports, evaluating such incidents, claims, or lawsuits;
 - To assist The Harris Center's Legal Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a health care practitioner and/or The Harris Center; and to recommend disposition of a claim or lawsuit including settlement or defense of a lawsuit;
 - To identify broader risk management, quality care and patient safety issues within The Harris Center departments or divisions that may result in claims, or incidents that may involve potential claims, and to serve as liaison with the designated Director of Risk Management, Vice President of Clinical Transformation & Quality and Safety Officers within their respective departments or divisions to initiate corrective action, if necessary;
 - To appoint subcommittees as necessary to carry out the duties of the Committee, and to review subcommittee investigations, peer review activities and final actions;
 - To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against The Harris Center and its health care practitioners;
 - To discuss policy issues arising from incidents, claims, or lawsuits; and/ or
 - To communicate with the Vice President of Enterprise Risk Management and Compliance, Vice President of Clinical Transformation & Quality and Division heads of clinical departments of The Harris Center as needed to inform them of policies or practices within their departments related to incidents, claims, or lawsuits concerning professional liability.

4.03 Urgent Case Review

Urgent Case Review Definition: Cases that have urgency due to the reporting nature of the event

- Potential patient rights violation (suspected patient abuse or neglect)
- Elopement
- Cases requiring urgent review due to legal/risk implications
- Significant concern about patient or staff safety warranting rapid review

Time line: The Professional Review Committee shall review urgent cases within 5 business days from receiving notice of the incident to the Chief Medical Officer. Whenever possible, the Professional Review Committee will attempt to conduct the urgent case review within 24 hours of notification.

Required Attendees:

- **Required:** CMO, CNO, Clinical Leaders
- **Ad-hoc:** Applicable team leaders, Legal Counsel (depending on nature of case being review), VP of Enterprise Risk Management

Recommendations and Action Steps: The Professional Review Committee shall consider the following recommendations or actions steps

- Identify improvement opportunities for follow-up & associated owner
- Identify need for referral to Patient Safety, Peer Review (medical, nursing, or pharmacy), or Case Closure
- Communicate meeting minutes and action steps to appropriate parties within 2 business days of completion of urgent case review (anyone not involved in urgent case review that need to know about urgent case review outcomes)

4.04 Sentinel Events Process

- **Sentinel Events Process**

- A. Within 1 working day of knowledge of incident:

- A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s)
- **Procedures:**
 1. Area Director or designee(s) contacts the appropriate person to notify of the incident.
 2. The appropriate person completes incident report and other forms as needed and notifies the Chief Medical Officer or designee(s).
 3. The Chief Medical Officer determines if the incident, as identified in the report, is considered to be a Sentinel Event.
 4. Once the incident is determined to be a Sentinel Event, Chief Medical Officer designates an investigating officer to gather information surrounding Sentinel Event.
 5. The Investigating Officer presents the findings at Sentinel Event Review, which is conducted by the Professional Review Committee.
 - The Sentinel Review Committee is formed, facilitated by the Chief Medical Officer or designee(s). Examples of Committee members may include: Investigating Officer, Attending Physician, Other Quality Management personnel, Physician external to Center, and other professionals deemed appropriate.
 6. B.Sentinel Event Review:
 - The Investigating Officer presents the review findings as required.
 - The Committee identifies the areas of risk for the Center, determines if an action plan is necessary, and assigns responsibility for the implementation of the action plan, if needed.
 - If the Sentinel Event reports the death of a client, the Center adheres to TAC chapter 405, Subchapter K, by completing and faxing the "Report of the Death of a Person Served," as directed by the Professional Review Committee.
 - The person responsible for implementation of the Action Plan reviews and reports the status of the implementation of the Action Plan to the Professional Review Committee.

Article Five

Sub-Committees and Standing Agenda Items of Professional Review Committee

5.01 The Professional Review Committee has the following standing Sub-Committees:

- a. Medical Peer Review Committee
- b. Nursing Peer Review Committee
- c. Closed Records Review Committee
- d. Pharmacy and Therapeutics Committee
- e. Patient System Quality, Safety Review and Experience Committee
- f. Pharmacy Peer Review Committee

5.02 Appointments may be made, from time to time, as determined by the Chair of the Professional Review Committee for Ad Hoc Sub-Committees. Each Sub-Committee shall operate in accordance with The Harris Center for Mental Health and IDD policies and procedures and applicable state and federal laws and regulations.

5.03 A standing agenda item of every Professional Review Committee meeting is the explanation and signed acknowledgment of confidentiality and privilege of the Committee, in the form of the advisory statement from The Harris Center for Mental Health and IDD Legal counsel as to privilege nature of the Committee.

Article Six

Confidentiality of Records

6.01 Confidential and Privileged Communications-

All proceedings and records of the Committee, and all written or oral communications made to the Committee, shall be confidential and privileged records, exempt from disclosure under the Open Records Act, or in response to a subpoena, or other legal process. The PRC shall direct the assembly and preparation of information, records and documents to assist in the discharge of its responsibilities to preserve the privilege of the PRC proceedings. Waiver of any privilege may only be established if it is executed in writing by the Chair of the PRC. Confidential and privileged information, oral or written communications, records, or proceedings includes, but is not limited to:

- A. Minutes of all Committee and sub-Committee meetings;
- B. Correspondence and memoranda between Committee members, staff, consultants, employees, agents, and servants of the Committee, the Center, its subsidiaries, or its contract providers;
- C. All other documents, records, communications, or memoranda involved in the deliberative process of the Committee;
- D. Any preliminary or final Committee report(s), product(s), or recommendation(s); and
- E. Written or oral communications received from another Professional Review Committee or

professional review sub-Committee.

6.02 Protection from Disclosure.

All records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, in conjunction with its responsibility for conducting of an investigation and the making of specific recommendations for the improvement of patient services and the maintenance of the highest standards of patient care, shall be strictly privileged and confidential and protected from disclosure to the maximum extent provided by both federal and state law. All reports, documents, and minutes of the PRC, PRC subcommittees and PRC ad hoc committees shall be clearly identified as confidential information prepared at the request of the PRC. No members of the Committee, or its Sub-Committees, shall be at liberty to disclose or discuss the content of any record or investigation which comes before the Committee. Violation of such shall be grounds for adverse employment action. It shall be the responsibility of The Harris Center for Mental Health and IDD legal counsel to advise Committee members of the privileged and confidential nature of the records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, at the commencement of each Committee meeting.

Article Seven

7.01 Amendment of Bylaws.

Amendments to these By-laws may be proposed by any member of the PRC. Amendments to these bylaws requires the approval of the Board of Trustees of The Harris Center for Mental Health and IDD.

The Board of Trustees of The Harris Center for Mental Health and IDD on the April 25, 2018.

The AMENDED bylaws are hereby ADOPTED by the Board of Trustees of the Harris Center for Mental Health and IDD on this ____th day of _____ 2022.

The Harris Center for Mental Health and IDD

Board of Trustees

Shaukat Zakaria, Chairman

George Santos, Chair of Quality Board Committee

Attachments

[Bylaws for Professional Review Committee-Amended signature pg.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Initial Legal Review	Shannon Fleming: Counsel	06/2023
Initial Assignment	Jennifer Evans	05/2023

EXHIBIT F-10

Status **Pending** PolicyStat ID **13736954**

Origination	08/2017
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

MED9A Pharmaceutical or Patient Assistance Programs (PAP)

1. PURPOSE

The purpose of this policy is to establish best practices regarding any Patient or Pharmacy Assistance Program (PAP).

2. POLICY

It is the policy of The Harris Center to ensure and support best practices for the management and governance of PAP and that the following policies are to be adhered to:

- Adhere to applicable governing laws, regulation, rules, and manufacturer guidelines for PAP brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the Pharmacy, dispensing to Financially Disadvantaged or Indigent patients and disposition of expired or unused pharmaceuticals.
- PAP products are received at each pharmacy location or at a centralized location to reduce chances of package loss and to streamline package receipt process. Packages distributed to the central location shall be transferred to individual clinics for PAP management. Dispensing consistent with internal pharmacy procedures and in accordance with sponsored program recommendations will be done in all cases. Patient specific PAP oral medications may be shipped by sponsoring PAP programs to the patients' residence, unless deemed inappropriate by prescriber and/or pharmacy team.
- Annually Physicians and Pharmacists will receive a PAP Authorization and Pharmacy Acknowledgment form for review and signature for applicable PAP program. The form reaffirms the professional's participation in PAP and notice of any applicable rules, regulations,

guidelines, or legal change(s).

- All pharmaceuticals are to be disposed of in accordance with internal disposition procedures and/or per manufacturer request as confirmed and documented with individual manufacturer.
- Information gathered or exchanged through PAP is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA) such that access is limited in accordance with 45 CFR Part 160 and Part 164.
- PAP has no requirement of financial remuneration and there is never a charge for PAP medication brand or generic.

3. APPLICABILITY/SCOPE

All Harris Center staff, employees, interns, volunteers, contractors, and programs

4. PROCEDURES:

MED 9B [Pharmaceutical or Patient Assistance Programs \(PAP\)](#)

5. RELATED POLICIES/FORMS:

- Patient Attestation Form – The HARRIS CENTER
- PAP Authorization to Disclose – Medicaid Eligibility Status Form
- Texas HHS Form H1003 – Appointment of an Authorized Representative to Allow Another Person to Act for You
- Authorization to Provide Navigator Support to Complete a Medicaid Application On-Line
~~Authorization to Continue to Provide Pharmacy Services~~
- PAP Notification of Pending Eligibility Status
~~Pharmacy Services PAP Patient Status Form~~
- Zero Income Letter
- Zero Income Letter Modifiable for Special Circumstances
- Distribution of PAP from SW to other Clinic Pharmacies
- Transfer of Medications in or Out of a Pharmacy
- Transfers of Medications in or Out of Pharmacy Form(s)
- Monthly Unit Inspections
- Monthly Unit Inspection Form
- PAP Haldol Injection Protocol
- Pharmacy Records Retention
- PAP Disposition
- PAP Disposition Documentation Log

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

- Texas Food, Drug and Cosmetic Act, Drug Donation Program, [6](#) Health and Safety Code, Chapter 431, [Subchapter M](#)
- Charitable Immunity & Liability, [4](#) Texas Civil Practice and Remedies Code, Chapter 84
- Pharmacy and Pharmacists, [Title-3](#) Texas Occ Code, [Subtitle J, Ch. Chapter](#) 551-556, 559
- Texas State Board of Pharmacy, [Title-22](#) Tex. Admin. Code, Part 15, Ch 281-311
- Donation of Unused Drugs, [Title-25](#) Tex. Admin. Code, Chapter 229, [Subchapter B](#)
- CARF Section 2

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Final Legal Review	Kendra Thomas: Counsel	06/2023
Initial Legal Review	Shannon Fleming: Counsel	06/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2023
Initial Assignment	Jennifer Evans	06/2023

EXHIBIT F-11

Status **Pending** PolicyStat ID **13574524**

Origination	04/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

MED12A - Professional Review Committee

1. PURPOSE:

The purpose of this policy is to operationalize a Professional Review Committee (PRC), as a permanent committee and as an integral component of ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the competence of licensed providers. The PRC will act as the authorizing committee of medical peer review, nursing peer review, closed records review, pharmacy peer review, [Professional Practice Evaluation Committee](#), Pharmaceutical and Therapeutics, sentinel events, [Patient System Quality, Safety and Experience Committee](#) and critical incident review. The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated.

2. POLICY:

It is the policy of the Harris Center to form the PRC to have oversight of the peer review processes of all clinical services. The PRC shall approve all peer review committees. The Closed Records Committee, Medical Peer Review, [Patient Safety Professional Practice Evaluation Committee](#), [System Quality, Safety and Experience Committee](#), Nursing Peer Review, Pharmaceutical & Therapeutics Committee, Pharmacy Peer Review Committee are subcommittees to the Professional Review Committee.

3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff engaged in the delivery of healthcare services to patients. This policy applies to all our consumers, employees, contractors, volunteers and partners who access our services. This policy must be followed in conjunction with professional licensing standards and other Harris Center's policies and operational guidelines governing appropriate workplace conduct

and behavior.

4. PROCEDURES:

- [Professional Review Committee Bylaws](#)

5. RELATED POLICIES/FORMS:

- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- [Patient System Quality, Safety and Experience](#) Committee
- Pharmaceutical & Therapeutics Committee Policy
- Pharmacy Peer Review Committee Policy

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- Texas Health & Safety Code §161.032
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 TAC Chapter 2 17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K
- Texas Pharmacy Peer Review, Texas Occupations Code, Chapter 564

Attachments

[8.png](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	06/2023
Final Legal Review	Kendra Thomas: Counsel	06/2023
Initial Legal Review	Shannon Fleming: Counsel	06/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2023
Initial Assignment	Jennifer Evans	06/2023

EXHIBIT F-12

Status **Pending** PolicyStat ID **13711494**

Origination	N/A	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

FM20A The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

1. PURPOSE:

The purpose of this policy is to provide Board approved dollar limit threshold and requirements for The HARRIS CENTER for the Requisitioning and Purchasing of Goods and / or Services.

2. POLICY:

It is the policy of The Harris Center to promote effective, professional, and consistent procurement for the Harris Center in compliance with The Harris Centers established Board approved dollar limit threshold and requirements.

3. APPLICABILITY/SCOPE:

This Policy applies to all Harris Center employees.

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

FM12A - Purchasing Card Policy

FM19A -The Requisitioning and Purchasing of Goods and/or Services Policy

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

5. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Contracts Management for Local Mental Health Authorities, 25 Tex. Admin. Code, Part 1, Chapter 412, Subchapter B

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

Texas Grant Management Standards (TXGMS)

2 C.F.R. Part 200

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

Rules and Procedures, Subchapter A, General Provisions

Professional Services Procurement Act, Texas Government Code Chapter 2254

Texas Government Code Chapter 2269

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Department Review	Steve Evans: Controller	06/2023
Initial Assignment	Nina Cook: Dir	05/2023

EXHIBIT F-13

Status **Pending** PolicyStat ID **13233624**

Origination	11/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Todd McCorquodale: Dir
Area	Environmental Management
Document Type	Agency Policy

GA7A Vehicle Operations

1. PURPOSE:

To establish requirements and guidelines for employees who operate motor vehicles while performing their job duties.

2. POLICY:

The Harris Center will maintain standards and procedures for the operation of vehicles used for sanctioned business for The Harris Center for Mental Health and IDD ([The Harris Center](#)). To the extent possible, procedures and standards will cover Agency Owned Vehicles (AOVs) and personal vehicles used while conducting business on behalf of The Harris Center.

The Harris Center promotes safety and quality care and employees are encouraged to adopt this spirit by being familiar with all related procedures and be in good standing with all applicable training requirements along with local, state, and federal laws that govern driving activities.

3. APPLICABILITY/SCOPE:

This policy applies to employees of The Harris Center that drive a vehicle to conduct Agency business. The scope of this policy includes the use of personal vehicles and/or Agency owned vehicles while in the scope of sanctioned work.

4. PROCEDURES

- [STD:8.1 Vehicle Operator Training and Certification](#)

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Commission on Accreditation of Rehabilitation Facilities; ~~Texas Transportation Code 521.143 and 521.029~~
- [Texas Transportation Code 521.143 and 521.029](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Initial Assignment	Todd McCorquodale: Dir	06/2023

EXHIBIT F-14

Status **Pending** PolicyStat ID **13660263**

Origination	05/1993
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Maria Richardson: Dir
Area	Medical Services
Document Type	Agency Policy

MED6A - Medication Storage, Preparation, and Administration Areas

1. PURPOSE:

To establish a uniform policy for the storage, security, preparation, and administration areas for medications.

2. POLICY:

It is the policy of The Harris Center for a Pharmacist, or other appropriately trained individuals under the supervision of the Director of Pharmacy (DOP), to ensure that all medications maintained by the Agency are stored safely, securely, and properly following manufacturer/supplier recommendations (e.g. proper sanitation, temperature, light, moisture, ventilation, and segregation conditions) and state laws and rules. The Pharmacy Department will conduct regular inspections of all drug storage areas within the Harris Center Pharmacies and each service site responsible for the containment of drugs.

3. APPLICABILITY/SCOPE:

All Harris Center mental health and IDD service sites, clinics, treatment programs, residential care programs and pharmacies.

4. PROCEDURES:

A. Medication Storage

- ~~The storage of medications at all Harris Center locations shall occur as follows:~~

- All medications shall be properly labeled, e.g., specific directions for use, name and strength of medication, consumer's name, etc.
- Medications shall be stored under lock and key.
- Medications shall be stored separately for each consumer.
- Disinfectants and medications for external use (topical medication) shall be stored separately from internal and injectable medications.
- Storage areas shall be kept clean, well-lit, and free of clutter.
- Drugs requiring special conditions for storage (e.g., refrigeration) to ensure stability shall be stored in a separate compartment or refrigerator that is capable of maintaining the conditions indicated in the storage directions. Medications shall not be stored in refrigerators where blood, urine or food are kept.
- Drugs requiring special conditions for storage (e.g., protect from light) to ensure stability; shall be stored in the appropriate containers and packaging material that can protect the products from light. This might include original packaging, foil or amber colored containers.

B. Access to Medication

1. Congregate medication storage areas shall only be accessible to staff authorized to administer medication or supervise self-administration of medication. A list of the authorized personnel shall be posted in the medication storage/administration area.
2. Stock supplies of medications shall be accessible only to pharmacists and licensed nursing and medical staff. In addition, stock supplies of over-the-counter medications shall also be accessible to certified medication aides and/or trained staff who supervise self-administration of medication.
3. Stock supplies of legend medications shall only be dispensed by a pharmacist.

C. Inspection of Medication Storage Areas

1. Medications shall be inspected monthly to remove expired, deteriorated, and returned medications.
2. On a monthly basis the pharmacy shall inspect all medication storage areas within the Agency to verify proper storage conditions.
3. A record of such inspections shall be maintained by the Pharmacy Department.
4. A plan of corrective action shall be completed by the site supervisor, or designee, for all noted deficiencies. Documentation of completion of the plan to correct cited deficiencies shall be maintained.

D. Medication Disposal

1. All outdated, expired, discontinued, or illegibly labeled medications shall be removed from storage for disposal, and when necessary, replaced.
2. Any medications not delivered to the consumer shall be removed from storage for disposal.

3. ~~Documentation of all medication disposals shall be maintained by the Pharmacist in charge (PIC) of the pharmacy that disposed of that medication.~~
4. ~~All medications removed from storage for disposal shall be sent to the Pharmacist in charge at the Clinic Pharmacies for proper disposition.~~

E. ~~Medication Preparation and Administration Areas~~

1. ~~Medication preparation and administration areas shall have available the following:~~
 - ~~An up-to-date list of authorized prescribers (if more than one prescriber at the site).~~
 - ~~An up-to-date list of personnel authorized to administer medication (if more than one person at the site).~~
 - ~~An up-to-date list of personnel authorized to supervise self-administration of medication (if more than one person at the site).~~
 - ~~Proximity to a sink with running water or topical disinfectant which allows sanitary practices.~~
 - ~~Pharmaceutical reference material available, current within the last two years.~~
 - ~~The telephone number of the regional Poison Control Information Center is posted.~~

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

~~Medical Services~~[Medical Services](#) MED1A

~~Medication Storage, Preparation, and Administration Areas~~[Medication Storage, Preparation, and Administration Areas](#) MED6BA

~~Pharmacy and Unit Medication / Drug Inventory~~[Pharmacy and Unit Medication / Drug Inventory](#) MED11A

[Nursing Unit Inspection Form](#)

6. REFERENCES: ~~RULES/REGULATIONS/STANDARDS:~~[RULES/REGULATIONS/STANDARDS:](#)

- [Pharmacy and Pharmacists, Title 3](#) Texas Occupations Code. ~~Title 3.~~ Subtitle J. ~~Pharmacy and Pharmacists.~~, Chapters 551 and 552.
- [All Classes of Pharmacies, Title 22](#) Texas Administrative Code. ~~Title 22.~~ [Subchapter A](#), Chapter 291. ~~Subchapter A. All Classes of Pharmacies.~~
- [Storage of Drugs, Title 22](#) Texas Administrative Code. ~~Title 22.~~ [Subchapter A](#), Chapter 291.15 ~~Subchapter A. Storage of Drugs~~

- [Prescribing of Psychoactive Medication, Title 25 Texas Administrative Code Chapter 415, Subchapter A. Title 25. Chapter 415. Subchapter A. Prescribing of Psychoactive Medication](#)
- ~~Texas Administrative Code. Title 40. Chapter 2. Health, Safety and Rights.~~ [Title 40 Texas Administrative Code Rule 2.313\(c\) and \(d\)](#)
- National Institute of Standards and Technology Reports (NISTIR) 7656 and 7753
- CARF. Accreditation Standards. Section 2. E. Medication Use
- CDC Storage and Handling Tool Kit

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Final Legal Review	Kendra Thomas: Counsel	06/2023
Initial Legal Review	Shannon Fleming: Counsel	06/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2023
Initial Assignment	Maria Richardson: Dir	05/2023

EXHIBIT F-15

Status **Pending** PolicyStat ID **13811296**



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

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

Professional Practice Evaluation Policy

1. PURPOSE:

To establish a systematic process to evaluate and confirm the current competency of practitioners' performance of privileges and professionalism at The Harris Center for Mental Health and IDD.

2. POLICY:

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. Professional practice evaluation will be the process for ensuring credentialing and performance standards.

Professional Practice Evaluation is conducted monthly during a providers first three (3) months of employment. Focused Professional Practice Evaluation (FPPE) will transition to Ongoing Professional Practice Evaluation (OPPE) after a minimum of three (3) months of FPPE. The reviews are performed by members of the Professional Practice Evaluation Committee. Each service evaluates and recommends their service-specific performance targets and thresholds.

~~It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable~~The Chief Medical Officer or designee also evaluates and recommends service-based OPPE indicators. Focused Professional Practice Evaluation (FPPE) may be triggered through concerning practice trends, events, or incidents identified through FPPE, OPPE, and medical peer review activities. FPPE will be implemented when there are concerns regarding the provision of safe, high quality patient care by a current medical staff member or issues of professionalism. ~~Ongoing Professional Practice Evaluation (OPPE) is conducted monthly during a providers first 3 months of employment, with additional OPPE being conducted as needed until the~~

~~provider falls into the every quarter rotation. The review is performed by the Service Chief or designee. Each service evaluates and recommends their service-specific performance targets and thresholds. The Service Chief or designee also evaluates and recommends service-based OPPE indicators.~~

3. APPLICABILITY/SCOPE:

The policy applies to all licensed or non-licensed providers providing services to clients at the Harris Center.

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

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

TITLE 1	ADMINISTRATION
PART 15	TEXAS HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 353	MEDICAID MANAGED CARE
SUBCHAPTER P	MENTAL HEALTH TARGETED CASE MANAGEMENT AND MENTAL HEALTH REHABILITATION
RULE §353.1413	Staff Member Competency

[Staff Member Competency. 1 Tex. Admin. Code §353.1413](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Final Legal Review	Kendra Thomas: Counsel	07/2023
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2023
Initial Assignment	Jennifer Evans	06/2023

EXHIBIT F-16



August 31, 2023

Mr. Wayne Young, MBA, LPC, FACHE
Chief Executive Officer
The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074

Re: Fiscal Year 2024 Annual Audit Plan

Dear Mr. Young:

I am pleased to submit to you the Fiscal Year 2024 Annual Audit Plan. Previously, I had requested input as to possible areas of audit resource concentration from the Board of Trustees, Executive Staff, and others. This document serves as the primary work plan to carry out core auditing responsibilities in an efficient way established by Internal Audit. The plan was developed partially by utilizing the Enterprise Risk Assessment, which details specific risk profiles from each of the Center's Divisions.

The Fiscal Year 2024 Annual Audit Plan includes primarily reviews of financial controls and also provides for follow-up and special projects.

I hope you find this information useful and informative.

Respectfully submitted,

David W. Fojtik, CPA, MBA, CIA, CFE
Director of Internal Audit

OFFICE OF THE INTERNAL AUDITOR

Fiscal Year 2024 Annual Audit Plan

Internal Audit's annual audit plan uses a risk assessment model based on auditable business entities in the comprehensive agency-wide business risk assessment tool, which mathematically prioritizes the entities in numerical order. The audit plan is enhanced with input from the Center's executive staff and department managers. The plan serves as the primary work plan to carry out the audit responsibilities in an efficient manner, and seek the priorities established by the office of the Internal Auditor at The Harris Center (THC).

Due to the continual request for audit services, the unknown extent of our report findings, and the required testing for the future planned audits, the Audit Plan should be kept fluid, so it can therefore be revised appropriately with approval from the Audit Committee.

Background

The Internal Audit Department is an independent, objective assurance consulting activity that issues its findings and recommendations to the Chief Executive Officer (CEO), THC senior management, the Audit Committee Members as well as to the Board of Directors.

The mission of the Internal Audit Department is to provide independent reports that show analyses, assurances, and recommendations concerning the adequacy and effectiveness of the Center's internal control structure, safeguarding and utilization of Center resources, and management's performance in carrying out assigned responsibilities. The scope of activities carried out by the Internal Audit Department may include:

- * Evaluating and enhancing the Center's accounting policies and procedures that constitute its internal control structure.
- * Assessing compliance with appropriate policies, laws and regulations.
- * Evaluating the accuracy of reported data utilized by departmental and Center management in making operational decisions.
- * Appraising the economy, efficiency, and effectiveness of the Center's organization, programs, functions and activities.
- * Assessing efficiency of operations and developing recommendations for cost savings.
- * Ascertaining that all Center revenue is maximized, safeguarded, and controlled.
- * Ascertaining that all operational data is safeguarded and accurately maintained.
- * Ascertaining how Center assets are accounted for and safeguarded from loss.
- * Investigating allegations of financial fraud, waste and theft through various sources.

Risk Assessment

Risk assessment is the identification and analysis of relevant risk to the achievement of an organization's objectives for the purpose of determining how risks can be managed.

Risk assessment implies an initial determination of operating objectives and systematic identification of those things that could prevent each objective from being fully attained. In other words, it is an analysis of what could go wrong.

Not all risks are equal. Some are more likely than others to occur, and, as such, will have greater impact than others if they occur. So, once risks are identified, their probability of occurrence and economic significance must be assessed.

Finally, having identified and assessed risk, management must decide how to deal with it. In some cases, the decision may be to control it; in others it may be to accept it.

The risk management process is ongoing. Internal and external factors constantly develop and present ongoing hazards to the Center's initial business plans. Change itself is a risk and management must adapt policies and procedures to manage these ever-changing risks to a more comfortable level, or at least, to approximate management's risk appetite. The appropriate response to the identified risk is widely known as the risk response process.

Each unit at the Agency faces its own challenges and each unit must assess how it will manage them to meet its objectives. A good internal control system can mitigate the risks, and Internal Audit can advise how to develop good internal controls.

The Internal Audit Department routinely assesses business risks throughout the Center. We seek input from the executive staff and management, and to discuss risks with the external auditors for wide range of risks and their likelihood or importance to mitigate.

The results of the management assessment are used to prepare a preliminary Audit Plan but Internal Audit takes the additional due diligence to deconstruct each of the submitted auditable business entities, to evaluate if any new risks have emerged.

The risk assessment model includes ten areas of factors that influence control variation. The model provides Internal Audit with an objective analysis for prioritizing auditable entities that are more profoundly affected by changes in the operating environment or are subjected to more uncontrolled levels of business risk. The following key risk criteria factors more heavily considered in the achievement of the Center's strategic objectives:

RISK ASSESSMENT MODEL

Nature of Operations

- 1) Significant Changes
- 2) Pressure Meeting Objectives
- 3) Clearly Defined Objectives
- 4) Strategic Value
- 5) Inherent Risks

Nature of Transactions

- 1) Number of Transactions
- 2) Complexity of Transactions
- 3) Accuracy of Information

Management

- 1) Attention Given by Management
- 2) Monitoring Activities

External Influences

- 1) Compliance With Regulations
- 2) Market Stability

Systems

- 1) Integrity: Reliance on Information Systems
- 2) Relevance: Ability to Satisfy Business Objectives
- 3) Access: Unauthorized Access and Transactions
- 4) Availability: Level of Support
- 5) Complexity: Relative Number of Transactions, Files, and Devices

Dollar Volume/Materiality

- 1) Materiality

Changes in Procedures/Personnel

- 1) Training/Experience
- 2) Adequacy of Staffing Levels
- 3) Segregation of Duties

Results of Prior Audits

- 1) Audit Findings
- 2) Follow-up

Time Since Last Audit

- 1) Time Since Last Audit

Opportunities to Achieve Operating Benefits

- 1) Opportunity Identification
- 2) Risk Assessment
- 3) Management Interest/Request

Center-Wide Updated Enterprise Risk Assessment Tool

The Director of Internal Audit reached out to the leadership team members to evaluate the Center-Wide Updated Enterprise Risk Assessment Tool. This process discussed tying the specific objectives of the Center's Strategic Plan to identified THC business entities. For example, the increased activity in telehealth services is a Strategic Plan Objective which touches the clinical unit, the revenue management and third-party billing aspects, and security issues for the Information Technology Department. Prior to this approach, the risk assessment was more limited to the business risks posed by just one department. The Center-Wide Updated Enterprise Risk Assessment views risk strategically and bases its foundation on creation of Strategic Plan showing the objectives and accomplishments.

Audit Focus Areas

The Business Risk Assessment model is a planning tool to determine the best investment for Internal Audit's time and activities. Departmental processes or activities with higher or moderate risks are prioritized in the Center's Business Risk Assessment Model. The Internal Audit Department's audit plan is structured on the outcome of this model. The objective of the audit plan is to prioritize limited resources of people and budget dollars, based on the model's outcomes, and management's need for vital information.

The audit plan prioritizes audit focus on either agency-wide processes or departments with processes or activities having high or moderate residual risk. As such, the Center's audit function serves as a risk management tool through the development of improved control processes as a result of performance improvement and financial auditing, as well as a control with the performance of the revenue enhancement and compliance audits.

Audit Programs

Audit activities will vary as a result of the differences in the nature of operations, organizational structure, by management style and by the competence of employee capabilities, and by the concepts of operation control. Specific audit programs will be developed from each activity within the next fiscal year ending on August 31, 2023.

Audit programs will be custom-designed in regards to business services, compliance requirements, performance considerations, and any specialized skills or knowledge that is required for each auditable entity worthy of an audit project. All audit programs, work papers and reports are prepared in accordance with appropriate professional standards.

Special Audit Requests, Special Consulting Activities, and Follow-Up Audits

The Internal Audit Department will also provide assistance to management when they request special projects covering pertinent incidents found in their area of responsibility. These special projects are performed in addition to the normally scheduled audit work.

Internal Audit performs follow-up audits as needed to adequately address auditable issues that may arise usually due to a change in regulations, or on new risks, or in some cases because the auditable entity is a project in development that evolves over time and therefore introduces new risks.

SUMMARY OF FY2024 RISK ASSESSMENT WORKSHEET

Internal Audit maintains a population of auditable entities that change in terms of their risk profile as business conditions change at the Center. The Risk Assessment Worksheet shows the auditors auditable entities and follows a path of risk ratings for those entities, which can be a change in staffing, new computer system, or the time since the last audit.

Internal Audit's risk assessment worksheet is compatible to past worksheets. The process allows the auditor to assign a "9" to a high risk to assigning a "1" to a low risk, and when the scores are summarized, the entities with the highest overall risk ratings appear along the top of the worksheet. The business entity's total risk points are 243 points, so the ratio of 181 points/243 points = 74.49% represents a high-risk process (as shown below).

We found that many of the Center's complex units operate with more risks situated at the top of the Risk Assessment Worksheet. In order to keep our population of audit projects more robust, Internal Audit seeks to provide readers with a mix of operational, financial and compliance audits by including Agency Contracts with Service Agencies (91 points). The Audit Plan contains both high risk and low risk entities to add diversity and coverage of agency-wide issues. Additionally, we engage with process owners to identify any other higher risk processes that they would recommend for an internal process controls review.

Here are projects in the Risk Assessment Worksheet for the Fiscal Year 2024 Audit Plan sorted from a high to a lower number of Total Points and percentage of maximum score, which totals an overall 243 points possible in the current assessment model.

<i>Audit Projects</i>	<i>Total Points</i>	<i>Percentage</i>
Bank/Treasury/Investment Controls	152	62.5%
New Vendor Setups/Vendor Changes/Chase App.	129	53.1%
Third-Party Billings and Refunds	128	52.6%
Security Services	102	41.9%
Accounts Receivable and Fee Collections	176	72.4%
Bank Reconciliations	150	61.7%
Review of Checks/EFT/ACH Signature Levels	102	41.9%
Audit Follow Up/Special Audit Requests	Various	Various
Consulting Activities	Various	Various
Provide Assistance to External Auditors	60	24.7%

Internal Audit has discussed business unit changes with senior management in order to identify all changes in personnel, changes in system or workflows, or the possibility of potential losses due to a workflow with faltering business controls, or if administrative staff performance becomes ineffective due to the lack of solid policy and procedures.

FISCAL YEAR 2024 AUDITS

Approval is requested for the below listed project areas to be audited in Fiscal Year 2024. At any time starting any special request/project may warrant adjustments in the schedule. The list below does not represent any particular order because the sequence of the audits will depend upon the availability of the Center's schedules for internal or external staffs.

- 1) **Review of Check/EFT/ACH Signature Levels (120 Hours Scheduled)**
- 2) **Bank/Treasury/Investment Controls (120 Hours Scheduled)**
- 3) **New Vendor Setups/Vendor Changes/Chase App. (40 Hours Scheduled)**
- 4) **3rd Party Billings and Refunds (150 Hours Scheduled)**
- 5) **Security Services (120 Hours Scheduled)**
- 6) **Accounts Receivable and Fee Collections (150 Hours Scheduled)**
- 7) **Bank Reconciliations (80 Hours Scheduled)**

Plus:

- 8) **Audit Follow Up/Special Audit Requests – (500 hours Scheduled)**
- 9) **Consulting Activities – (80 hours Scheduled)**
- 10) **Provide Assistance to External Auditors – (80 hours Scheduled)**

Total Direct Audit Hours

1,440 Hours

Indirect Hours (PTO, Training, Scheduling, Administration.)

500 Hours

There are 1,440 audit hours scheduled for Fiscal Year 2024, with emphasis on Financial Services. As strategic objectives and risk of new business entities increase, Internal Audit will continue to provide value by co-sourcing arrangements with external auditors and other experts who can enable Internal Audit to assess threats, prepare and execute audit plans, and acquire innovative skills through knowledge transfer. We remain a learning organization.

The Fiscal Year 2024 Annual Audit Plan consists of a variety of auditable entities. In practice, Internal Audit works on two or three audit projects concurrently because the fieldwork on any one audit project can be lengthy but not productive enough to satisfy the auditor's requirements. Sometimes the auditor asks for several meetings with the business process owner (which take time to schedule), and other auditees may be contacted to gain more of their specialized insight.

The Internal Audit Department audit projects can be charted for general planning purposes to show our commitment to audits identified by the Enterprise-Wide Risk Assessment Model and those that were shared with members of the Board of Directors, and the senior staff of THC. These proposed projects are subject to the Board of Trustees' review and approval. In addition, we will expect at least one or more Special Audit Request to be called during the year, and we will assist the external auditors as they review the agency's variety of business operations in preparing the Harris Center's *Comprehensive Annual Financial Report*.

EXHIBIT F-17

**Personnel Background Investigation Service
Request for Proposal Procurement Process
Project # FY23-0301**

Presented by: Vanessa McKeown, CPA
July 18, 2023



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	30 %
Understanding	15 %
Financial Condition	10 %
Company Description	10 %
References	10 %
Past Performance	15 %
Cost	10 %
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E	Vendor F
Evaluator 1	96	88	81	88	87	76
Evaluator 2	87	65	52	61	50	37
Evaluator 3	65	98	85	72	60	62
Evaluator 4	95	65	74	53	42	58
Average Evaluation Score	85.75	79	73	68.5	59.75	58.25

The total possible score is 100 points.

RFP – Pricing

Contract Period	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E	Vendor F
	Pricing Proposal	Pricing Proposal	Pricing Proposal	Pricing Proposal	Pricing Proposal	Pricing Proposal
09/01/23- 08/31/24	\$ 49.95	\$ 80.97	\$ 102	\$ 89	\$ 70.8	\$ 177.6
09/01/24 - 08/31/25	\$ 52.5	\$ 79.97	\$ 102	\$ 89	\$ 70.8	\$ 182.928
09/01/25 - 08/31/26	\$ 54	\$ 78.97	\$ 102	\$ 95	\$ 70.8	\$ 188.41584
09/01/26 - 08/31/27	\$ 57	\$ 78.97	\$ 102	\$ 95	\$ 70.8	\$ 194.0683152
09/01/27 - 08/31/28	\$ 60	\$ 77.97	\$ 102	\$ 99	\$ 70.8	\$ 199.8903647

Please note that each contract period listed above includes bundle pricing for the following services:

- Employment Verification
- Criminal Charges/Sex Offenders for Texas/Out of State
- Professional License/Certifications
- Registry Clearance
- Sanctions Screening (NHDB) including Federal and State OIG LEIE
- Education Verification
- Motor Vehicle for Texas/ Out of State

Award Recommendation



Award Recommendation

REQUEST FOR PROPOSAL

Informal Procurement Process -Project #FY23-0301
Personnel Background Investigation Services

A Proposal Opening for Personnel Background Investigation Services was held on Tuesday, April 25, 2023.

Four hundred eighty (480) vendors were contacted, and advertisements were placed with, The Houston Defender, Houston Business Journal, The Houston Chronicle, La Informacion Publishing, The Harris Center's website, the State of Texas ESBD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Six (6) proposals were received. Six (6) deemed responsive and evaluated by the project team. The vendors who submitted responsive proposals are Carco Group, Inc. DBA PreCheck., Accurate Investigation Services, TruView BSI, LLC, DSI Medical Services, Hruckus L.L.C., and Wolfe Inc.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Sharon Brauner, Purchasing Manager, Ninfa Escobar, Director, Talent Acquisition & Organizational Development, Carrie Rys, Chief Administrative Officer, Danyette Hemanes, Human Resources Onboarding Supervisor, and Joseph Gorczyca, Vice President of Human Resources.

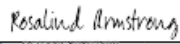
Seven (7) areas were evaluated: Overall Program Concept, Understanding, Financial Condition, Company Description, References, Past performance, and Cost.

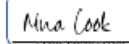
Based on the project team's evaluation of responses received, it is recommended to award Carco Group, Inc. DBA PreCheck.

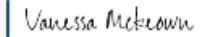
The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$72,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$360,000.00, funded annually. The Funding Source is 1108- 543025.

- FY24 NTE- \$72,000
- FY25 NTE- \$72,000
- FY26 NTE- \$72,000
- FY27 NTE- \$72,000
- FY28 NTE- \$72,000

DocuSigned by:

 Rosalind Armstrong, BSBA
 Buyer II

DocuSigned by:

 Nina Cook, MBA, CTCM, CTCD
 Director of Purchasing

DocuSigned by:

 Vanessa McKeown, CPA
 Chief Financial Officer

Thank you.

EXHIBIT F-18

Agency Wide Multifunction Devices

Presented by: Vanessa McKeown, CPA
July 18, 2023



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Understanding	20%
History and Description of Firm	15%
References	25%
Cost	15%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	77	80
Evaluator 2	59	67
Evaluator 3	59	67
Evaluator 4	77	92
Evaluator 5	80	79
Evaluator 6	89	92
Evaluator 7	77	80
Average Evaluation Score	74	79.57

The total possible score is 100 points. The next slide will be the evaluation scores after the demos.

Request for Proposal – Demo Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	81	84
Evaluator 2	67	78
Evaluator 3	X	X
Evaluator 4	77	74
Evaluator 5	88	97
Evaluator 6	X	X
Evaluator 7	97	80
Average Evaluation Score	82.00	82.60

Evaluator 3 and 6 missed a demo each and were excluded from the 2nd round of evaluations.

RFP – Pricing

	Vendor A	Vendor B
Pricing Proposal*	\$1,280,538.60	\$1,104,665.40

*Price is the 5 year contract price for 70ppm machines.

Award Recommendation



Award Recommendation REQUEST FOR PROPOSAL (RFP) AGENCY WIDE MULTIFUNCTION DEVICES

A Proposal Opening for Agency Wide Multifunction Devices was held on Tuesday, April 25, 2023.

Twenty-seven (27) vendors were contacted and advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESBID website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. Two (2) proposals were received. Both proposals were deemed responsive and evaluated by the project team. The vendors who submitted a responsive proposal are Dahill dba Xerox and ImageNet Consulting.

The Project Team consisted of the following members: Frances Otto, Buyer II, Mustafa Cochinwala, Chief Information Officer, Rick Hurst, Director of IT Infrastructure, Daniel Bernal, Desktop Services Manager, Abel Mauricio, IT Computer Systems Analyst, Stacy Vincent, Executive Assistant to CIO, Shawnti Boswell, IT Budget Analyst and Christopher Feller, Pharmacist.

Five (5) areas were evaluated: Overall Program, Understanding, History and Description of Firm, References and Cost.

Demos were requested of both vendors and held in May 2023.

Based on the project team's evaluation of responses received, it is recommended to award Dahill dba Xerox. This recommendation is based on the team's belief that Dahill dba Xerox is the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The first contract year will begin upon award of contract and end on August 31, 2024, subject to budget approval.

The initial fiscal year budget requested is \$220,933.08, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$1,104,665.40 funded annually. The Funding Source is Computer Maintenance User Fee (1130). As it is being done now, each month the costs will be allocated out to each responsible unit based on device and volume.

FY24 NTE- \$220,933.08

FY25 NTE- \$220,933.08

FY26 NTE- \$220,933.08

FY27 NTE- \$220,933.08

FY28 NTE- \$220,933.08

DocuSigned by:

Frances Otto

Frances Otto, CTCD
Buyer II

DocuSigned by:

Nina Cook

Nina Cook, MBA, CTCD, CTCM
Director of Purchasing

DocuSigned by:

Vanessa McKeown

Vanessa McKeown, CPA
Chief Financial Officer

Thank you.

EXHIBIT F-19



HR Update

Joe Gorczyca, VP-HR

July 2023

Agenda

HR Priorities

Talent Acquisition & Retention

Employee Engagement

Understanding our Workforce

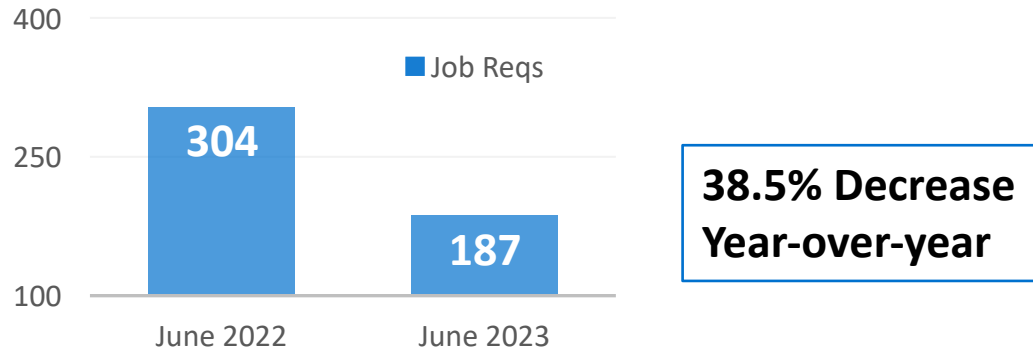
Future Focus



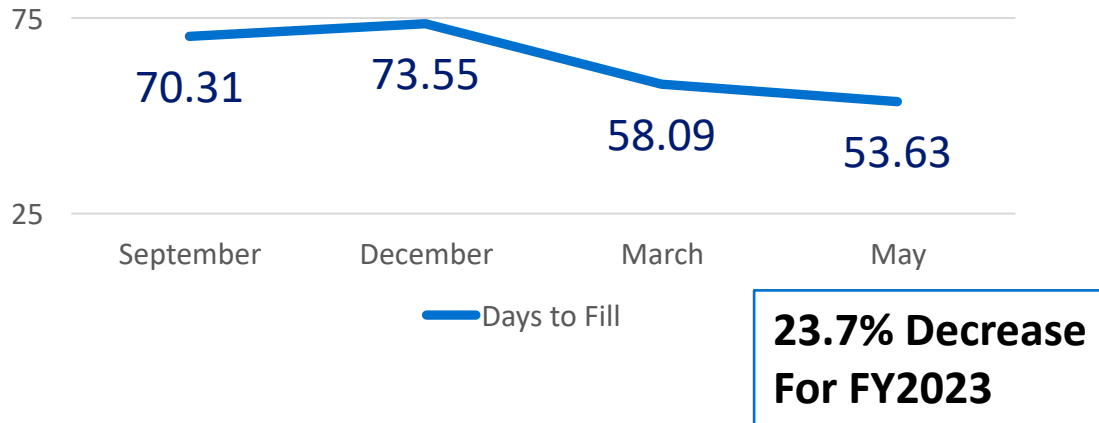
Staffing

Updates on Acquiring Talent

Progress | Decreased Job Requisitions



Progress | Decreasing Time to Fill



Focusing on Academic Partnerships

We currently have 64 academic partnerships w University & Colleges

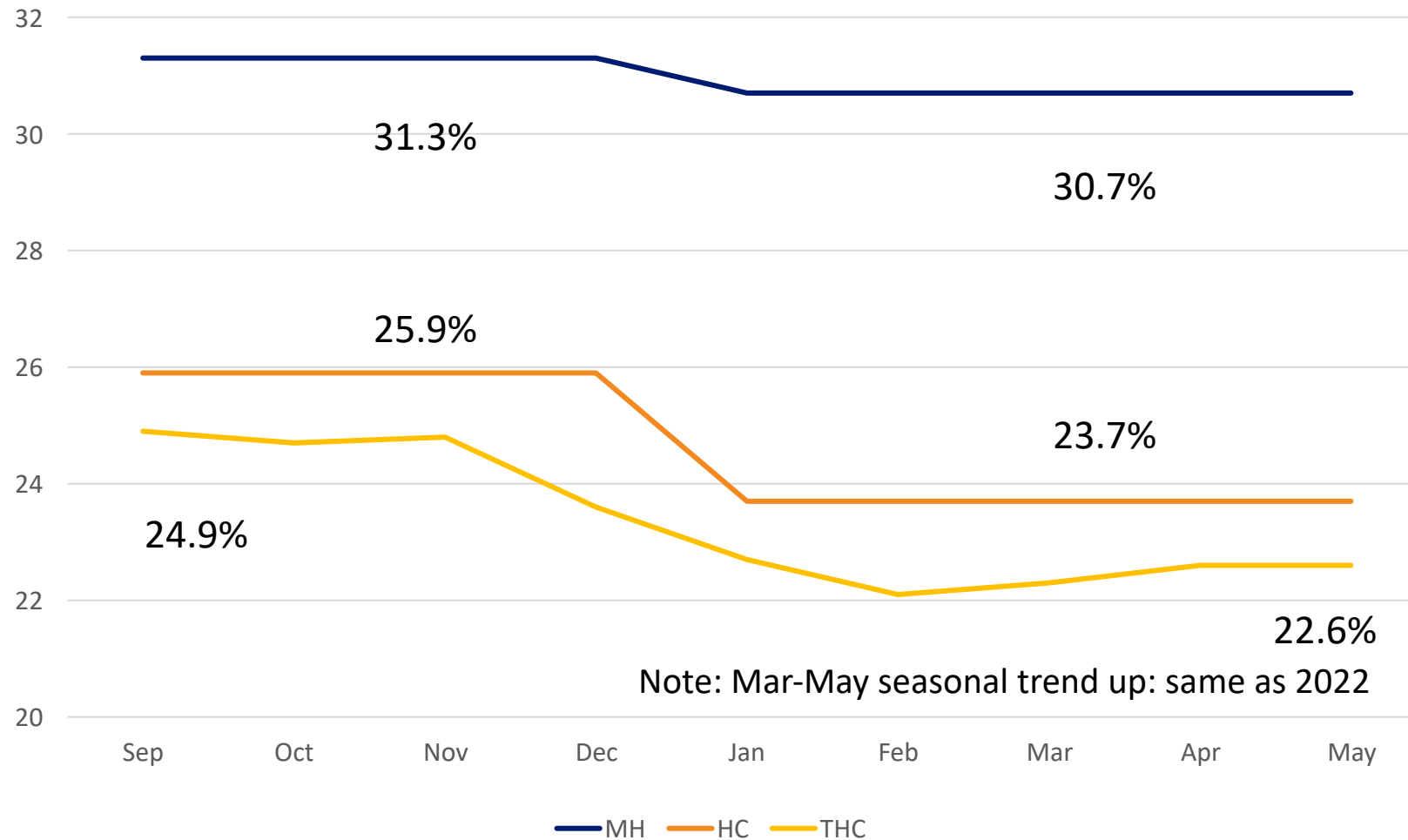
This ensures that we can use these partnerships to try and find talent sooner!

Employee Referral Bonus Program

Great talent brings us more great talent!

Up to \$1000 referral bonus for referring someone that joins the Harris Center!
Note: Applies to High Priority Critical Positions

Talent Acquisition: FY 23 Turnover Rate



National Mental Health

Down 0.6 ppt

National Healthcare

Down 2.2 ppt

The Harris Center

Down 2.3 ppt

Top Reasons for Turnover: THC

- Career Opportunities / \$
- Personal reasons / Medical
- Involuntary terminations
- Working conditions

Sources: NSI National Healthcare and RN Staffing Report
 Open Minds National Turnover Report

Searching for Harris Center Heroes!

Out and About in Harris County!

**CHW/PROMOTOR(A)
SYMPOSIUM & JOB FAIR**



Event Details

Date: July 15, 2023, Saturday
Time: 9:00am - 2:00pm
Location: Southwest Multi-Service Center
 6400 High Star Drive
 Houston, TX 77074

Special Focus: Minority Mental Health Workers
 African American Hispanic Asian

HCC 2023-2024 CAREER FAIR SCHEDULE



<p>2023</p> <p>SEPTEMBER 14 HCC Education & Teacher Career Fair 10 a.m. - 2 p.m. • HCC Eastside Campus</p> <p>SEPTEMBER 20 Hello, Fall! - HCC All Majors Career Fair 10 a.m. - 1 p.m. • HCC Central Campus</p> <p>SEPTEMBER 21 Columbia 10 a.m. - 1 p.m. • HCC Central Campus</p> <p>SEPTEMBER 28 Hello, Fall! - HCC All Majors Career Fair 10 a.m. - 1 p.m. • HCC Central Campus</p> <p>SEPTEMBER 30</p>	<p>NOVEMBER 2 Just for the Health of It! HCC Coleman College for Health Sciences Career Fair 10 a.m. - 1 p.m. • HCC Coleman - Tower</p> <p>NOVEMBER 7 Build Your Future - Architectural Construction and Drafting Hiring Fair (Construction Technology, Drafting, HVAC, Electrical) 10 a.m. - 1 p.m. • HCC Central Campus</p> <p>NOVEMBER 10 10 a.m. - 1 p.m. • HCC Central Campus (Electrical) Construction and Drafting Hiring Fair</p>	<p>MARCH 6 HCC First Responders Career Fair 10 a.m. - 1 p.m. • HCC Northeast Campus</p> <p>MARCH 7 HCC & UT Tyler Houston - Engineering Internship & Career Fair • 1 - 4 p.m. West Houston Institute</p> <p>MARCH 19 You are IT! - HCC Business & IT Career Fair • 10 a.m. - 1 p.m. • HCC Central Campus</p> <p>MARCH 30 West Houston Institute Internship & Career Fair • 1 - 4 p.m. • HCC & UT Tyler Houston - Engineering Internship & Career Fair</p>
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Sponsored by: University of Texas School of Public Health

Agenda

HR Priorities

Talent Acquisition & Retention

Employee Engagement

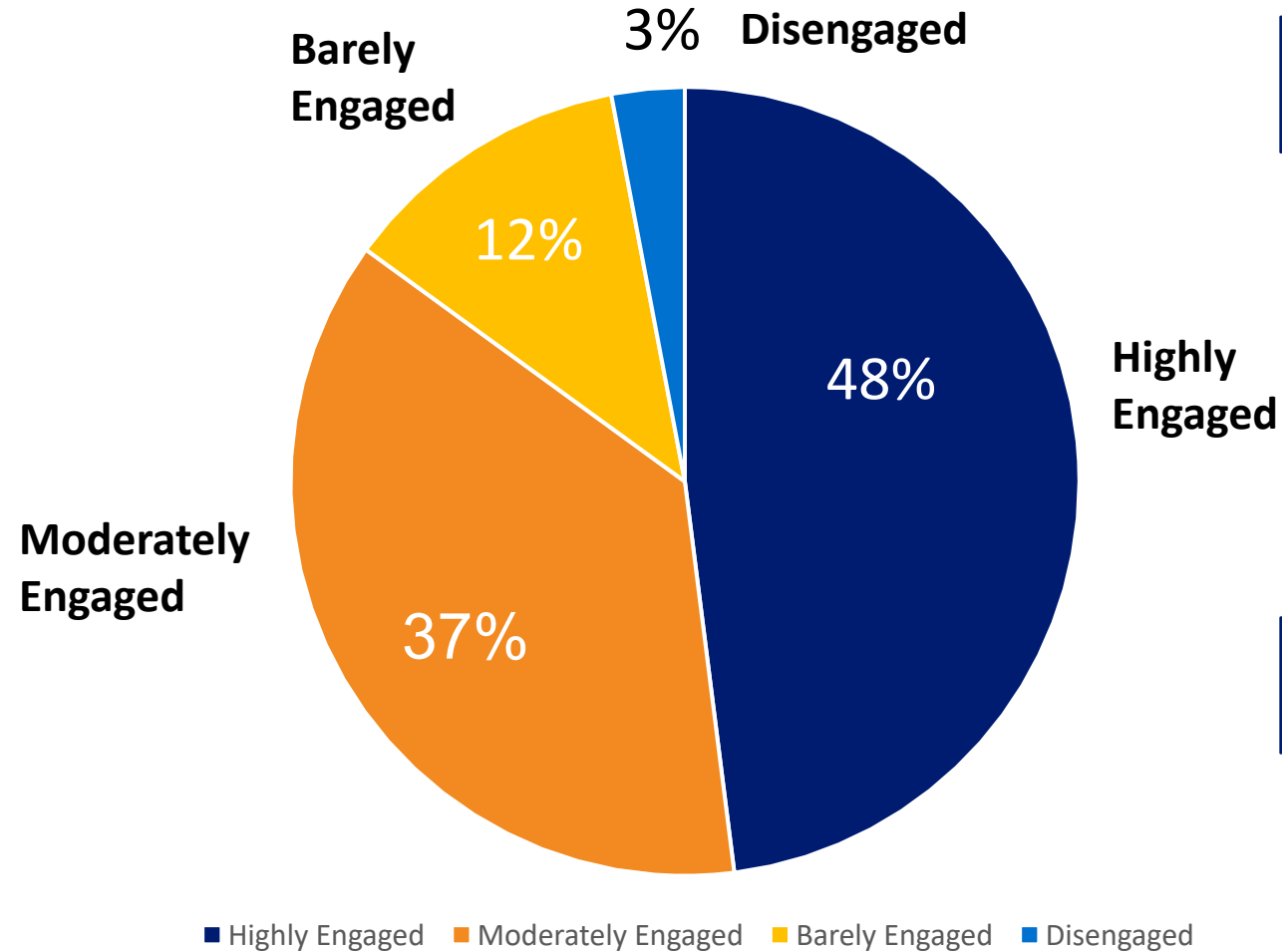
Understanding our Workforce

Future Focus



Employee Engagement

Houston Business Journal
Best Places to Work in
Houston FY2022



**85% Favorable - 2022
Employee Engagement**

**Best Places to Work
New Survey – Aug 2023**

Employee Engagement Survey 2023

Areas of Strength

Category / Item	Favorable %
Engagement Outcomes * I find my work engaging	82%
Manager Effectiveness * My immediate manager helps me be successful in my job	75%
Team Dynamics * The people I work with treat each other with respect	73%
Diversity, Equity, Inclusion & Belonging <ul style="list-style-type: none">• People of all different backgrounds, characteristics & beliefs are welcome• Workforce diversity is valued at our organization	86% 75%

Employee Engagement Survey 2023

Areas of Opportunity

Category / Item	Favorable %
Individual Needs * If I contribute to the organization's success, I know I will be recognized	50%
Individual Needs * I am paid fairly	50%
Career Growth & Development * I see professional growth and career development opportunities	53%
Communication & Resources * When the organization makes changes, I understand why	51%

Note:
 2018 Survey
 Favorable %
 Pay = 42%

Employee Engagement Focus Groups

Employee Focus Groups: 30 sessions during April – May 2023

Across all areas of the agency: **180 employees**

Conducted by HR Business Partners

Discussion on 3 items: 'Areas for improvement' based on survey results

“I feel supported by my organization at this time”

“Our culture supports my health and well-being”

“If I contribute to the organization’s success, I know I will be recognized”

Focus Groups

**Themes
Action Items**

**Action
Plans**

Employee Compensation Journey

FY2019

FY2020

FY2021

FY2022

FY2023

✓ **Phase I**
Market Increase

✓ **Performance Award**

✓ **Merit Increase**

✓ **Performance Award**

✓ **Phase II**
Market Increase

✓ **Performance Award**

✓ **Phase III**
Market Increase

✓ **Merit Increase**

✓ **Performance Award**

✓ **Ongoing Review**
Market Increase

✓ **Performance Award**

\$8.5 Million

\$2.8 Million

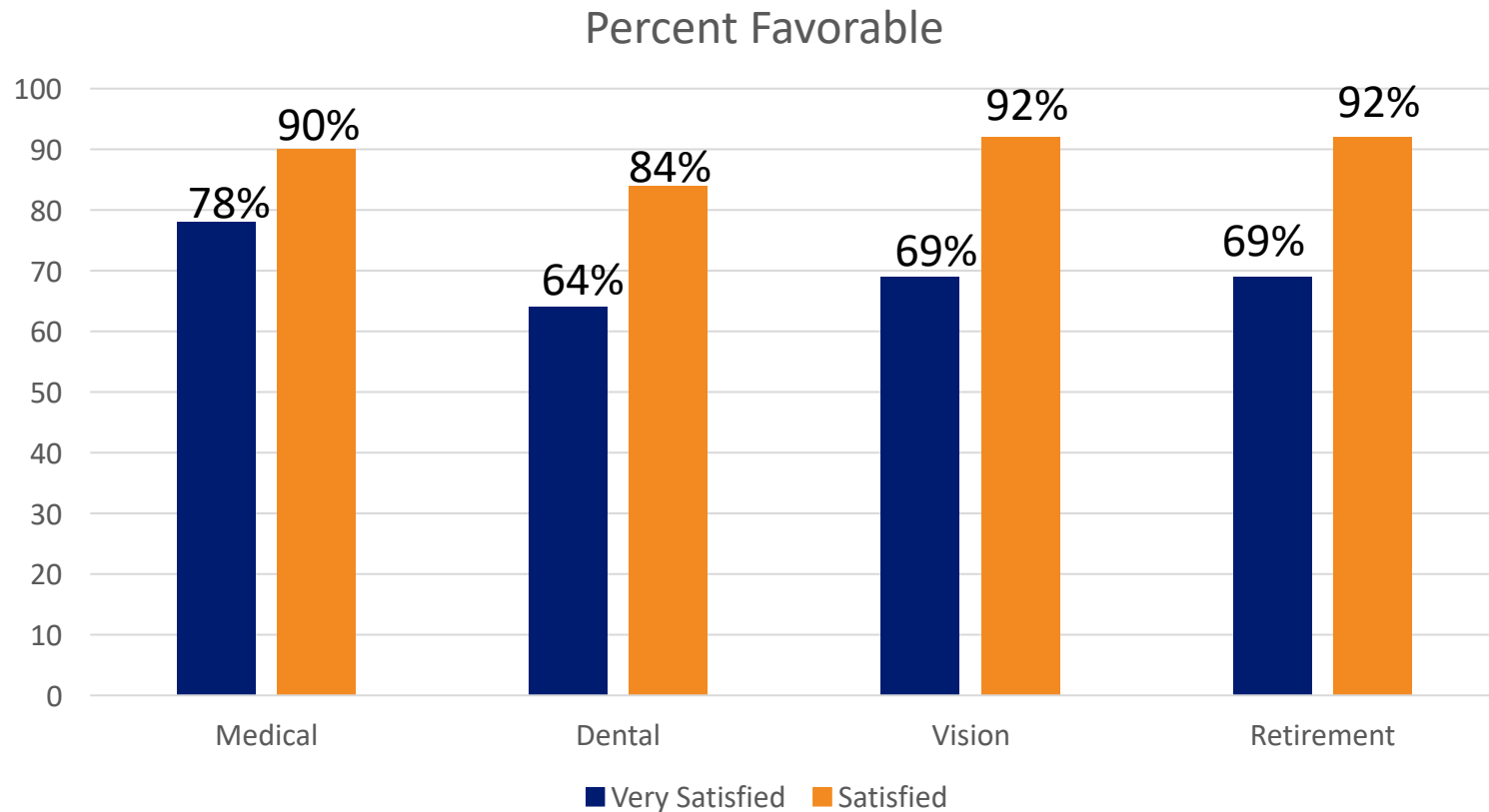
\$7.8 Million

\$15.1 Million

\$3.8 Million

Employee Benefits Survey Results 2023

“I would recommend The Harris Center as an employer” **81%** favorable



Strong ratings overall

Medical – very strong

Retirement – strong

Vision – strong

Dental – good but opportunity to improve

Agenda

HR Priorities

Talent Acquisition & Retention

Employee Engagement

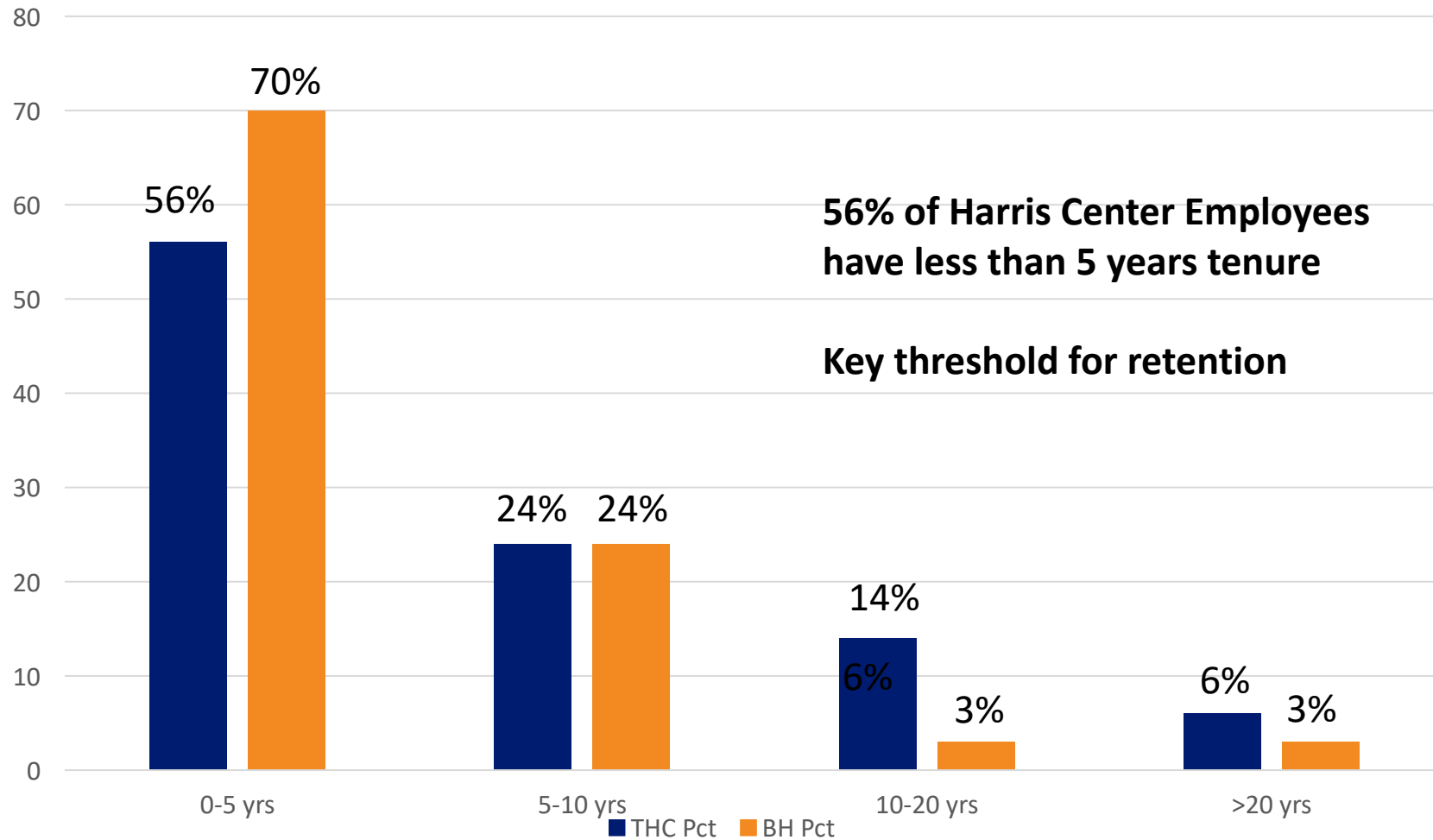
Understanding our Workforce

Future Focus



Employee Tenure

The Harris Center vs. Behavioral Health overall



Source: SHRM Labor Statistics

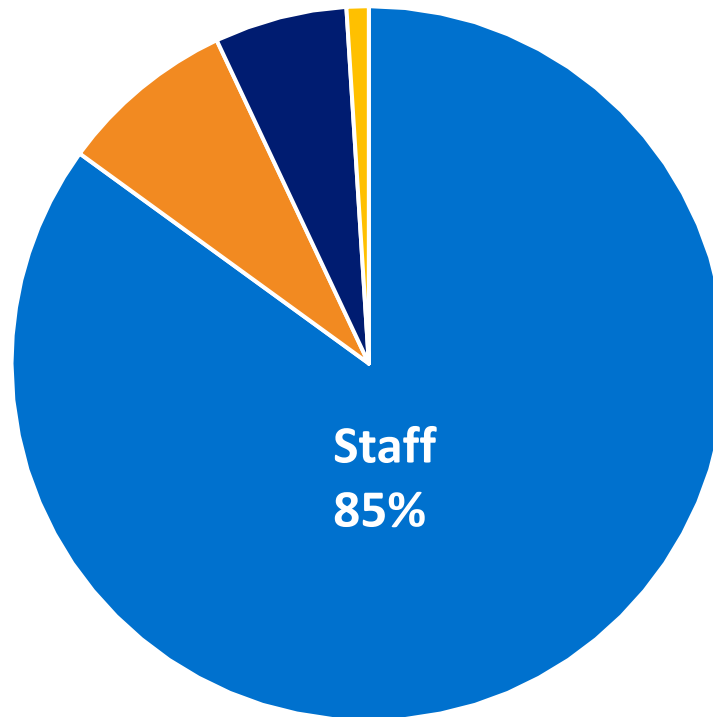
Employee Positions

**Overall Administrative:
Good span of control
(Staff / Administrative)**

**National Mental Health
50th %tile = 5 – 7 span**

**The Harris Center
Average = 5.7 span**

Position Type



■ Staff ■ Lead/Supv ■ Dir/Mgr ■ VP/Chief

Position Type	Percent
Staff	85%
Lead/Supv	8%
Director/Mgr	6%
Chief/VP	1%

Agenda

HR Priorities

Talent Acquisition & Retention

Employee Engagement

Understanding our Workforce

Future Focus



Key Message to Our Employees

We are listening to you and taking action

Listen



Actions



Results



EXHIBIT F-20

NORTHEAST COMMUNITY CLINIC

JUNE BOARD MEETING

06.27.2023






1

FEEDBACK RECAP

EXPANDING FUTURE DEVELOPMENT

KEY

- 1. Entry Plaza
- 2. Courtyard
- 3. Playground
- 4. Staff Garden
- 5. Outdoor Dining
- 6. Naturalized Area
- 7. Denention Pond
- 8. Entry Signage
- 9. Meadow Walk
- 10. Parking (133)
- 11. Staff Parking (59)
- 12. Drive-through
- 13. Drop-off
- 14. Future Development
- 15. Bus Stop

-  Patient Entrance
-  Staff Entrance
-  Easement



PHYSICIAN PROXIMITY



SQUARE FOOT REDUCTIONS

PREVIOUSLY PRESENTED

SPACE REQUIREMENTS SUMMARY				
		Proposed		Expansion
Programed Spaces		Total (SF)		Area (SF)
ADULT MENTAL HEALTH Spatial Needs			11444	12588
INTEGRATED CARE Spatial Needs			1400	1540
NURSING Spatial Needs			3881	4269
BUSINESS OFFICE Spatial Needs			1764	1940
CHILD & ADOLESCENT SERVICES Spatial Needs			4808	5288
COMMUNITY CENTER Spatial Needs			12040	13244
PHARMACY Spatial Needs			2542	2797
SHARED Spatial Needs			4665	5131
	Total Net		42543	46798
BUILDING SUPPORT			6381	7020
	Total Gross		48925	53817

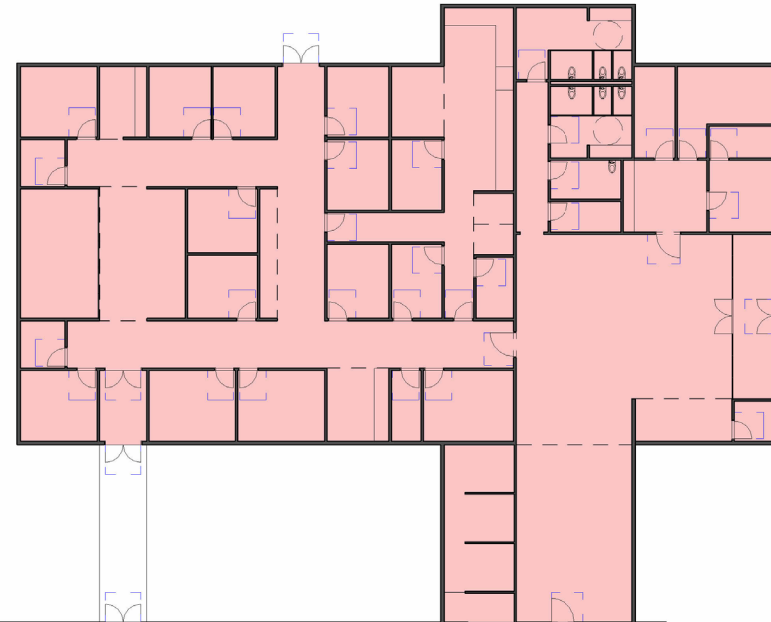
CURRENT SF: 40,000 SF



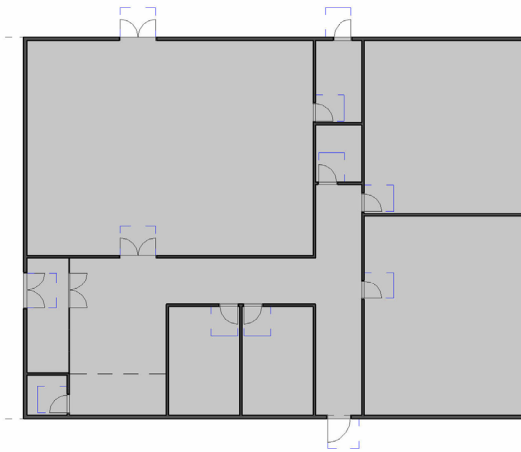
BUILDING PLAN

BUILDING PLAN DIAGRAM - OVERALL

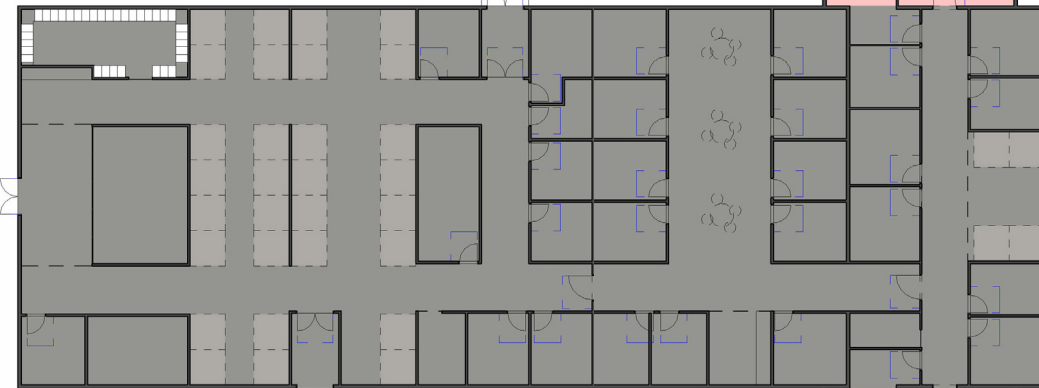
CHILD & ADOLESCENT SERVICES CLINIC
9,738 SF



WELLNESS CENTER
5,648 SF



STAFF CORE
11,393 SF



ADULT MENTAL HEALTH CLINIC & PHARMACY
13,956 SF



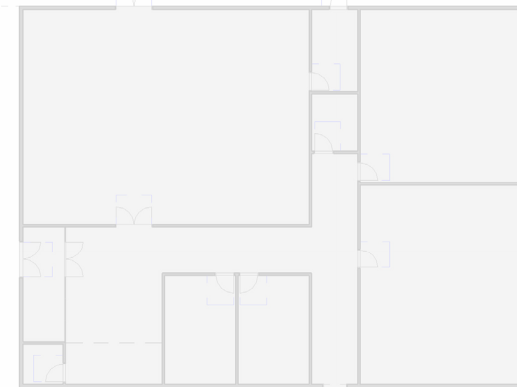
TOTAL: 40,736 SF

PROJECT SQUARE FOOTAGE

CHILD & ADOLESCENT SERVICES CLINIC
9,738 SF



WELLNESS CENTER
5,648 SF



TOTAL: 15,386 SF

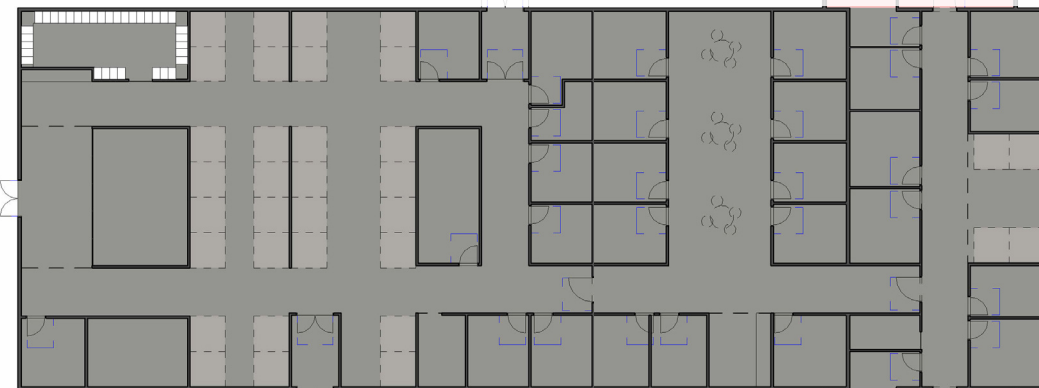
EXISTING FACILITY: 200 SF

TOTAL: 25,394 SF

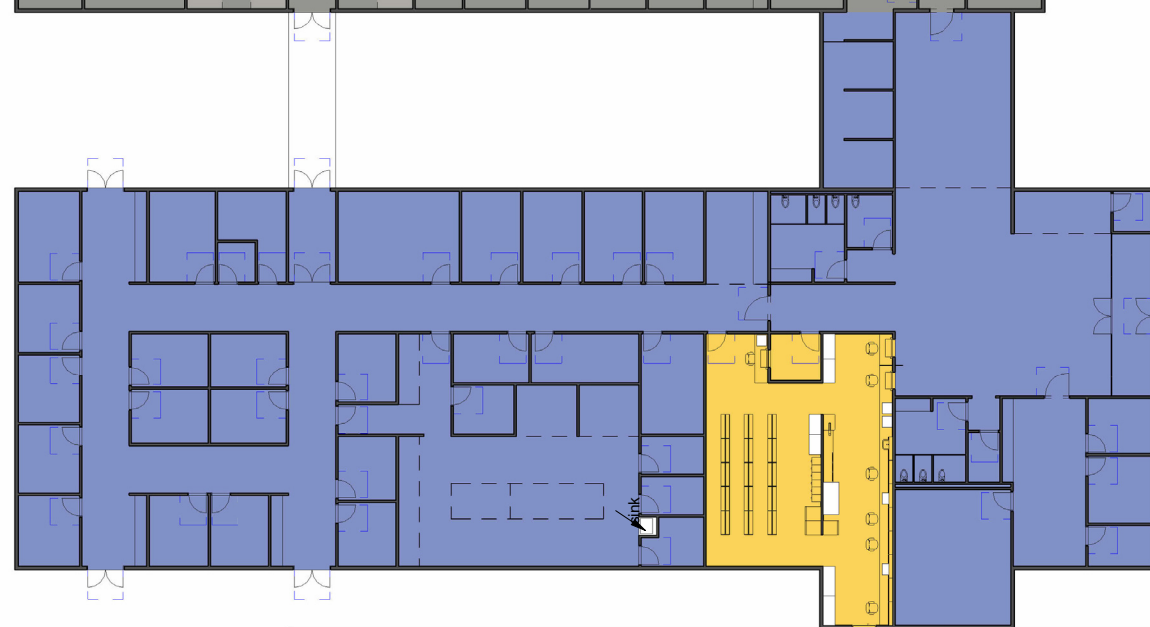
EXISTING FACILITY: 18,000 SF

= 41% GROWTH IN SF OF COMPARABLE SERVICES

STAFF CORE
11,393 SF



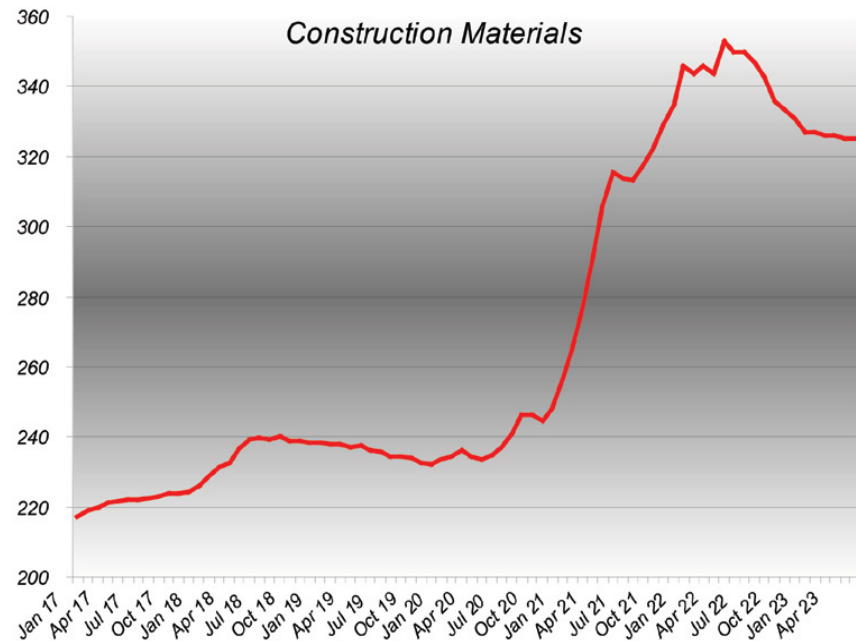
ADULT MENTAL HEALTH CLINIC & PHARMACY
13,956 SF



PROJECT COST

CONSTRUCTION COST ESCALATION

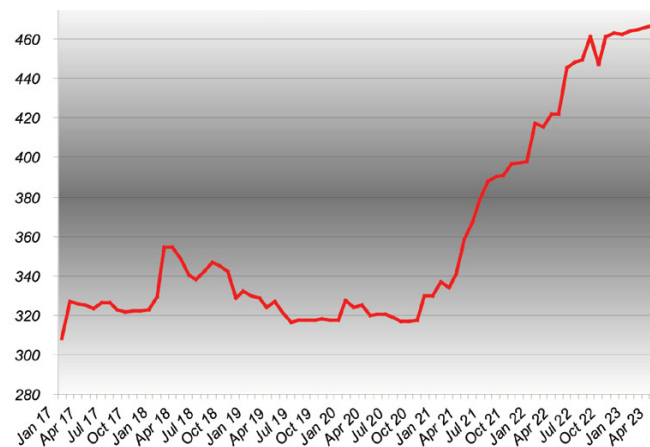
Source: US Department of Labor, Producer Price Index



Material prices are seeking some sort of level. Much of the industry is still shell-shocked from the rises and falls of last year, and it is approaching volatile material costs with great apprehension. Oil seems to be hovering in the 70-80 dollar range. The moves by the Fed seem to be working and inflation and interest rates appear to be stabilizing.

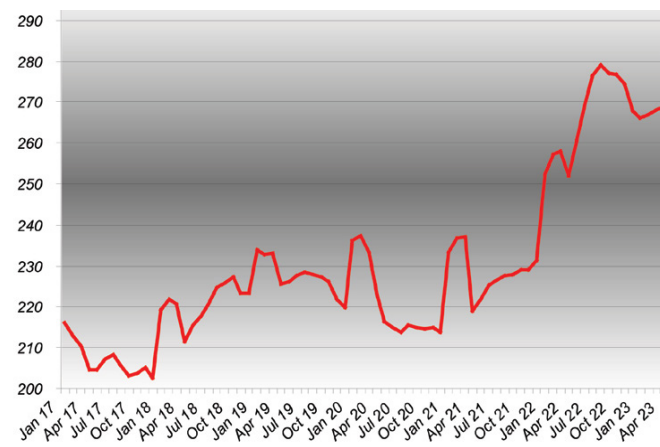
Availability of materials is getting better with lead times considerably reduced. Overall things are better than they were two years ago, but no one seems to think that we're completely out of the woods yet.

GYPSUM PRODUCTS



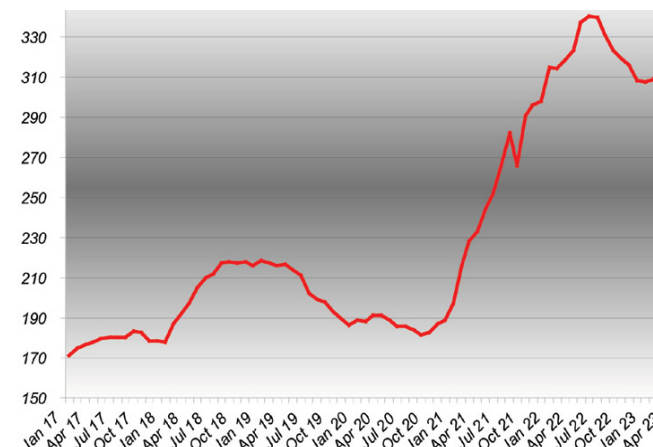
Still on a tear, but at a reduced rate. Last year gypsum increased 10% after back-to-back increases of 18%.

ASPHALT



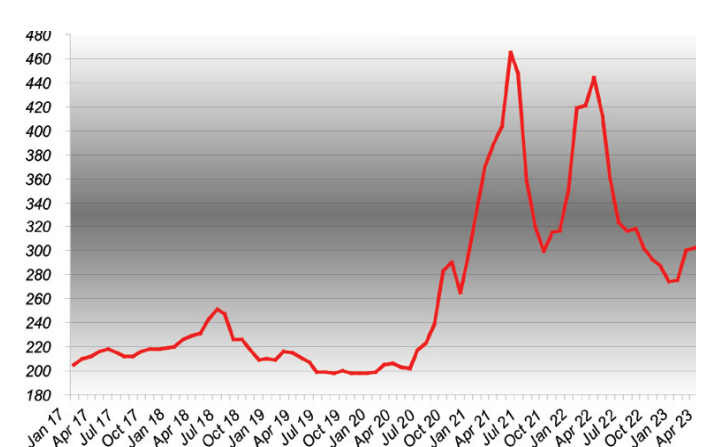
Asphalt is up 7% for the last twelve months. It was slowing down but keep watch for some new upward movement.

STRUCTURAL STEEL



Steel posted gains of 33% last year and is now down 3-5% for this year.

LUMBER



Lumber continues its wild ride. Even after gains in the last month of 17%, lumber is down for the year by 25%. One note: lumber is still exceedingly high compared to pre-pandemic levels.

COMPARABLE PROJECTS



**STORMONT VAIL HEALTH
COTTON O'NEIL NORTH CLINIC
MURRAY**

TOPEKA, KANSAS

COMPLETED 2016

PROJECT SQ FT:
39,738 SF

CONSTRUCTION COST:
\$7,217,341

CONSTRUCTION COST PER SQ FT:
\$339.20



**COXHEALTH SUPER
CLINIC
JE DUNN**

SPRINGFIELD, MISSOURI

COMPLETED 2021

PROJECT SQ FT:
29,781 SF

CONSTRUCTION COST:
\$13,549,571

CONSTRUCTION COST PER SQ FT:
\$454.46



**HILLSBORO COMMUNITY
MEDICAL CENTER
JE DUNN**

HILLSBORO, KANSAS

COMPLETED 2016

PROJECT SQ FT:
26,541 SF

CONSTRUCTION COST:
\$14,545,767

CONSTRUCTION COST PER SQ FT:
\$520.24



**MENNINGER OUTPATIENT
CLINIC
TELLEPSEN**

HOUSTON, TEXAS

COMPLETED 2022

PROJECT SQ FT:
32,000 SF

CONSTRUCTION COST:
\$12,696,323

CONSTRUCTION COST PER SQ FT:
\$396.76

40,000 SF SCENARIO



TOTAL PROJECT COST

**CONSTRUCTION
COST:**

\$16.9
MILLION
\$414 / SF

**FURNISHING
COSTS:**

\$1.6
MILLION

**PROFESSIONAL
FEES:**

\$1.8
MILLION

**OWNER
CONTINGENCIES
& ESCALATION:**

\$2.9
MILLION



\$17.9m

+

=

\$22.6m

\$4.7m grant



800 Sampson St. #104, Houston TX 77003

telephone: 713.868.3121

email: dortiz@rdlr.com



APPENDIX

35,000 SF SCENARIO

SPACES CONSOLIDATED

- Wellness building
- Collaboration spaces
- 6 shared workstations
- 1 restroom in Vitals/Lab
- Reduced nursing station

CHILD & ADOLESCENT SERVICES CLINIC & WELLNESS CENTER

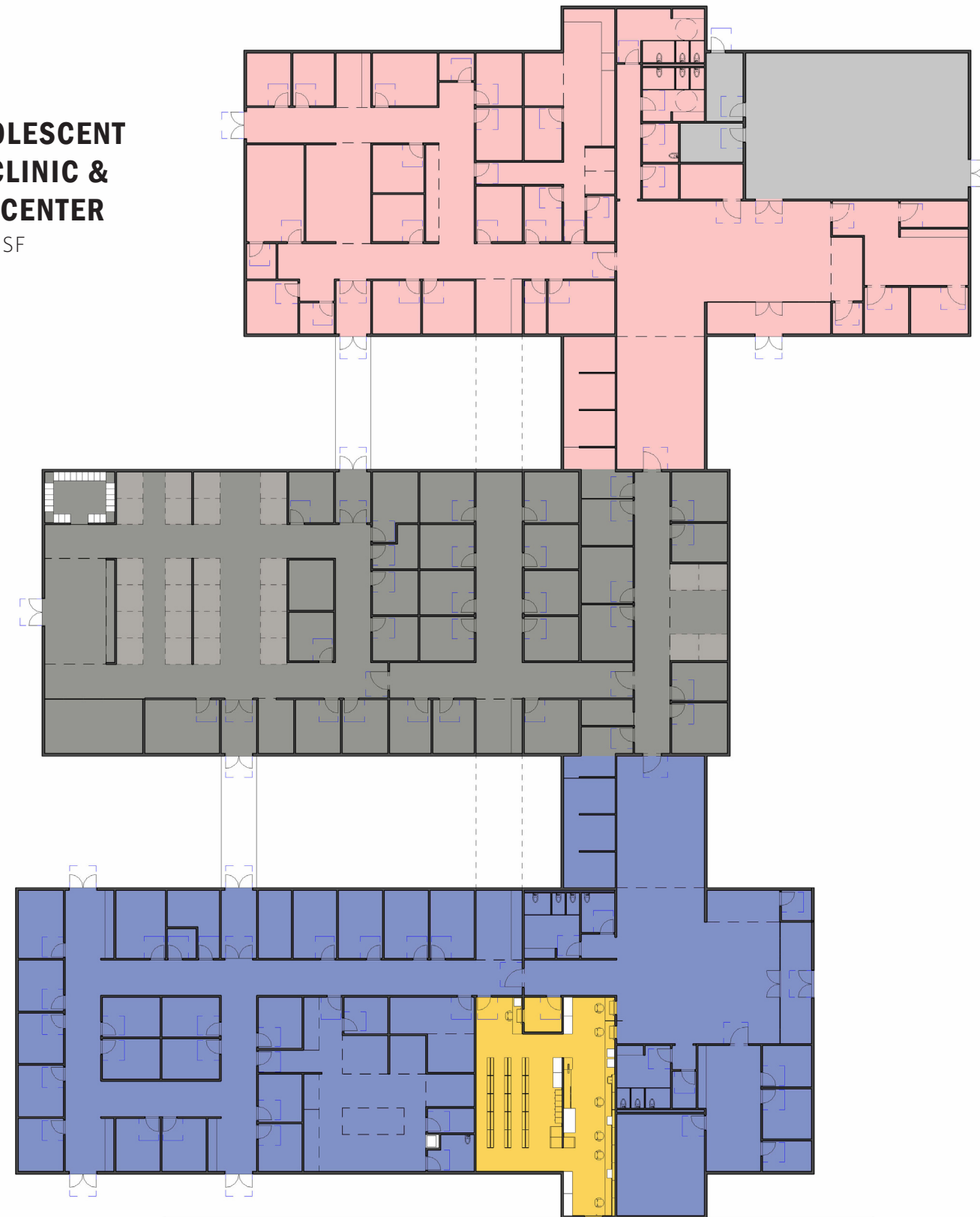
12,034 SF

STAFF CORE

10,154 SF

ADULT MENTAL HEALTH CLINIC & PHARMACY

13,107 SF



TOTAL: 35,312 SF

TOTAL PROJECT COST

**CONSTRUCTION
COST:**

\$14.8
MILLION

**FURNISHING
COSTS:**

\$1.4
MILLION

**PROFESSIONAL
FEES:**

\$1.8
MILLION

**OWNER
CONTINGENCIES
& ESCALATION:**

\$2.5
MILLION



\$15.1m

+

=

\$19.8m

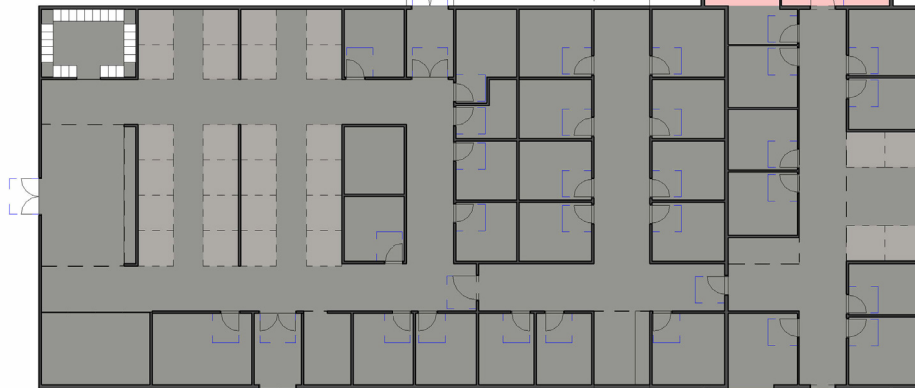
\$4.7m grant

30,000 SF SCENARIO

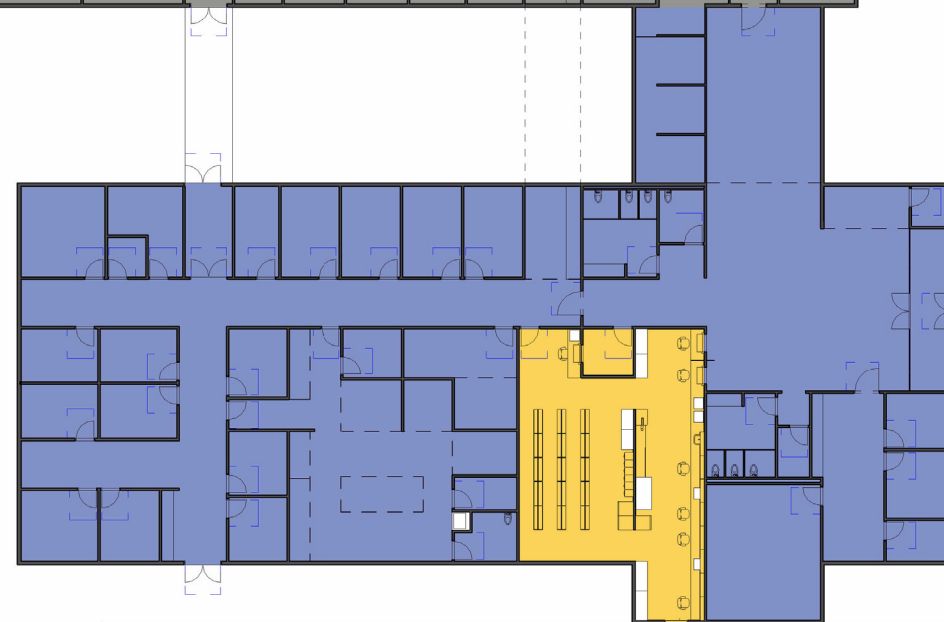
CHILD & ADOLESCENT SERVICES CLINIC & WELNESS CENTER
8,829 SF



STAFF CORE
9,829 SF



ADULT MENTAL HEALTH CLINIC & PHARMACY
11,676 SF



SPACES CONSOLIDATED

- 5 Interview rooms
- Huddle room
- Touchdown stations
- CAS duress room
- CAS play therapy / therapy room
- 1 CAS Front Desk area removed
- Community room halved
- Staff conference room reduced
- AMH lobby, group break out area, lobby ambassador area
- Check-in area

TOTAL: 30,332 SF

TOTAL PROJECT COST

CONSTRUCTION COST:	FURNISHING COSTS:	PROFESSIONAL FEES:	OWNER CONTINGENCIES & ESCALATION:
\$12.7 MILLION	\$1.3 MILLION	\$1.8 MILLION	\$2.2 MILLION



$$\begin{array}{r} \$12.6\text{m} \\ + \\ \$4.7\text{m grant} \end{array} = \$17.3\text{m}$$

B APPENDIX

PRELIMINARY COST ESTIMATE

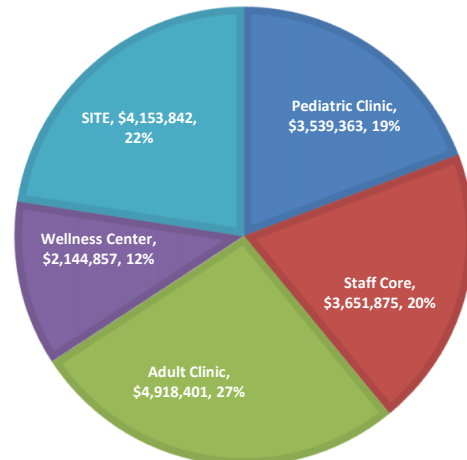
**HARRIS CENTER NORTHEAST
NEW COMMUNITY CLINIC**
Houston, TX

COST SUMMARY - MASTERFORMAT (VERTICAL) BUILDING (HORIZONTAL)

HALFORD BUSBY
Conceptual Opinion of Probable Cost
06/09/2023
Draft 3

COST PLAN SUMMARY	BUILDINGS								SITE PREP (6.7 ACRES) SITE WORK (5.8 ACRES)		TOTAL INCL SITE			
	Pediatric Clinic		Staff Core		Adult Clinic		Wellness Center		TOTAL BUILDING		250,000 SF \$/site sf	40,736 GSF \$/gsf		
	9,788 GSF	\$/gsf	11,356 GSF	\$/gsf	13,942 GSF	\$/gsf	5,650 GSF	\$/gsf	40,736 GSF	\$/gsf		40,736 GSF	\$/gsf	
01 GENERAL REQUIREMENTS	72,084	7.36	83,631	7.36	102,676	7.36	41,609	7.36	280,000	6.87	0	0.00	300,000	7.36
02 EXISTING CONDITIONS	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
03 CONCRETE	146,820	15.00	170,340	15.00	202,159	14.50	90,400	16.00	609,719	14.97	0	0.00	609,719	14.97
04 MASONRY	10,000	1.02	10,000	0.88	12,000	0.86	5,000	0.88	37,000	0.91	0	0.00	37,000	0.91
05 METALS	28,000	2.86	33,000	2.91	37,000	2.65	18,000	3.19	116,000	2.85	0	0.00	116,000	2.85
06 WOODS, PLASTICS & COMPOSITES	254,488	26.00	176,018	15.50	362,492	26.00	124,300	22.00	917,298	22.52	0	0.00	917,298	22.52
07 THERMAL & MOISTURE PROTECTION SYSTEM	160,281	16.38	182,016	16.03	208,170	14.93	106,736	18.89	657,203	16.13	0	0.00	657,203	16.13
08 OPENINGS	260,000	26.56	400,000	35.22	320,000	22.95	130,000	23.01	1,110,000	27.25	0	0.00	1,110,000	27.25
09 FINISHES	362,156	37.00	386,104	34.00	522,825	37.50	282,500	50.00	1,553,585	38.14	0	0.00	1,553,585	38.14
10 SPECIALTIES	60,000	6.13	25,000	2.20	60,000	4.30	30,000	5.31	175,000	4.30	0	0.00	175,000	4.30
11 EQUIPMENT (APPLIANCE ALLOWANCES)	20,000	2.04	10,000	0.88	20,000	1.43	5,000	0.88	55,000	1.35	0	0.00	55,000	1.35
12 FURNISHINGS (WINDOW TREATMENT)	7,000	0.72	8,000	0.70	9,000	0.65	6,500	1.15	30,500	0.75	0	0.00	30,500	0.75
13 SPECIAL CONSTRUCTION (PREENGINEERED BLDG)	408,474	41.73	473,910	41.73	581,829	41.73	235,787	41.73	1,700,000	41.73	0	0.00	1,700,000	41.73
14 CONVEYING EQUIPMENT	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
21 FIRE SUPPRESSION	40,000	4.09	40,000	3.52	48,000	3.44	28,000	4.96	156,000	3.83	0	0.00	156,000	3.83
22 PLUMBING	210,000	21.45	140,000	12.33	310,000	22.23	150,000	26.55	810,000	19.88	0	0.00	810,000	19.88
23 HEATING, VENTILATING & AIR CONDITIONING	240,000	24.52	250,000	22.01	325,000	23.31	170,000	30.09	985,000	24.18	0	0.00	985,000	24.18
26 ELECTRICAL	210,000	21.45	250,000	22.01	320,000	22.95	160,000	28.32	940,000	23.08	0	0.00	940,000	23.08
27 COMMUNICATIONS	37,000	3.78	40,000	3.52	47,000	3.37	22,000	3.89	146,000	3.58	0	0.00	146,000	3.58
28 ELECTRONIC SAFETY AND SECURITY	74,000	7.56	42,000	3.70	110,000	7.89	26,000	4.60	252,000	6.19	0	0.00	252,000	6.19
31 SITE PREP/EARTHWORK	19,000	1.94	23,000	2.03	23,000	1.65	13,000	2.30	78,000	1.91	200,000	0.80	278,000	6.82
32 EXTERIOR IMPROVEMENTS	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2,600,000	10.40	2,600,000	63.83
33 UTILITIES	33,639	3.44	39,028	3.44	47,915	3.44	19,418	3.44	140,000	3.44	500,000	2.00	640,000	15.71
DESIGN CONTINGENCY 8.0%	212,235	21.68	222,564	19.60	293,525	21.05	133,140	23.56	861,464	21.15	264,000	1.06	1,125,464	27.63
TOTAL TRADE	\$2,865,177	\$292.72	\$3,004,611	\$264.58	\$3,962,592	\$284.22	\$1,797,389	\$318.12	\$11,629,769	\$285.49	\$3,564,000	14.26	\$15,193,769	\$372.98
STAFFING, GCs, FEE, INSURANCE, BOND 11.0%	315,169	32.20	330,507	29.10	435,885	31.26	197,713	34.99	1,279,275	31.40	392,040	1.57	1,671,315	41.03
TOTAL CONSTRUCTION	\$3,180,346	\$324.92	\$3,335,119	\$293.69	\$4,398,477	\$315.48	\$1,995,102	\$353.12	\$12,909,044	\$316.90	\$3,956,040	15.82	\$16,865,084	\$414.01
OWNERS CONTINGENCY/RESERVE 5.0% FF+E ALLOWANCES LS	159,017	16.25	166,756	14.68	219,924	15.77	99,755	17.66	645,452	15.84	197,802	0.79	843,254	20.70
	200,000	20.43	150,000	13.21	300,000	21.52	50,000	8.85	700,000	17.18	0	0.00	700,000	17.18
TOTAL	\$3,539,363	\$361.60	\$3,651,875	\$321.58	\$4,918,401	\$352.78	\$2,144,857	\$379.62	\$14,254,496	\$349.92	\$4,153,842	16.62	\$18,408,338	\$451.89
											\$101.97 /GSF			
											\$16.62 /Site SF			

DESPERSION OF DOLLARS



NOTES

- iv 01 Lump Sum Cost of \$300K in Site Specific General Requirements Included
- iv 03 Shallow Foundation System with Strip Footings, Isolated Footings, Piers
- iv 04 Minimal Interior Masonry, No Exterior Masonry Assumed
- iv 05 Allowance for Misc. Metals + Sun Screening Under Division 5
- iv 06 Division 6 Includes Rough and Finish Carpentry, Fixed Millwork, Cabinetry, Countertops
- iv 07 Allowances for Fiber Cement Bd, Ext Wall Insulation, Moisture Barrier, Fire Stopping (Roofing Included in Pre-Engineered Bldg.)
- iv 08 This Division Includes Doors, Frames + HW, Interior + Exterior Glazing, Façade Assumed to be 30% Glass
- iv 09 Finishes Include Drywall, Stud, Paint, Wall Covering, ACT, LVT, Ceramic Etc.
- iv 10 Specialties Include Toilet Specialties, Lockers, Signage, Fire Extinguishers + Cabinets
- iv 11 Equipment Division Includes Allowances for Appliances Only, All Medical Equipment Excluded
- iv 12 Furnishings Division Includes Window Treatment Only, All Loose Furnishings are Excluded
- iv 13 \$42/SF Allowance for Pre Engineered Building
- iv 21 thru 28 \$/SF per Building Based on Conceptual Info Described in Narrative
- iv 31 Clearing + Grubbing Allowance of \$12K per Acre for 6.7 Acres Included - Acreage Provided
- iv 31 Excavate, Rebalance +/- 10K Cubic Yards of Soil. Keep All on Site
- iv 32 Provisions Included for Playground
- iv 32 Provisions Included for Site Furnishings
- iv 32 Provisions Included for Stormwater Management Including Retention Pond - Assumes All Spoils Can Be Re-distributed on Site
- iv 33 Provisions Included for Site Lighting
- iv 33 Owner Contingency of 5% Included as Prescribed
- F+E \$700K Lump Sum Allowance Over + Above Fixed Furnishings + Specialties

COMPARABLE PROJECTS

NAME OF THE PROJECT	LOCATION	AREA (SF)	DATE STARTED	CONSTRUCTION MONTHS	INFLATION INDEX FACTOR	TOTAL COST OF CONSTRUCTION
KINDRED HEALTHCARE REHAB HOSPITAL	CLIVE	55,315	05/22/2017	11	5,726.77	\$23,307,346
KINDRED MERCY REHAB HOSPITAL	CORALVILLE	53,004	04/24/2019	13	6,362.01	\$34,086,469
KINDRED KNOXVILLE REHABILITATION HOSPITAL	KNOXVILLE	70,005	05/21/2020	13	6,362.01	\$34,086,469
HCA KC BLUE RIVER ASC GMP	KANSAS CITY	22,500	07/07/2022	18	7,842.98	\$14,495,120
KCU ORAL HEALTH BLDG GMP	SPRINGFIELD	69,464	10/12/2020	32	6,363.92	\$38,613,846
ENCOMPASS LIBERTYVILLE REHAB HOSPITAL	LIBERTYVILLE	60,508	10/15/2020	15	6,363.92	\$29,989,254
KINDRED GILBERT REHAB HOSPITAL GMP	GILBERT	53,416	11/03/2020	24	6,363.92	\$30,177,054

CURRENT MARKET TRENDS

Mental Health for RDLR - Comparable Projects Summary

Mental Health for RDLR	CoxHealth Super Clinic	Hillsboro Community Med Ctr & MOB	Encompass Libertyville Rehab Hospital	HCA KC Blue River ASC GMP	Kindred Healthcare Rehab Hospital	Kindred Gilbert Rehab Hospital GMP	Kindred Knoxville Rehabilitation Hospital	
Location	Springfield	Hillsboro	Libertyville	Kansas City	Clive	Gilbert	Knoxville	
Date Started	01/25/2021	04/13/2016	10/15/2020	07/07/2022	05/22/2017	11/03/2020	05/21/2020	
Construction Months	11	12	15	18	11	24	13	
Inflation Index Factor	6,434.56	5,430.32	6,363.92	7,842.98	5,726.77	6,363.92	6,362.01	
Location Adjustment Factor	0.91	0.87	1.15	1.01	0.98	0.94	0.85	
Area(SF)	29,781	26,541	60,508	22,500	55,315	53,416	70,005	
Number of Floors	1	1	1	1	2	2	2	
Total Construction Cost	\$13,549,571	\$14,545,767	\$29,989,254	\$14,495,120	\$23,307,346	\$30,177,054	\$34,086,469	
Description								
<i>costs/square foot escalated to planned start date of June 16, 2023</i>								
1	General Requirements and Fee	49.78	83.31	60.59	56.37	47.35	49.88	47.63
2	Interior Demolition	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	Excavation	8.12	3.65	9.05	29.99	1.32	2.69	0.23
4	Building Structure	47.48	39.83	44.50	61.47	51.64	68.22	47.53
5	Exterior Masonry & Precast	0.00	3.94	1.64	17.90	15.56	0.00	12.32
6	Interior Masonry	14.17	0.00	3.05	0.00	0.00	15.84	2.60
7	Exterior Siding / Metal Panel	1.48	10.28	56.56	35.77	7.86	18.68	9.33
8	Interior Rough Carpentry	5.76	7.98	1.41	8.26	0.00	6.10	1.20
9	Finish Carpentry	10.35	4.72	8.86	17.00	7.68	11.15	6.72
10	Roofing	15.51	14.91	18.72	23.63	8.85	17.67	7.63
11	Caulking & Dampproofing	2.93	3.43	4.22	1.84	1.34	2.79	3.85
12	Doors, Frames and Hardware	7.32	13.61	8.64	11.22	5.56	8.49	25.46
13	Exterior Glass Systems	18.92	5.21	0.45	8.11	6.68	12.20	5.17
14	Interior Glass Systems	0.00	0.40	2.37	2.33	0.28	0.00	3.27
15	Exterior Framing Systems	13.86	2.83	3.15	15.08	19.43	0.00	29.06
16	Interior Plaster and Drywall Systems	17.60	33.06	31.81	36.50	29.52	45.55	25.68
17	Tile and Stone	0.70	1.16	0.00	3.03	9.49	0.00	6.27
18	Accoustical Ceilings and Treatment	0.00	5.66	4.51	3.71	3.64	0.00	3.02
19	Floor Coverings	6.32	11.24	10.36	8.32	7.36	13.77	9.55
20	Painting and Wall Coverings	3.15	3.65	3.69	2.73	3.06	4.43	3.69
21	Specialties	5.09	5.98	7.73	7.86	4.85	12.72	1.24
22	Equipment and Furnishings	0.00	8.16	0.72	5.22	13.92	10.40	10.60
23	Special Construction	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Conveying Systems	0.00	0.00	0.00	0.00	4.05	5.84	4.04
25	Fire Protection	3.91	6.01	6.19	5.62	3.44	5.96	6.35
26	Plumbing	23.71	46.52	52.59	46.99	30.95	47.75	57.22
27	HVAC	28.36	76.29	26.85	90.56	47.49	69.76	54.23
28	Electrical	26.29	52.50	50.80	89.67	39.53	61.66	38.37
29	Low Voltage	3.48	19.89	9.45	0.00	13.29	17.43	21.75
	Building Total	\$314.27	\$464.23	\$427.89	\$589.20	\$384.15	\$508.97	\$444.01
	Sitework (General Reqs & Fee)	140.19	56.01	67.72	55.03	37.25	55.97	42.92
	Total	\$454.46	\$520.24	\$495.61	\$644.23	\$421.40	\$564.94	\$486.93

Includes project escalation of 0.25%/quarter for construction starting after 2nd quarter of 2023

EXHIBIT F-21

JULY 2023

NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000

JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION							
1	Behavioral Tech	Consulting Services for provide Dialectical Behavior Therapy (DBT) Training to Staff	\$25,510.00	6/1/2023 - 5/31/2024	State Grant	Training	New Consultant contract to provide Dialectical Behavior Therapy (DBT) Training for Agency Staff.
2	Healing Species of Texas	Consultant Agreement	\$15,000.00	7/1/2023 - 3/31/2024	General Revenue (GR)		New Agreement to provide Animal Assisted Services through a pet program. The services includes three 8-week training sessions and 6 individual site visits.
3	Holmusk Technologies	MaST MVP Platform Services		5/18/2023 - 12/31/2023	General Revenue (GR)		New MaST MVP Platform Services Agreement as part of a pilot program for data analytics [Pilot program= zero cost].
4	Pet Partners	Animal Therapy, Education and Activities Program	\$2,500.00	7/1/2023 - 6/30/2024	General Revenue (GR)		A new Agreement to train Agency volunteer Teams in utilizing pet therapy to engage with Consumers. The event will be held on Saturday, August 12, 2023.
5	United Way of Greater Houston	Space Rental	\$40.00	8/18/2023 - 8/18/2023	General Revenue (GR)		New Short -Term Rental Agreement for event space for a faculty retreat [Quality Team].
6	Your Part Time Controller, LLC	New Professional Services for Temporary placement for the Finance Department	\$75,000.00	6/19/2023 - 6/18/2024	General Revenue (GR)	Request for Qualifications.	New agreement to provide temporary labor for the Finance Department which currently has staff vacancies in key positions that could impact its operations. The contract will allow the Agency to promptly address those shortages and to prevent interruptions in departmental functions.
CPEP/CRISIS SERVICES							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
7	Easter Seals of Greater Houston	Day Camp and Respite Services for Consumers.	\$11,300.00	9/1/2023 - 8/31/2024	State	Consumer Driven	New Agreement to provide Day Camp and Respite Services for Consumers.
8	The ARC of Harris County	Out of Home Respite Services	\$21,896.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide Out of Home Respite Services [Costs: \$8.32/hour x 5.5HR for up to 20 Consumers x 24 days].
9	The ARC of Harris County	Weekend Recreational Services	\$28,700.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide specialized recreational activities onsite at Harris Center locations for Individuals who have yet to transition to Community Inclusionary activities [Cost: \$6.30 for up to 24 Consumers].
10	The ARC of Harris County	Overnight Respite Services	\$39,165.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide overnight Respite Services [cost: \$6.30/HR for up to 10 Consumers/weekend].
11	The ARC of Harris County	Camp Champions Program for Consumers	\$15,000.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide two Camp Champions Sessions for Consumers enrolled in the Program. [Cost: \$187.50/Consumer for up to 40 Consumers].
12	The ARC of Harris County	Community/Family to Family Services	\$20,000.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide Community/Family to Family services.
13	The ARC of Harris County	Training/Recreational Services	\$70,000.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to provide Training/Recreational linkage to recreational activities. [up to 750 Consumers billed at \$5.833.34 x12 months].
14	The ARC of Harris County	Community Family Task Force. Community Education.	\$12,000.00	9/1/2023 - 8/31/2024	County	Consumer Driven	New Agreement to create a Community Family Task Force and to provide community education.
15	The Center For Pursuit d/b/a The Center	Residential Living Services	\$35,374.00	9/1/2023 - 8/31/2024	State	Consumer Driven	New Agreement to provide Residential Living Services to Consumers.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
FORENSICS							



Executive Contract Summary

Contract Section ▲

Contractor*

Behavioral Tech

Contract ID #*

none

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/31/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Behavioral Tech

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <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 |

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* (?)

\$ 25,510.00

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

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

Option A on attachment with learning materials

Behavioral Tech will provide DBT Training:

- Private 2 Day training
- Delivered on mutually agreeable dates in half or full-day sessions
- Fee includes costs for one (2) trainer, electronic set of materials and resources, training platform and CE credits
- Maximum of 120 participants per training event

120 books to be provided as well with a mix of ebooks and hardback books at \$65.00/each

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 (?)

BTECH DBT Skills Quote.docx

226.42KB

Vendor/Contractor Contact Person

Name*

Jonay Argier

Address*

Street Address

1107 NE 45th Street

Address Line 2

Suite 114

City

Seattle

Postal / Zip Code

98105

State / Province / Region

Washington

Country

USA

Phone Number*

980-226-4436

Email*

jargier@behavioraltech.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 25,510.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

See attached quote Option A and learning materials

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

5/30/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/31/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

6/7/2023

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date

6/8/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Executive Contract Summary

Contract Section

Contractor*

Healing Species of Texas

Contract ID #*

2023-0691

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Healing Species of Texas and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

3/31/2024

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 15,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Healing Species of Texas will be providing Animal Assisted Services for The Harris Center during this period in the form of three 8-week sessions and 6 individual site visits.

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

Specify Name*

Healing Species of Texas

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Joy Southard

Address*

Street Address

unknown

Address Line 2

City

unknown

Postal / Zip Code

unknown

State / Province / Region

Texas

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	\$ 15,000.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

three 8-week animal assisted courses with associated programming @ \$5000.00/course
 6 included additional site visits during contract period
 \$625/day rate for additional site visits during contract period
 = \$15,000.00


Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Bittner, Tiffany	6/22/2023

Budget Manager Approval(s)

Approved by



Approval Date
6/22/2023

Procurement Approval

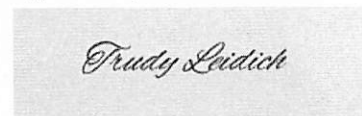
File Upload (?)

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date
6/23/2023

Contracts Approval

Approve*

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

Approved by*



Approval Date*
6/23/2023



Executive Contract Summary

Contract Section

Contractor*

Holmusk Technologies

Contract ID #*

2023-0701

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Holmusk Technologies 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

- 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* (?)

5/18/2023

Contract Term End Date* (?)

12/31/2023

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

05/18/2023-12/31/2023

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2024

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* (?)

PaaS for data analytics-MaST MVP Platform Services

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY21 and FY22

Client data analysis

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Harris-Center-MaST MVP Order Form-May2023.docx

26.74KB

Vendor/Contractor Contact Person

Name*

Sonali Luniya

Address*

Street Address

54 Thompson St., 4th Floor

Address Line 2

City

New York

Postal / Zip Code

10012

State / Province / Region

NY

Country

US

Phone Number*

919-961-3251

Email*

sonail.luniya@holmusk.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 0.00	542000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hurst, Richard	6/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinwala

Approval Date

6/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Executive Contract Summary

Contract Section

Contractor*

Pet Partners

Contract ID #*

2023-0706

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/12/2023

Parties* (?)

Pet Partners 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 One Time Event Fee

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

6/30/2024

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,500.00

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* (?)

Pet Partners will provide up to 3 volunteer teams for the IDD Resource event Saturday, August 12, 2023 from 9am-1pm. Teams will be compliant with all current Pet Partner policies and procedures

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*

Lisa Heald

Address*

Street Address

unknown

Address Line 2

City

unknown

Postal / Zip Code

unknown

State / Province / Region

unknown

Country

USA

Phone Number*

425-679-5527

Email*

lisah@petpartners.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1179

Amount Charged to Unit*

\$ 2,500.00

Expense/GL Code No.*

595000

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

2500.00 - sponsored volunteer visit

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

6/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date

6/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Executive Contract Summary

Contract Section

Contractor*

United Way of Greater Houston

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

United Way of Greater Houston and THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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* (?)

8/18/2023

Contract Term End Date* (?)

8/18/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 40.00

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 **facility room**

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

This is for a faculty retreat for our Quality team, and we needed an offsite space.

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

April 28th, 2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

United Way Contract - New.pdf 111.12KB

Vendor/Contractor Contact Person

Name*

Kevin Wollin

Address*

Street Address

50 Waugh Drive

Address Line 2

City

Houston

Postal / Zip Code

77007-5813

State / Province / Region

TX

Country

US

Phone Number*

7136852732

Email*

kwolling@unitedwayhouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1179	\$ 40.00	546000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

40.00 for a projector rental for the day

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Keeme-Sayre, Reyes Tristan	6/13/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
6/13/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date
6/13/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
6/14/2023



Executive Contract Summary

Contract Section

Contractor*

Your Part Time Controller, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center, Your Part Time Controller, LLC

Agenda Item Submitted For:* (?)

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

6/19/2023

Contract Term End Date* (?)

6/18/2024

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

06/19/2023-06/18/2024

Fiscal Year* (?)

2023

Amount* (?)

\$ 75,000.00

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* (?)

Temporary labor is essential for the Accounting department as it currently faces significant staff vacancies that are crucial to its operations. By entering into this contract, we can promptly address this pressing need and ensure the uninterrupted functioning of the department.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center - YPTC Engagement Letter.pdf	146.25KB
YPTC Proposal - The Harris Center.pdf	1.39MB
QuotesAccountingRoles.pdf	733.83KB

Vendor/Contractor Contact Person

Name*

Rita Garson

Address*

Street Address

2603 Augusta Drive

Address Line 2

Suite 1075

City

Houston

Postal / Zip Code

77057

State / Province / Region

TX

Country

US

Phone Number*

917-512-4745

Email*

Rita.Garson@yptc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 75,000.00	540500

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Escobar, Ninfa	6/14/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

6/15/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/16/2023



Executive Contract Summary

Contract Section



Contractor*

Easter Seals of Greater Houston

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

Easter Seals of Greater Houston and The Harris Center For Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 2,605,000.00

Funding Source*

State

Contract Description / Type* (?)

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

In Home Respite Services (RO23). Contractor will provide administrative support for respite services to individuals only at their usual residence. Additionally, Contractor will provide the mandated Agency training, background checks and administrative support to caregivers who provide care and supervision of persons on a temporary basis for short periods of time. Contractor will ensure that all families and respite providers receive initial and ongoing training about respite services, requirements (i.e., certifications, etc.), and responsibilities. Services are intended to relieve family members or other primary care provider(s) by providing a short-term break from their caretaker responsibilities.
See file upload attachment for additional information.

Contract is part of the P-IDD Master Pool Contract #6835. NTE amount of the master pool contract is \$2,605,000.00

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*

09/01/22 to present. Respite Services.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Easter Seals of Greater Houston

Supporting Documentation Upload (?)

Exhibit D (002).pdf	131.45KB
FY24 Exhibit A EGSH.pdf	159.7KB

Vendor/Contractor Contact Person ▲

Name*

Elise Hough, Executive Director

Address *

Street Address

4888 Loop Central Drive, Suite 200

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77081

Country

United States

Phone Number *

713-838-9050 (office) 713-838-9098 (fax)

Email *

EHough@eastersealhouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3569	\$ 2,540,000.00	543005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

14.00 per hour. See file upload attachment.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

6/8/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/8/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 21,896.00

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* (?)

Day Respite: Contractor will provide out of home respite services for up to 20 consumers (20 clients x 24 days x \$8.32/hourly x 5.5 hrs.). See file upload for additional information.

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*

09/01/22 to present. Respite services.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Day Respite.pdf	216.84KB
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Vendor/Contractor Contact Person

Name*

Janniece Sleigh, Executive Director

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713-957-1600 x111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3479	\$ 21,896.00	543000

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

Provide Rate and Rate Descriptions if applicable* (?)

\$.32 hourly for up to 20 consumers. See file upload attachment.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	6/7/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 28,700.00

Funding Source*

County

Contract Description / Type* (?)

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

Weekend Recreational: Contractor will provide specialized recreational activities at The Harris Center location for individuals who have not yet transitioned to community inclusionary activities (24 consumers x \$6.30). See file upload for additional information.

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*

09/01/22 to present. Weekend recreational activities for individuals.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Weekend Respite.pdf

221.99KB

Vendor/Contractor Contact Person**Name***

Janniece Sleigh, Executive Director

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713-957-1600 x111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3382	\$ 28,700.00	543000
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$6.30 hourly. See file upload attachment.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

6/7/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 39,165.00

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* (?)

\$6.30 hourly. Contractor will provide overnight respite services for up to ten (10) consumers per weekend. See file upload attachment for additional information for the 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*

09/01/22 to present. Respite services.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Overnight Respite.pdf 191.55KB

Vendor/Contractor Contact Person ^

Name*

Janniece Sleigh, Executive Director

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713-957-1600 x111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3383	\$ 39,165.00	543000
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$6.30 hourly. See file upload attachment for additional information.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	6/7/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/7/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 15,000.00

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* (?)

Camp Champions: Provide for coordination and implementation in conjunction with UR-RHA schedule. Contract will plan two (2) sessions x 40 consumers/sessions \$187.50/consumer. See file upload attachment.

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*

09/01/22 to present. Camp Champions.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Camp Champions.pdf 221.29KB

Vendor/Contractor Contact Person

Name*

Jannice Sleigh, Executive Director

Address*

Street Address

9401 S. W. Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713-957-1600 x111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3380	\$ 15,000.00	543000

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

Provide Rate and Rate Descriptions if applicable* (?)
 \$187.50 per consumer for up to eighty (80) consumers.
 See file upload attachment.

Project WBS (Work Breakdown Structure)* (?)
 N/A

Requester Name Childs, Margo	Submission Date 6/7/2023
--	------------------------------------

Budget Manager Approval(s)


Approved by	Approval Date
	6/7/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	6/7/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	6/7/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 20,000.00

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* (?)

Community/Family to Family services. Contractor will coordinate and implement the Family-to-Family Network resources providing two (2) per month. Serve up to 240 consumers x \$83.33 per consumer.

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*

09/01/22 to present. Community/Family to Family

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Community Family to Family.pdf 203.76KB

Vendor/Contractor Contact Person

Name*

Janniece Sleigh, Executive Director

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number*

713-957-1600 x111 (Office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3381	\$ 20,000.00	543000

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

Provide Rate and Rate Descriptions if applicable* (?)
 \$83.33 per consumer. See file upload attachment for additional information.

Project WBS (Work Breakdown Structure)* (?)
 N/A

Requester Name	Submission Date
Childs, Margo	6/7/2023

Budget Manager Approval(s)


Approved by	Approval Date
	6/7/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	6/7/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	6/7/2023



Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center For Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 70,000.00

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* (?)

Training/Recreational Services: Contractor will provide linkage to recreational activities for up to 750 persons at \$5,833.34 x 12 months. See file upload attachment.

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*

09/01/23 to present. Training/recreational services.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Training Recreational Services.pdf	217.77KB
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Vendor/Contractor Contact Person

Name*

Janniece Sleigh, Executive Director

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

United States

Phone Number*

713-957-1600 x 111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit


Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3528	\$ 70,000.00	543000
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
 \$5,833.34 monthly. See file upload attachment for additional information.

Project WBS (Work Breakdown Structure)* (?)
 N/A

Requester Name Childs, Margo	Submission Date 6/7/2023
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Budget Manager Approval(s)

Approved by 	Approval Date 6/7/2023
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Procurement Approval

File Upload (?)

Approved by 	Approval Date
---	----------------------

Contract Owner Approval

Approved by 	Approval Date 6/7/2023
---	----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 6/9/2023
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Executive Contract Summary

Contract Section

Contractor*

The ARC of Harris County

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The ARC of Harris County and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 12,000.00

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* (?)

Community Family Task Force. Community Education.
See upload attachment.

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*

09/01/22 to present. Community Family Task Force and education.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The ARC of Harris County

Supporting Documentation Upload (?)

FY24 The ARC Community Family Task Force.pdf	189.21KB
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Vendor/Contractor Contact Person ^

Name*

Janniece Sleigh, Executive Director

Address*

Street Address

9401 S.W. Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

USA

Phone Number*

713-957-1600 x111 (office) 713-957-1699 (fax)

Email*

jannieces@aogh.org

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3384	\$ 12,000.00	543000

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

Provide Rate and Rate Descriptions if applicable* (?)

\$3,000.00 quarterly
See file upload attachment.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	6/9/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

6/9/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/9/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/9/2023



Executive Contract Summary

Contract Section

Contractor*

The Center For Pursuit d/b/a The Center

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Center For Pursuit DBA The Center and The Harris Center For Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 35,374.00

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* (?)

Contractor will provide Residential Living Services (RO32).
See file upload attachment.

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*

09/01/2023 to present

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The Center For Pursuit DBA The Center

Supporting Documentation Upload (?)

FY24 Renewal The Center.pdf 44.15KB

Vendor/Contractor Contact Person

Name*

Charles C. Canton, CEO

Address*

Street Address

4400 Harrisburg Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77011

State / Province / Region

TX

Country

US

Phone Number*

713-525-8401

Email*

ccanton@thecenterforpursuit.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3570	\$ 35,374.00	543004
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

\$96.91 per day per authorized consumer

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	6/6/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date
6/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date
6/6/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
6/9/2023

EXHIBIT F-22

JULY 2023

RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION							
1	Affiliated Telephone, Inc.	Agency-Wide Mitel Telephone Equipment, Maintenance & Support Services	\$85,000.00	\$85,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Agency-wide Mitel telephone equipment, maintenance and support services Agreement.
2	Audimation Services, Inc.	Technical Training Services (IT Script Writing)	\$9,000.00	\$9,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Technical Training Services Agreement [IT Script Writing].
3	BAS Resources, Inc. d/b/a BAS Healthcare	Recruitment of Psychiatrists, APRN's and PA's	\$35,000.00	\$35,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Unknown	Annual renewal of Recruitment Agreement [Psychiatrists, APRN's and PA's].
4	BMC Software, Inc.	Track-IT Support Software	\$23,889.72	\$23,889.72	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Support Software Agreement [Track-It].
5	Bud Griffin Customer Support, Inc.	Service and Maintenance Support for UPS AC	\$10,000.00	\$12,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Service and Maintenance Support Agreement [UPS AC].
6	Carahsoft Technology Corporation	DocuSignEnterprise Pro Software	\$19,641.80	\$50,000.00	10/2/2023 - 10/1/2024	General Revenue (GR)	Tag-On	Annual renewal of DocuSign Enterprise Pro Software License Agreement.
7	CARGO Group, Inc. d/b/a PreCheck	Pre-Employment Health Services for drug screen and TB testing of Candidates and Employees as needed.	\$49,800.00	\$49,800.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Renewal of Agency-Wide Pre-Employment Health Services for Candidates and Employees [Drug screen and TB tests].
8	CAVU Service LLC d/b/a Centigrade Service	Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department	\$2,953.00	\$2,953.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide Medical Refrigeration Equipment Preventive Maintenance and Calibration Services, [Pharmacy Department].
9	CDWG	DUO Authentication Software	\$71,940.00	\$75,000.00	9/16/2023 - 9/15/2024	General Revenue (GR)	Tag-On	Annual renewal of DUO Authentication Software Agreement. [Tag On to National IPA contract]
10	Centre Technologies, Inc.	VMware Software Subscription, Maintenance & Support Services	\$51,894.62	\$55,000.00	11/1/2022 - 10/31/2024	General Revenue (GR)	Tag-On	Annual renewal of VMware Software Subscription, Maintenance and Support Services Agreement.[Tag-On to DIR-TSO-4288]
11	Centre Technologies, Inc.	Technical Consultant Services	\$30,000.00	\$30,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Technical Consultant Services Agreement. [Tag-On to DIR-TSO-4144].
12	CenturyLink Communications d/b/a Lumen Technologies Group	Back-up Data Circuits for EPIC	\$69,727.00	\$71,084.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Back-up Data Circuits Agreement. [EPIC support].
13	Cerner Corporation	Agency Wide Anasazi Software, Support & Maintenance for IT	\$300,000.00	\$15,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Unknown	Annual renewal of Agency Wide Anasazi Software,Support and Maintenance Agreement.
14	Citrix Systems, Inc.	Software Support & Maintenance for Xen Desktop Enterprise Edition	\$84,392.70	\$84,000.00	11/1/2023 - 10/31/2024	General Revenue (GR)		Annual renewal of Software Support and Maintenance Agreement [Xen Desktop Enterprise Edition].
15	CU Solutions Group, Inc. d/b/a HR Performance Solutions	HR Performance Management Software to Support Documentation for Employee Performance.	\$19,974.00	\$24,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of HR Performance Management Software to Support Documentation of Employee Performance.
16	Datix (USA) Inc. d/b/a RL Datix	PolicyStat Software for Document Storage and Management System	\$65,448.00	\$66,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of PolicyStat Software Agreement for Document Storage and Management System.
17	Datix (USA), Inc. d/b/a RLDatix	Risk Incident Reporting System and Site Hosting Services	\$59,892.00	\$15,238.00	11/19/2023 - 11/18/2024	General Revenue (GR)	Tag-On	Annual renewal of Risk Incident Reporting System and Site Hosting Services Agreement.
18	Department of Information Resources	WAN Services from TDHS	\$100,000.00	\$75,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of WAN Services Agreement [TDHS].

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
19	Dispensary of Hope	A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).	\$37,500.00	\$37,500.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Consumer Driven	Annual renewal of Charitable Pharmaceutical Program Agreement to provide access to medications to Qualified Consumers at no cost.
20	DonAngelo & Company LLC	Executive Coaching Program	\$34,000.00	\$17,000.00	7/1/2023 - 12/31/2023	General Revenue (GR)		Annual renewal of Executive Coaching Agreement.
21	Empowered Systems Holdings, LLC d/b/a Empowered Systems, LLC	Software License Agreement	\$1,200.00	\$1,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of AutoAudit Software License, Training and Maintenance services Agreement. .
22	Euna Solutions (FKA Bonfire Interactive, Ltd)	Procurement Management Platform Service License and Support	\$37,500.00	\$37,500.00	10/1/2022 - 9/30/2024	State	Tag-On	Annual renewal of Procurement Management Platform Service License and Support Agreement.
23	Everbridge, Inc.	Agency's Mass Notification Incident Management Service and Safety Connection Base Services	\$45,000.00	\$45,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of the Mass Notification Incident Management Service Agreement which includes Safety Connection Base Services.
24	FMLASource, Inc.	Family and Medical Leave Act (FMLA) Administration and Information Services	\$49,000.00	\$49,000.00	12/1/2023 - 11/30/2024	General Revenue (GR)	RFP through Benefits Broker	Annual renewal of Family and Medical Leave Act (FMLA) Administration and Information Services Agreement.
25	Future Com, LTD.	Digital Defense Assessments	\$27,540.00	\$30,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Digital Defense Assessments Agreement.
26	GenSolutions, LLC	Generator Maintenance, Inspection, and Support Services	\$26,521.13	\$30,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Generator Maintenance, Inspection, and Support Services Agreement.
27	Greater Houston Healthconnect	Internet-Based system that provides Secure Electronic Exchange of PHI information with other Providers	\$15,500.00	\$16,000.00	3/9/2023 - 3/9/2024	General Revenue (GR)		Annual renewal of Internet-Based system Agreement that provides secure electronic exchange of PHI information with other providers.
28	Humble Elevator Service, Inc.	Elevator Inspection, Maintenance and Support Services for Northeast, Bristow, Dennis Street & Jail Diversion Locations	\$20,000.00	\$25,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Elevator Inspection, Maintenance and Support Services Agreement [Northeast, Bristow, Dennis Street and Jail Diversion].
29	Indigo Beam, LLC	Consulting Services for SharePoint	\$30,000.00	\$30,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Consulting Services Agreement [SharePoint (DIR-TSO-4078 Tag-on)].
30	Inmar Rx Solutions, Inc.2	Third Party Rx Reconciliation and Analytical Services	\$75,000.00	\$75,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Third-Party Rx Reconciliation and Analytical Services Agreement.
31	InstaMed Communications, LLC	Agency Wide Payment Processing Setup for EPIC	\$35,000.00	\$35,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Payment Processing Setup Agreement for EPIC Agency Wide.
32	Intrado Interactive Services Corporation	Televox Software Subscription Services for Agency Wide Phone Tree	\$72,000.00	\$72,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Televox Software Subscription Services Agreement. [Agency wide phone tree].
33	J. Taylor & Associates, LLC D/B/A JTaylor	Consultant Services	\$77,400.00	\$60,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Consulting Agreement to provide analysis and support services in relation to Provider and Physician Compensation Programs.
34	Knowledge Lake, Inc.	Sharepoint/HRIS related Software Support and Maintenance	\$37,500.00	\$41,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Sharepoint/HRIS related Software Support and Maintenance. Agreement.
35	LAB Information Technology Incorporated d/b/a LABUSA	Mobile Development Services	\$53,199.00	\$33,120.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Mobile Development Services Agreement. [windows phone, iOS and Android].

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
36	Legal Files Software, Inc.	Software for Legal and Contracts Case Management	\$7,765.00	\$8,154.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Legal Software	Annual funding of Legal and Contract Services Software Agreement.
37	M Strategic Partners	Project Management Consultant Services for Ben Taub NPC Renovation Project	\$75,750.00	\$40,790.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Renewal of Project Management Consultant Services Agreement [Ben Taub NPC Renovation Project].
38	Medical Practice Consultants, Inc.	Coding/Compliance Bill Review and Provider Training Services	\$49,500.00	\$99,500.00	9/1/2023 - 8/31/2024	Private Pay Source	Request for Quote	Annual renewal of coding/compliance, bill review and provider training Services Agreement.
39	NETSPI, LLC	Network Penetration Testing Services	\$36,431.00	\$38,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Network Penetration Testing Services Agreement.
40	Network Sciences, Inc.	Sub-User Software Agreement	\$25,000.00	\$25,000.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of Sub-user software Agreement to access database for consumer's eligibility.
41	NFS Hospitality Corporation, Inc.	Rendezvous Workspace Meeting Room Booking Software	\$4,437.50	\$6,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of workspace meeting room booking software Agreement [Rendezvous].
42	NLUC PLLC	Agency Wide Workers' Compensation Medical Treatment Services	\$6,000.00	\$6,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of the Workers' Compensation Medical Treatment Services Agreement.
43	Parata Systems, LLC	License and Support Services of the Parata Robot Pharmacy Equipment - SW Clinic location	\$13,000.00	\$14,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of License and Support Services Agreement [Parata Robot Pharmacy Equipment - SW Clinic location].
44	Parata Systems, LLC	License and Support Services of the Parata Robot Pharmacy Equipment - NE Clinic location.	\$12,000.00	\$14,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of License and Support Services Agreement [Parata Robot Pharmacy Equipment - NE Clinic location].
45	Performance Logic, Inc.	Project Management Software to Track Agency Project Performance	\$11,726.00	\$10,135.00	11/1/2023 - 10/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Project Management Software Agreement to Track Agency Project Performance.
46	PHactory Consulting, LLC	Consulting Services for Housing Development	\$39,000.00	\$39,000.00	9/1/2023 - 8/31/2024	Private Pay Source		Renewal of Housing Development Consultant Services Agreement [6168 South Loop East, Houston, Texas][26 Unit Supportive Housing].
47	Pinnacle Business Solutions (Pharmacy)	Pharmacy Patient Medication Courier Services	\$10,000.00	\$10,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Pharmacy Patient Medication Courier Services Agreement.
48	Pivot Point Consulting, A Vaco Company	Consulting and IT Staffing Services	\$640,000.00	\$96,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual Renewal of Consulting and IT Staffing Services Agreement [EPIC EHR Reporting and Data Extraction on an as needed basis].
49	Qualtrics, LLC	Software Subscription License Fee and Support Services for Employment Engagement Surveys	\$27,301.21	\$27,301.21	8/5/2023 - 8/4/2024	General Revenue (GR)	Software License Agreement/Contract	Annual renewal of Software Subscription License Fee and Support Services for Employment Engagement Survey.
50	Salary.com, LLC	License Agreement for compensation analysis.	\$19,500.00	\$22,000.00	9/1/2023 - 8/31/2026	General Revenue (GR)		Annual renewal of compensation analysis license Agreement.
51	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy Equipment for the SE Clinic.	\$16,000.00	\$16,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Support and Maintenance software Agreement for pharmacy equipment [SE Clinic].
52	ScriptPro USA, Inc. (NW)	Support & Maintenance for Pharmacy Equipment at the NW Clinic	\$10,000.00	\$11,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Unknown	Annual renewal of Support and Maintenance Agreement [Pharmacy Equipment][NW Clinic].
53	Skillsoft Corporation	Skillsoft Percipio Software	\$15,189.80	\$14,330.00	9/6/2023 - 9/5/2024	General Revenue (GR)	Tag-On	Annual renewal of Skillsoft Percipio Software Agreement.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
54	SmartDeploy LLC	Independent OS and Application Deployment Solution Services	\$18,000.00	\$18,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of OS and Application Deployment Solution Services Agreement.
55	Southeast Texas Regional Advisory Council (SETRAC)	Hospital Healthcare Preparedness Program ("HPP").	\$125.00	\$125.00	7/1/2023 - 6/30/2024	General Revenue (GR)	Consumer Driven	Annual renewal of Hospital Healthcare Preparedness Program Agreement ("HPP").
56	Texas Applications Specialists, Inc.	Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services	\$42,000.00	\$42,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Software, Maintenance and Support Services Agreement [Pharmacy Patient Assistance Program ("PAP")].
57	The McMillan Barlow Group LLC d/b/a Blue Mesa Group	Executive Coaching Consulting Services	\$20,000.00	\$20,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Executive Coaching Consultant Services Agreement [Chief Medical Officer].
58	Vertiv Corporation	9401 Data Center - Liebert UPS Power and Battery Maintenance and Support Services	\$12,000.00	\$12,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Liebert UPS Power and Battery Maintenance and Support Services Agreement. [9401 Data Center]
59	VP Imaging, Inc. d/b/a DocuNav Solutions	Laserfiche Licenses, Maintenance & Support Services	\$83,324.71	\$84,000.00	9/21/2023 - 9/21/2024	General Revenue (GR)	Tag-On	Annual renewal of Laserfiche licenses, maintenance and support Agreement.
60	WEX Health, Inc. D/B/A WEX	Agency-Wide COBRA Administration Services	\$22,000.00	\$25,000.00	1/1/2023 - 12/31/2024	General Revenue (GR)	N/A	Annual renewal of Agency-Wide COBRA Administration Services Agreement
	CPEP/CRISIS SERVICES							
61	Autoclear, LLC	Security X-Ray Screening Equipment Order and Maintenance Service	\$4,900.00	\$4,900.00	8/18/2023 - 8/17/2024	General Revenue (GR)	Maintenance Agreement	Annual renewal of Security X-Ray Screening Equipment Order and Maintenance Services Agreement.
62	CareFusion Solutions, LLC	Software License, Equipment & Support Services for CPEP Pharmacy Medstation	\$64,048.00	\$64,946.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Software License, Equipment and Support Services Agreement. [CPEP Pharmacy Med station].
63	Crothall Facilities Management, Inc.	Medical Equipment Maintenance and Support Services for NPC.	\$4,885.58	\$4,885.57	1/1/2023 - 12/31/2023	General Revenue (GR)	Service Agreement	Annual funding of Medical Equipment Maintenance and Support Services Agreement.
64	Houston Recovery Center (HRC) LGC - Sobering Center	NARCAN Spray Administration Training for SUDOP, CCSI, CCA and BHRT Program staff	\$2,000.00	\$2,000.00	9/1/2023 - 8/31/2024	Private Grant	Training Contract.	Annual renewal of NARCAN spray administration training Agreement [SUDOP, CCSI, CCA and BHRT Program staff].
65	P-Emergency Temporary Housing (ETH)	Master Pool-Emergency Temporary Housing (ETH)	\$6,000.00	\$2,500.00	9/1/2023 - 8/31/2024	Private Grant	Request for Application	Annual renewal of Master pool for the CCAP program to provide Emergency Housing services[Multiple Vendors].
66	Robert McIntyre	Crisis Line Debriefing Group Facilitation Services	\$6,000.00	\$6,000.00	9/1/2023 - 8/31/2024	State Grant		Annual renewal of Crisis Line Debriefing Group facilitation Agreement.
67	The Visual Influence, LLC	Consulting Services	\$22,375.00	\$22,375.00	7/1/2023 - 6/30/2024	County	Sole Source	Renewal of Consulting Agreement to provide Learning Circles (World Café Model) Session and Training to Community Members for the Community Initiated Mental Health and Resilience Care Program [ARPA project].
68	X-Ray Mobile Texas, Inc.	Mobile X-Ray Services for NPC	\$8,499.99	\$13,849.99	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal Mobile X-Ray Services Agreement.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
69	Modern Psychological & Allied Services, PLLC	Psychological Evaluation/Testing Services	\$41,300.00	\$41,300.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of Psychological Evaluation/Testing Services Agreement.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000

JULY 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
70	P-Emergency Evacuation Services	P-Master Pool Emergency Evacuation Lodging Services	\$45,150.00	\$46,779.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Emergency Evacuation Lodging Services Pooled Agreements. [Rates Vary for each site].
71	Slosson Educational Publications, Inc.	License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.	\$371.00	\$371.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of License Agreement to utilize the Aberrant Behavior Checklist ("ABC").
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
FORENSICS								
LEASES								
72	RKG Parking Solutions	Parking Lease for spaces located at Franklin Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.	\$36,000.00	\$36,000.00	10/1/2023 - 9/30/2024	County	----	Annual renewal of Parking Lease for spaces located at Franklin Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.
73	Shirajb LP	Property Lease at 817 Southmore, Suite 150, Pasadena, TX	\$14,400.00	\$16,800.00	9/1/2023 - 8/31/2024	State		Annual renewal of Property Lease [817 Southmore, Suite 150, Pasadena, Tx].
MENTAL HEALTH								
74	Coalition for the Homeless of Houston Harris County, Inc.	Care Coordination Services to the Coordinated Access System which provides homeless individuals with direct link to Housing Services	\$20,000.00	\$20,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Care Coordination Agreement to provide information referral through the Coordinated Access System which provides homeless individuals with a direct link to Housing Services.
75	Mental Health America of Greater Houston, Inc.	Oversight of Veterans Peer Support Processes in Harris County.	\$99,286.00	\$99,286.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of Agreement to provide Oversight of Veterans Peer Support Processes in Harris County.
76	Prosumers	Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County	\$18,000.00	\$18,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Consumer Driven	Annual renewal of Consultation and Training Services Agreement [Development and implementation of a Consumer Empowerment Group in Harris County].
77	The Furniture Bank	Furniture Voucher Services	\$80,000.00	\$80,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Consumer Driven	Annual renewal of Furniture Voucher Services Agreement.
78	VeriCorp	Service Agreement for Tenant Screening Services	\$875.00	\$577.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of Tenant Screening Service Agreement for individuals applying for Section 811 Project Rental Assistance Housing Program.



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5722

Contractor Name*

Affiliated Telephone, Inc.

Service Provided* (?)

Agency-wide Mitel telephone equipment, maintenance & support 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 type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" 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* (?)

\$ 85,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1171

G/L Code(s)*

564003

Current Fiscal Year Purchase Order Number*

FY23 CT142252

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 85,000.00	564003

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 85,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7594

Contractor Name*

Audimation Services, Inc.

Service Provided* (?)

Technical Training Services (IT Script Writing).

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* (?)

\$ 9,000.00

Rate(s)/Rate(s) Description

\$9,000.00

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142622

Contract Requestor*

David Fojtik

Contract Owner*

David Fojtik

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 9,000.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 9,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

David W Fojtik

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7592

Contractor Name*

BAS Resources, Inc. dba BAS Healthcare

Service Provided* (?)

Contingency Fee Agreement for the recruitment of Psychiatrists, APRN's and PA's

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 <input type="text" value="Unknown"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 35,000.00

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

1108

G/L Code(s)*

592000

Current Fiscal Year Purchase Order Number*

FY23 PO CT142395

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 35,000.00	592000

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

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

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

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

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

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

[Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6132

Contractor Name*

BMC Software, Inc.

Service Provided* (?)

Track-IT Support Software

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 |

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* (?)

\$ 23,889.72

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

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142498

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	\$ 23,889.72	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 23,889.72

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7780

Contractor Name*

Bud Griffin Customer Support, Inc.

Service Provided* (?)

Service and Maintenance Support for UPS AC

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

FY23 CT142389

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 12,000.00	553003
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
12000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7844

Contractor Name*

Carahsoft Technology Corporation

Service Provided* (?)

DocuSignEnterprise Pro Software

Renewal Term Start Date*

10/2/2023

Renewal Term End Date*

10/1/2024

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* (?)

\$ 19,641.80

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

1147

G/L Code(s)*

900021

Current Fiscal Year Purchase Order Number*

FY23 CT142341

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 50,000.00	900021

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
50,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0476

Contractor Name*

CARGO Group, Inc. d/b/a PreCheck

Service Provided* (?)

The vendor will provide drug screen and TB testing of candidates and employees as needed.

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* (?)

\$ 49,800.00

Rate(s)/Rate(s) DescriptionDrug screen - \$\$26 TB Testing \$43 X-Ray services 1 view
\$105**Unit(s) Served***

1108

G/L Code(s)*

543025

Current Fiscal Year Purchase Order Number*

CT142670

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,800.00	543025
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

rates are based upon activity.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 49,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
49800.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Michelle Johnson

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0391

Contractor Name*

CAVU Service LLC d/b/a Centigrade Service

Service Provided* (?)

Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy 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

- 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* (?)

\$ 2,953.00

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

2379

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY23 CT142323

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 2,953.00	553001

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,953.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7533

Contractor Name*

CDWG

Service Provided* (?)

DUO Authentication Software: Tag-On to National IPA contract

Renewal Term Start Date*

9/16/2023

Renewal Term End Date*

9/15/2024

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* (?)

\$ 71,940.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY23 CT142248

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	\$ 75,000.00	574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
75,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7012

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

VMware Software Subscription, Maintenance & Support; DIR-TSO-4288

Renewal Term Start Date*

11/1/2022

Renewal Term End Date*

10/31/2024

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* (?)

\$ 51,894.62

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142398

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	\$ 55,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 55,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
55,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7773

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

Technical Consultant Services (DIR-TSO-4144 Tag-on)

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* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142414

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	542000

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
30,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7802

Contractor Name*

CenturyLink Communications d/b/a Lumen Technologies Group

Service Provided* (?)

Back-up Data Circuits for EPIC

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* (?)

\$ 69,727.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

CT142486

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	\$ 71,084.00	564004

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 71,084.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
71084

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5007

Contractor Name*

Cerner Corporation

Service Provided* (?)

Agency Wide Anasazi Software, Support & Maintenance for IT

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 <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

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142452

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 15,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

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

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*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6766

Contractor Name*

Citrix Systems, Inc.

Service Provided* (?)

Software support & maintenance for Xen Desktop Enterprise Edition (Secure Remote Access Software).

Renewal Term Start Date*

11/1/2023

Renewal Term End Date*

10/31/2024

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 Unknown |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 84,392.70

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553001, 553002

Current Fiscal Year Purchase Order Number*

FY23 CT142524

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	\$ 84,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

FY 2024 ANNUAL RENEWAL

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 84,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

84000.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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 *

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7160

Contractor Name*

CU Solutions Group, Inc. d/b/a HR Performance Solutions

Service Provided* (?)

HR Performance Management software to support documentation for employee performance.

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* (?)

\$ 19,974.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142296

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	\$ 24,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 24,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
2024

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7841

Contractor Name*

Datix (USA) Inc. d/b/a RL Datix (PolicyStat only)

Service Provided* (?)

PolicyStat Software, a document storage and management system.

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* (?)

\$ 65,448.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142562

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	\$ 66,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
66,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

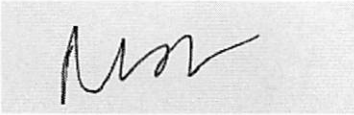
Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by



Contracts Approval

Approve *

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

Approved by *



Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7824

Contractor Name*

Datix (USA), Inc. d/b/a RLDatix

Service Provided* (?)

Risk Incident Reporting System and Site Hosting Services.

Renewal Term Start Date*

11/19/2023

Renewal Term End Date*

11/18/2024

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* (?)

\$ 59,892.00

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

1130, 1102

G/L Code(s)*

551003, 553002

Current Fiscal Year Purchase Order Number*

FY23 CT142506

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit


Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 15,238.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 15,238.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
15238.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No


Are there any changes in the Performance Targets?*

Yes No

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

Yes No


File Upload (?)

Contract Owner 

Contract Owner* (?)


Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Mustafa Cechinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6486

Contractor Name*

Department of Information Resources

Service Provided* (?)

WAN Services from TDHS

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

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY23 CT142578

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	\$ 75,000.00	564004

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7166

Contractor Name*

Dispensary of Hope

Service Provided* (?)

A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 37,500.00

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

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142422

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?***

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 37,500.00	542000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2024	\$ 37,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0128

Contractor Name*

DonAngelo & Company LLC

Service Provided* (?)

Executive Coaching Program.

Renewal Term Start Date*

7/1/2023

Renewal Term End Date*

12/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 34,000.00

Rate(s)/Rate(s) Description

\$17,000.00 Executive Coaching program fee with partial payment of \$8,500.00 due within 30 days of full execution of the Agreement.

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142264

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 17,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 17,000.00

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

Kendra Thomas

Budget Manager Approval(s)



Approved by



Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6840

Contractor Name*

Empowered Systems Holdings, LLC D/BA/ Empowered Systems, LLC

Service Provided* (?)

AutoAudit Software License, Training 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

- 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* (?)

\$ 1,200.00

Rate(s)/Rate(s) Description

\$255.00 per Quarter License Fee Input blocked. Maximum character limit of 4000 characters reached.

Unit(s) Served*

1101

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142642

Contract Requestor*

David Fojtik

Contract Owner*

David Fojtik

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

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 1,600.00	553002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

David W Fojtik

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0419

Contractor Name*

Bonfire Interactive Ltd

Service Provided* (?)

Procurement Management Platform Service License and Support.

Renewal Term Start Date*

10/1/2022

Renewal Term End Date*

9/30/2024

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* (?)

\$ 37,500.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1128

G/L Code(s)*

553002, 551002

Current Fiscal Year Purchase Order Number*

FY23 CT142320

Contract Requestor*

Nina Cook

Contract Owner*

Nina Cook

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 17,500.00	551002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 20,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 37,500.00

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 (?)

Bonfire - Announcing our new name and look!.msg	192.5KB
Bonfire - Were getting a new name!.msg	182KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nina Cook

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Nina Cook

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7807

Contractor Name*

Everbridge, Inc.

Service Provided* (?)

Everbridge provides the Agency's Mass Notification Incident Management Service as well as the Safety Connection Base Service (see amendment 1).

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* (?)

\$ 45,000.00

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

1130

G/L Code(s)*

553003, 551002

Current Fiscal Year Purchase Order Number*

FY23 CT142447

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 45,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

FY2024 45,000 ANNUAL RENEWAL

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

45,000

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?*

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0449

Contractor Name*

FMLASource, Inc.

Service Provided* (?)

Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.

Renewal Term Start Date*

12/1/2023

Renewal Term End Date*

11/30/2024

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 type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other RFP through Benefits Broker |

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* (?)

\$ 49,000.00

Rate(s)/Rate(s) Description

\$1.41 per employee per month (PEPM) for approx. 2,512 Employees as of 12/1/2022 commencement date. Annual (on-cycle) funding.

Unit(s) Served*

1108

G/L Code(s)*

543039

Current Fiscal Year Purchase Order Number*

CT142496

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	\$ 49,000.00	543039
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 49,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5324

Contractor Name*

Future Com, LTD.

Service Provided* (?)

Digital Defense Assessments

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 <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* (?)

\$ 27,540.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142256

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinnwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7385

Contractor Name*

GenSolutions, LLC

Service Provided* (?)

Generator Maintenance, Inspection, and Support 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 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"/> |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 26,521.13

Rate(s)/Rate(s) Description

Unit(s) Served*

1899

G/L Code(s)*

569021

Current Fiscal Year Purchase Order Number*

CT141346

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	569021

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2020-0015

Contractor Name*

Greater Houston Healthconnect

Service Provided* (?)

Master Participation Agreement. Internet-Based system that provides secure electronic exchange of PHI information with other providers.

Renewal Term Start Date*

3/9/2023

Renewal Term End Date*

3/9/2024

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 <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* (?)

\$ 15,500.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY23 CT142560

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 16,000.00	574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 16,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
16,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7531

Contractor Name*

Humble Elevator Service, Inc.

Service Provided* (?)

Agency Elevator
Services at the Northeast, Bristow & Jail Diversion Locations

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* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Vary

Unit(s) Served*

1899

G/L Code(s)*

569009

Current Fiscal Year Purchase Order Number*

CT142337

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	\$ 25,000.00	569009

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Humble Elevator FY24 rates.pdf

469.87KB

Contract Owner


Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7774

Contractor Name*

Indigo Beam, LLC

Service Provided* (?)

Pre-paid Consulting Services for SharePoint (DIR-TSO-4078 Tag-on).

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* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142426

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	542000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
30,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0087

Contractor Name*

Inmar Rx Solutions, Inc.

Service Provided* (?)

Third Party Rx Reconciliation and Analytical Services - To verify Pharmacy/The Harris Center is getting paid properly for RX's dispensed to patient with third party RX coverage/Medicaid/Medicare Part D. To go live June 2021 post Epic conversion.

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* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142401

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 75,000.00	542000
Budget Manager * Campbell, Ricardo	Secondary Budget Manager * Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2024	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0067

Contractor Name*

InstaMed Communications, LLC

Service Provided* (?)

Payment processing setup for EPIC and throughout Agency.

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 |

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**Unit(s) Served***

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY23 CT142457

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 35,000.00	574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
35,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7451

Contractor Name*

Intrado Interactive Services Corporation

Service Provided* (?)

Televox Software Subscription Services for an Agency wide phone tree.

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 |

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* (?)

\$ 72,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142481

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	\$ 72,000.00	553002

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 72,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
72,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7620

Contractor Name*

J. Taylor & Associates, LLC D/B/A JTaylor

Service Provided* (?)

Consultant provides analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.

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

\$ 77,400.00

Rate(s)/Rate(s) Description

Professional Fees per Program: \$30,000.00 - \$45,000.00.

Unit(s) Served*

1108

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142305

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 60,000.00	542000

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

Provide Rate and Rate Descriptions if applicable* (?)

Professional fees per program \$30,000-\$45,000

Project WBS (Work Breakdown Structure)* (?)

NA

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

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Mirya Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5039

Contractor Name*

Knowledge Lake, Inc.

Service Provided* (?)

Sharepoint/HRIS related Software Support 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

- 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* (?)

\$ 37,500.00

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

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

Fy23 CT142505

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	\$ 41,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 41,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cechinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0398

Contractor Name*

LAB Information Technology Incorporated d/b/a LABUSA

Service Provided* (?)

Mobile development services requested are for Windows phone, iOS and Android. LABUSA shall design and develop the mobile application in a way that provides a similar theme yet device-specific experience for users depending on what type of device they are on. The two types supported shall be smartphones and tablets.

TIPS Contract 200601

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* (?)

\$ 53,199.00

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

1147

G/L Code(s)*

900060, 900022

Current Fiscal Year Purchase Order Number*

FY23 CT142557

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? ***

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 33,120.00	900060
Budget Manager * Brown, Erica	Secondary Budget Manager * Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2024	\$ 33,120.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

33,120

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6298

Contractor Name*

Legal Files Software, Inc.

Service Provided* (?)

Software for Legal and Contracts Case 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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Legal Software |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 7,765.00

Rate(s)/Rate(s) Description

Unit 1110 - \$4,486; Unit 1119 - \$3,279

Unit(s) Served*

1110, 1119

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142428; CT142416

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 4,711.00	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 3,443.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 8,154.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0150

Contractor Name*

M Strategic Partners (NPC Renovation Project)

Service Provided* (?)

Project Management Consultant Services for Ben Taub NPC Renovation Project.

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* (?)

\$ 75,750.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY23 PO CT142325

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	\$ 40,790.00	900040

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 40,790.00

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



Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0593

Contractor Name*

Medical Practice Consultants, Inc.

Service Provided* (?)

Coding/Compliance Bill Review and Provider Training 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* (?)

\$ 49,500.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1134

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142669

Contract Requestor*

Eva Honeycutt

Contract Owner*

Vanessa McKeown

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 99,500.00	542000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 99,500.00

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

Eva Honeycutt

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Eva Honeycutt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7679

Contractor Name*

NETSPI, LLC

Service Provided* (?)

Network Penetration Testing 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 |

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* (?)

\$ 36,431.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

FY23 CT142570

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	\$ 38,000.00	553003

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 38,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
38,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochiunnala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6833

Contractor Name*

Network Sciences, Inc.

Service Provided* (?)

Sub-user software agreement to access database for consumer's eligibility.

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* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

2200

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142590

Contract Requestor*

Chekesha Govan

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	\$ 25,000.00	553002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6665

Contractor Name*

NFS Hospitality Corporation, Inc.

Service Provided* (?)

Rendezvous Workspace meeting room booking software

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 <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* (?)

\$ 4,437.50

Rate(s)/Rate(s) Description**Unit(s) Served***

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142450

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 6,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2023-0686

Contractor Name*

NLUC PLLC

Service Provided* (?)

Workers' Compensation Medical Treatment 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* (?)

\$ 6,000.00

Rate(s)/Rate(s) Description

\$60.00 Drug/Alcohol Screens (=\$35.00 Drug + \$25.00 Alcohol), \$50.00 X-Ray Services, Workers' Compensation Treatment varies based on TDI-TWC Fee Schedule.

Unit(s) Served*

1117

G/L Code(s)*

543024

Current Fiscal Year Purchase Order Number*

CT142905

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Please Explain *

Invoices were submitted late with errors but were corrected and resubmitted.

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 6,000.00	543024
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
0

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra D. Thomas

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/5/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5185

Contractor Name*

Parata Systems, LLC

Service Provided* (?)

Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location.

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* (?)

\$ 13,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142434

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 14,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 14,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7123

Contractor Name*

Parata Systems, LLC

Service Provided* (?)

Emergency replacement for Parata Max Robot at the NE Clinic.

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 <input type="text" value="Unknown"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142435

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 14,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 14,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

ANGELA PABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6638

Contractor Name*

Performance Logic, Inc.

Service Provided* (?)

Project Management Software to Track Agency Project Performance.

Renewal Term Start Date*

11/1/2023

Renewal Term End Date*

10/31/2024

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 <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* (?)

\$ 11,726.00

Rate(s)/Rate(s) Description

vary.

Unit(s) Served*

1128, 1130 and 1177

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142596

Contract Requestor*

Maria Richardson

Contract Owner*

Carrie Rys

File Upload (?)

ID 6638 Performance Logic - Harris Center PPM PL Price Quote 05-01-
2023 (Renewal).pdf 253.61KB

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1177	\$ 506.75	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 6,081.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 3,547.25	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,135.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
10,135.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Harris Center PPM PL Price Quote 05-01-2023.pdf

265.67KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Carrie Rys

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2023-0604

Contractor Name*

PHactory Consulting, LLC

Service Provided* (?)

Housing Development Consultant Services for the development of 26 housing units located at 6160 South Loop East, Houston, Texas.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

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* (?)

\$ 39,000.00

Rate(s)/Rate(s) Description

\$195 per hour

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 PO CT142724

Contract Requestor*

Veronica Franco

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.*
1101	\$ 39,000.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$195/hour

Project WBS (Work Breakdown Structure)* (?)

Project work for the 6168 apartments

Fiscal Year* (?)	Amount* (?)
2024	\$ 39,000.00

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

Carrie Rys

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Carrie Reynolds

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/23/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0288

Contractor Name*

Pinnacle Business Solutions (Pharmacy)

Service Provided* (?)

Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1135

G/L Code(s)*

577000

Current Fiscal Year Purchase Order Number*

FY23 CT142301

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 10,000.00	542000

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0145

Contractor Name*

Pivot Point Consulting, A Vaco Company

Service Provided* (?)

Consulting and IT Staffing Services. Pivot Point Consulting will provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction.

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 640,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1158, 2626, 2426

G/L Code(s)*

542000, 900060

Current Fiscal Year Purchase Order Number*

FY23 CT142370

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 96,000.00	900060

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

FY 2024 ANNUAL RENEWAL

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 96,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

96000.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6845

Contractor Name*

Qualtrics, LLC

Service Provided* (?)

Software Subscription License Fee and Support Services for Employment Engagement Surveys.

Renewal Term Start Date*

8/5/2023

Renewal Term End Date*

8/4/2024

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 Software License Agreement/Contract

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 27,301.21

Rate(s)/Rate(s) DescriptionSubscription Software Fee Based on Employee Count up to
2400: \$27,301.21**Unit(s) Served***

2301

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142538

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.*
2301	\$ 27,301.21	553002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 27,301.21

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5653

Contractor Name*

Salary.com, LLC

Service Provided* (?)

License Agreement for compensation analysis.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Software License Agreement/Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 19,500.00

Rate(s)/Rate(s) Description

Companalyst Market Data Software: \$9,500.00 Companalyst
Plus + Job Architect Software Add-Ons: \$10,000.00

Unit(s) Served*

1108

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142443

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)

ID 5653 Salary.com - Harris Center 2024 Renewal Quote (orig.).pdf 77.38KB

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 22,000.00	553002
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 22,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5032

Contractor Name*

ScriptPro USA, Inc. (SE)

Service Provided* (?)

Support & Maintenance for pharmacy equipment for the SE Clinic.

Renewal Term Start Date*

9/1/2023

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 |

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* (?)

\$ 16,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY23 CT142421

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 16,000.00	553001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 16,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA PABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/14/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5031

Contractor Name*

ScriptPro USA, Inc. (NW)

Service Provided* (?)

Support & Maintenance for Pharmacy equipment at the NW Clinic.

Renewal Term Start Date*

9/1/2023

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 <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***

1135

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY23 CT142427

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 11,000.00	553001
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 11,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA PABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0510

Contractor Name*

Skillssoft Corporation

Service Provided* (?)

Skillssoft Percipio Software.

Renewal Term Start Date*

9/6/2023

Renewal Term End Date*

9/5/2024

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* (?)

\$ 15,189.80

Rate(s)/Rate(s) Description**Unit(s) Served***

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142618

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 14,330.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 14,330.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
14,330

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7355

Contractor Name*

SmartDeploy LLC

Service Provided* (?)

An easy to use, hardware independent OS and application deployment solution that uses centralized, single image management and pre-built model specific driver packages to improve IT efficiency while simplifying user experience.

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* (?)

\$ 18,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142627

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	\$ 18,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2024	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
18,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7326

Contractor Name*

Southeast Texas Regional Advisory Council (SETRAC)

Service Provided* (?)

The Harris Center is a Participant in the Hospital Healthcare Preparedness Program ("HPP").

Renewal Term Start Date*

7/1/2023

Renewal Term End Date*

6/30/2024

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 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* (?)

\$ 125.00

Rate(s)/Rate(s) Description

As Applicable.

Unit(s) Served*

2379

G/L Code(s)*

595000

Current Fiscal Year Purchase Order Number*

CT142271

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 125.00	595000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 125.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Kendra D. Thomas

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/5/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7504

Contractor Name*

Texas Applications Specialists, Inc.

Service Provided* (?)

Pharmacy Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services.

Renewal Term Start Date*

9/1/2023

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 |

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* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142565

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 24,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1112	\$ 12,000.00	553002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 6,000.00	553002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 42,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

ANGELA PABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0195

Contractor Name*

The McMillan Barlow Group LLC d/b/a Blue Mesa Group

Service Provided* (?)

Executive Coaching Consultant Services for Chief Medical Officer.

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* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142273

Contract Requestor*

Annette Mayne

Contract Owner*

Luming Li

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 20,000.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets?*
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Luming Li

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

[Handwritten signature]

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/16/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7664

Contractor Name*

Vertiv Corporation

Service Provided* (?)

9401 Data Center - Liebert UPS Power and Battery Maintenance and Support Services.

Renewal Term Start Date*

9/1/2023

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 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* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY23 CT142493

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 12,000.00	553001
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
12,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7765

Contractor Name*

VP Imaging, Inc. d/b/a DocuNav Solutions

Service Provided* (?)

Laserfiche licenses, maintenance & support (Dir-CPO-4449)

Renewal Term Start Date*

9/21/2023

Renewal Term End Date*

9/21/2024

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* (?)

\$ 83,324.71

Rate(s)/Rate(s) Description**Unit(s) Served***

1130

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

FY23 CT142250

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	\$ 84,000.00	553003

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 84,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
84,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5748

Contractor Name*

WEX Health, Inc. DBA WEX

Service Provided* (?)

Agency-wide COBRA Administration Services.

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 <input type="text" value="N/A"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 22,000.00

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*

CT142291

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	543039

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7603

Contractor Name*

Autoclear, LLC

Service Provided* (?)

Security X-Ray Screening Equipment Order and Maintenance Service.

Renewal Term Start Date*

8/18/2023

Renewal Term End Date*

8/17/2024

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 <input type="text" value="Maintenance Agreement"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 4,900.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

9206

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

CT142621

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 4,900.00	553001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 4,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Amber Pastuszek, MD

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6048

Contractor Name*

CareFusion Solutions, LLC

Service Provided* (?)

Software License, Equipment & Support Services for CPEP Pharmacy Medstations.

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 64,048.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9205, 9209

G/L Code(s)*

552000, 553001

Current Fiscal Year Purchase Order Number*

FY23 CT142417

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 34,296.00	552000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 7,102.00	553001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 18,624.00	552000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 4,924.00	553001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 64,946.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6678

Contractor Name*

Crothall Facilities Management, Inc.

Service Provided* (?)

Medical equipment maintenance and support services for NPC.

Renewal Term Start Date*

1/1/2023

Renewal Term End Date*

12/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other **Service 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* (?)

\$ 4,885.58

Rate(s)/Rate(s) Description

\$4,885.58 Annual contract fee(s). Annual on-cycle funding.

Unit(s) Served*

9206, 9209

G/L Code(s)*

553000

Current Fiscal Year Purchase Order Number*

CT142476

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	\$ 2,442.79	553000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 2,442.78	553000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 4,885.57

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

Amber Pastuszek, MD

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7860

Contractor Name*

Houston Recovery Center (HRC) LGC - Sobering Center

Service Provided* (?)

NARCAN spray administration training for SUDOP, CCSI, CCA and BHRT Program staff.

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 Training Contract.

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,000.00

Rate(s)/Rate(s) Description

\$1,000.00 per training.

Unit(s) Served*

9263

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT142249

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00	549005

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Macleod, Ann

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Private Grant

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are 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

Amber Pastuszek, MD

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0071

Contractor Name*

Emergency Temporary Housing (ETH) Master Pool

Service Provided* (?)

The CCAP program will contract with vendors who provide emergency housing services to individuals served on the program for up to 21 days.

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* (?)

\$ 6,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9238

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

FY23 CT142284

Contract Requestor*

Amber Honsinger

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 2,500.00	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Private Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Kim KORNMEYER

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0580

Contractor Name*

Robert McIntyre

Service Provided* (?)

Crisis Line Debriefing Group facilitation

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 <input type="text" value="Provided by Janice Cote"/> |

Contract Description / Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 6,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

7001

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT142633

Contract Requestor*

Janice Cote

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	\$ 6,000.00	549005

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
6000

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



Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0353

Contractor Name*

The Visual Influence, LLC

Service Provided* (?)

Consulting Services to provide Learning Circles (World Café Model) Session and Training to Community Members for the Community Initiated Mental Health and Resilience Care Program as part of the ARPA project.

Renewal Term Start Date*

7/1/2023

Renewal Term End Date*

6/30/2024

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

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* (?)

\$ 22,375.00

Rate(s)/Rate(s) Description

Unit(s) Served*

7008

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142598

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	\$ 22,375.00	54200
Budget Manager *	Secondary Budget Manager *	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 22,375.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No


File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s) 

Approved by

Kevin Hejary

Contract Owner Approval 

Approved by

Jennifer Battle

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/21/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7848

Contractor Name*

X-Ray Mobile Texas, Inc.

Service Provided* (?)

Mobile X-Ray 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* (?)

\$ 8,499.99

Rate(s)/Rate(s) Description

Total Cost of X-Ray: \$150.00; Cost of X-ray Interpretation: \$0.00; stat fee: \$25.00; Afterhours/Weekend/Holiday fee: \$50.00; Set-up fee per Procedure: \$0.00

Unit(s) Served*

9205, 9209, 9403, 9407, 9261, 9264, 9267

G/L Code(s)*

543031

Current Fiscal Year Purchase Order Number*

CT142527

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.*
9403	\$ 3,150.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 450.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 150.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,200.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 300.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 6,999.99	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,000.00	543031
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 300.00	543031
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 300.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni

Fiscal Year* (?)	Amount* (?)
2024	\$ 13,849.99

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner


Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by




Approved by



Contract Owner Approval

Approved by



Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7865

Contractor Name*

Modern Psychological & Allied Services, PLLC

Service Provided* (?)

Psychological Evaluation/Testing.

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* (?)

\$ 41,300.00

Rate(s)/Rate(s) Description

\$350.00 per evaluation/test

Unit(s) Served*

3411

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT142525

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 16,100.00	540503

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3411	\$ 25,200.00	540503

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 41,300.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
N/A

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Everthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0215

Contractor Name*

P-Emergency Evacuation Services

Service Provided* (?)

Emergency Evacuation Lodging 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 |

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* (?)

\$ 45,150.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

3390, 9210, 9810, 9247, 9403, 9407, 9261, 9264

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

CT142470

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3390	\$ 12,900.00	595031

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 4,750.00	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 1,780.00	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 6,192.00	595031

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 5,160.00	595031

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 7,998.00	595031

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 2,064.00	595031

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 5,935.00	595031

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2024	\$ 46,779.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approved by

Jedid Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

Kendra Thomas

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2020-0034

Contractor Name*

Slosson Educational Publications, Inc.

Service Provided* (?)

License Agreement to utilize the Aberrant Behavior Checklist ("ABC") electronically in EPIC.

Renewal Term Start Date*

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* (?)

\$ 371.00

Rate(s)/Rate(s) Description**Unit(s) Served***

3623

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

FY23 PO CT142451

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 371.00	551003
Budget Manager* Adams-Austin, Mamie		Secondary Budget Manager* Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 371.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
N/A

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Slosson Education Exhibits.pdf

68.53KB

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*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0133

Contractor Name*

RKG Parking Solutions

Service Provided* (?)

Parking Lease for spaces located at Frankling Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.

Renewal Term Start Date*

10/1/2023

Renewal Term End Date*

9/30/2024

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 type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 36,000.00

Rate(s)/Rate(s) Description

\$150 per parking space; 20 spaces

Unit(s) Served*

6702

G/L Code(s)*

544005

Current Fiscal Year Purchase Order Number*

FY23 PO CT142357

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6702	\$ 36,000.00	544005
Budget Manager * Williams-Wesley, Sheenia	Secondary Budget Manager * Jiles, Monalisa	

Fiscal Year * (?)	Amount * (?)
2024	\$ 36,000.00

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shermie Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6681

Contractor Name*

Shirajb LP

Service Provided* (?)

Property Lease at 817 Southmore, Suite 150, Pasadena, TX

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 none

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 14,400.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

FY23 CT142460

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 16,800.00	126006

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2024	\$ 16,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
16,800.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner


Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by



Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7578

Contractor Name*

Coalition for the Homeless of Houston Harris County, Inc.

Service Provided* (?)

Care Coordination Services

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

2200

G/L Code(s)*

543022

Current Fiscal Year Purchase Order Number*

FY23 CT142359

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 20,000.00	543022

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7743

Contractor Name*

Mental Health America of Greater Houston, Inc.

Service Provided* (?)

Oversight of Veterans Peer Support Processes in Harris County.

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 99,286.00

Rate(s)/Rate(s) Description**Unit(s) Served***

2200

G/L Code(s)*

543053

Current Fiscal Year Purchase Order Number*

FY23 CT142446

Contract Requestor*

Sandra Brock

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	\$ 99,286.00	543053

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 99,286.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
99,286.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Sandra Brock

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Sandra Brock

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0170

Contractor Name*

Prosumers

Service Provided* (?)

Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County.

Renewal Term Start Date*

9/1/2023

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* (?)

\$ 18,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 CT142408

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 18,000.00	542000

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/9/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7566

Contractor Name*

The Furniture Bank

Service Provided* (?)

Furniture Voucher Services.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input style="width: 150px;" 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 style="width: 150px;" type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 80,000.00

Rate(s)/Rate(s) Description

\$200.00 per Consumer served on a monthly basis.

Unit(s) Served*

2200

G/L Code(s)*

595000

Current Fiscal Year Purchase Order Number*

CT142537

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	\$ 80,000.00	595000

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Fiscal Year* (?)	Amount* (?)
2024	\$ 80,000.00

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 *

6/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0538

Contractor Name*

VeriCorp

Service Provided* (?)

Service Agreement for Tenant Screening Services for individuals applying for Section 811 Project Rental Assistance Housing 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* (?)

\$ 875.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2802

G/L Code(s)*

595000

Current Fiscal Year Purchase Order Number*

CT142803

Contract Requestor*

Sandra Brock

Contract Owner*

Sandra Brock

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 577.00	595000

Budget Manager* Shelby, Debbie	Secondary Budget Manager* Hooper Jr., Michael
--	---

Fiscal Year* (?) 2024	Amount* (?) \$ 577.00
---------------------------------	---------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$577.00

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

ID 2022-0538 VeriCorp New FY23 Service Agmt (fully executed).pdf 1.14MB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Sandra Brock

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Sandra Brock

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/7/2023

EXHIBIT F-23

JULY 2023

**AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES**

INFORMATION ONLY



Executive Contract Summary

Contract Section



Contractor*

College of the Mainland

Contract ID #*

2024

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD & College of the Mainland

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

this agreement will allow students enrolled at College of the Mainland to complete field placements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

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 (?)

ID 7275 College of The Mainland (COTM) - ECS (orig.).pdf 589.38KB

Vendor/Contractor Contact Person ▲

Name*

Amanda Ordonez

Address*

Street Address

1200 amburn rd

Address Line 2

City

texas city

State / Province / Region

TX

Postal / Zip Code

77591

Country

USA

Phone Number*

4099938141

Email*

mordonez@com.edu

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* N/A
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name Williams, JeDonne	Submission Date 6/8/2023
--	------------------------------------

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mingfa Escobar

Approval Date
6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*
6/14/2023



Executive Contract Summary

Contract Section

**Contractor***

University of Cininnatti College of Nursing

Contract ID #*

2024-2

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD & University of Cininnatti College of Nursing

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input 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* (?)

This agreement will allow students enrolled at University of Cincinnati College of Nursing to complete field placements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

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***

Kirsten Puckett

Address*

Street Address

3110 Vine St.

Address Line 2

City

Cincinnati

Postal / Zip Code

45221

State / Province / Region

OH

Country

USA

Phone Number*

513.558.2969

Email*

kirsten.puckett@uc.edu

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, JeDonne	6/8/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*
6/14/2023



Executive Contract Summary

Contract Section

Contractor*

University of Texas Rio Grande Valley

Contract ID #*

2024-1

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD & University of Texas Rio Grande Valley

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

this agreement will allow students enrolled at University of Texas Rio Grande Valley to complete fieldplacements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

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 (?)

ID 7333 UT Rio Grande - ECS (orig.)pdf.pdf 595.48KB

Vendor/Contractor Contact Person ▲

Name*

Eva Martinez

Address*

Street Address

2102 Treasure Hills Blvd

Address Line 2

City

Harlington

State / Province / Region

TX

Postal / Zip Code

78550

Country

USA

Phone Number*

956-882-5072

Email*

eva.martinez1@UTRGV.edu

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Williams, JeDonne	6/8/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Nancy Escobar

Approval Date
6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*
6/14/2023



Executive Contract Summary

Contract Section

Contractor*

Walden University

Contract ID #*

2024-

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD & Walden University

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

this agreement will allow students enrolled at Walden University to complete field placements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

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 (?)

ID 7266 Walden - ECS 1 (orig.).pdf

637.58KB

Vendor/Contractor Contact Person

Name*

Danielle Hedgepeth

Address*

Street Address

650 S. Exeter Street

Address Line 2

City

Baltimore

Postal / Zip Code

21202

State / Province / Region

MD

Country

USA

Phone Number*

443-627-7705

Email*

danielle.hedgepeth@mail.waldenu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* N/A
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name Williams, JeDonne	Submission Date 6/8/2023
--	------------------------------------

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*
6/14/2023



Executive Contract Summary

Contract Section


Contractor*

Open Door Mission

Contract ID #*

na

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

Open Door Mission 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* (?)

8/1/2023

Contract Term End Date* (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)



Executive Contract Summary

Contract Section


Contractor*

Walden University

Contract ID #*

2024-

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD & Walden University

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s) *

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <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

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* (?)

this agreement will allow students enrolled at Walden University to complete field placements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

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 (?)

ID 7266 Walden - ECS 1 (orig.).pdf

637.58KB

Vendor/Contractor Contact Person

Name*

Danielle Hedgepeth

Address*

Street Address

650 S. Exeter Street

Address Line 2

City

Baltimore

Postal / Zip Code

21202

State / Province / Region

MD

Country

USA

Phone Number*

443-627-7705

Email*

danielle.hedgepeth@mail.waldenu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, JeDonne

Submission Date

6/8/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/14/2023



Executive Contract Summary

Contract Section



Contractor*

U.S.VETS

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

U.S.VETS-Houston 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* (?)

7/1/2023

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* (?)

- | | |
|---|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input checked="" type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Justification/Purpose of Contract/Description of Services Being Provided* (?)

The care coordination agreement serves to confirm that mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: U.S.Vets Houston

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*

US VETS Houston

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

David Traxler

Address*

Street Address

7227 Fannin STE 200

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

United States

Phone Number*

832-317-8552

Email*

dtraxler@usvets.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	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	6/7/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Amber Pastuszek, MD

Approval Date

6/7/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/9/2023



Executive Contract Summary

Contract Section

Contractor *

United Against Human Trafficking

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

7/18/2023

Parties * (?)

United Against Human Trafficking 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 * (?)

7/1/2023

Contract Term End Date * (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Fiscal Year * (?)

2024

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* (?)

The Care Coordination Agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: United Against Human Trafficking

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*

United Against Human Trafficking

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Titus Benton

Address*

Street Address

6671 Southwest Freeway #220

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number*

832-324-2524

Email*

tbenton@uaht.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 0.00	0

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
 NA

Project WBS (Work Breakdown Structure)* (?)
 NA

Requester Name	Submission Date
Singh, Patricia	6/23/2023

Budget Manager Approval(s) ▲

Approved by	Approval Date
	6/23/2023

Procurement Approval ▲

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval ▲

Approved by	Approval Date
	6/23/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*	Approval Date*
	6/23/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0583

Contractor Name*

Communities In Schools of Houston, Inc.

Service Provided* (?)

Communities in Schools is requesting that a dedicated crisis line be setup and answered by The Harris Center for their 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

- | | |
|---|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 39,700.00

Rate(s)/Rate(s) Description

Unit(s) Served*

7001

G/L Code(s)*

420015

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Janice Cote

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	\$ 39,700.00	420015

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Private Pay Source

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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 *

6/9/2023



Executive Contract Summary

Contract Section



Contractor*

Region 4 Education Service Center

Contract ID #*

2023-0716

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/11/2023

Parties* (?)

Region 4 Education Service Center
The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Lease |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

9/1/2024

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

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* (?)

Leasing conference room #104 to Region 4 Education Service Center.
Vendor will conduct training for school personnel i.e., teachers, counselors, administrators, possibly principals and/or superintendents.

Contract Owner*

Carrie Rys

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ashley Whitley

Address*

Street Address

7145 West Tidwell Road Houston

Address Line 2

City

Houston

Postal / Zip Code

77092-2096

State / Province / Region

TX

Country

US

Phone Number*

713-744-6321

Email*

Ashley.Whitley@esc4.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 0.00	420000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Pending

Project WBS (Work Breakdown Structure)* (?)

Rental Dates and Attendance Capacity:

- 40 participants, approximately
 - o May 7, 2024, 8:30a-12:00p
 - o July 20, 2024, 8:30a- 12:00p
 - o November 5, 2024, 8:30- 12:00p
 - o September 28, 2023, 9:00a- 3:00p
 - o July 10, 2024, 9:00a- 3:00p
 - o January 18, 2024, 9:00a- 3:00p
- 50-70 participants, 2 rooms both days
 - o June 10-11, 2024- Full Day
 - o Or
 - o June 16-17, 2024- Full Day
 - o January 31, 2024- Full Day (One Day, One room)

Requester Name	Submission Date
Richardson, Maria	6/7/2023

Budget Manager Approval(s) 

Approved by

Erica Brown

Approval Date

6/7/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Carrie O'Ryan

Approval Date

6/12/2023

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/14/2023

EXHIBIT F-24

The Harris Center Board of Trustee's Attendance Report
Calendar Year 2023

	Meeting Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												Total Mtgs	% Attendance
Resource Committee	Y	Y	Y	Y	Y	Y	N	N	N	N/A	N	N	6	
Womack	P	A	P	P	P	P	5	83%						
Santos	P	P	P	P	P	P	6	100%						
Lykes	P	P	P	P	A	P	5	83%						
Miller, Jr.	N/A	N/A	P	P	P	A	3	75%						
Zakaria	P	P	P	P	P	P	6	100%						
Gearing	A	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	50%		
Quality Committee	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	6	
Santos	P	P	P	P	P	P	6	100%						
Hellums	N/A	N/A	A	A	P	P	2	50%						
Gearing	A	P	P	P	P	P	5	83%						
Zakaria	P	P	P	P	P	P	6	100%						
Moore	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	100%	
Lykes	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	100%	
Program Committee	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	5	
Hellums	P	P	A	P	P	4	80%							
Gearing	A	P	P	P	P	4	80%							
Moore	P	P	P	P	5	100%								
Lykes	A	A	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	33%		
Hurtado	A	A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%		
Miller	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	100%		
Audit Committee	Y	N	N	N	Y	N	N	N	N	N	N	N	2	
Gearing	N/A	P	1	100%										
Womack	P	P	2	100%										
Miller	P	P	2	100%										
Moore	P	P	2	100%										
Santos	P	P	2	100%										
Hurtado	A	N/A	N/A	N/A	0	0%								
Hellums	P	N/A	N/A	N/A	1	100%								
Lykes	A	N/A	N/A	N/A	0	0%								
Governance Committee	Y	Y	Y	Y	N	Y	N	N	N	N	N	N	5	
Lykes	P	P	P	P	P	5	100%							
Hurtado	A	A	P	A	P	2	40%							
Womack	P	P	P	P	P	5	100%							
Santos	N/A	P	P	P	P	4	100%							
Zakaria	P	P	A	P	P	4	80%							
Miller	P	A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	33%		
Gearing	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	67%		
Full Board Meeting	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	6	
Zakaria	P	P	A	P	P	P	5	83%						
Moore	P	A	P	P	P	P	5	83%						
Gearing	P	P	P	P	P	P	6	100%						
Santos	P	P	P	P	P	P	6	100%						
Womack	P	P	P	P	P	P	6	100%						
Hellums	P	P	A	P	A	P	4	67%						
Lykes	P	P	P	P	P	P	6	100%						
Miller, Jr.	P	A	P	P	P	A	4	67%						
Hurtado	A	P	P	A	P	P	4	67%						

N/A = Not active member of Board or Committee

P=Present

A=Absent

EXHIBIT F-25

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

ACT Assertive Community Treatment
 ADL Activities of Daily Living
 AFDC Aid to Families with Dependent Children
 ALF Assisted Living facility
 ANSA Adult Needs and Strengths Assessment
 AOT Assisted out-patient treatment

APS Adult Protective Services
 ARC Association for Retarded Citizens
 AUDIT-C Alcohol Use Disorders Identification Test

B

BABY CANS Baby Child Assessment needs (3-5 years)
 BHO Behavioral Health Organization
 BDSS Brief Bipolar Disorder Symptom Scale
 BNSA Brief Negative Symptom Assessment

C

CANS Child and Adolescent Needs and Strengths
 CAPES Child and Adolescent Psychiatric Emergency Services
 CAPS Child and Adolescent Psychiatric Services
 CARE Client Assessment and Registration
 CARF Commission on Accreditation of Rehabilitation Facilities
 CAS Child and Adolescent Services
 CBCL Children's Behavioral Checklist
 CBHN Community Behavioral Health Network
 CBT Cognitive behavior therapy
 CCBHC Certified Community Behavioral Health Clinic
 CCR Clinical case review
 CCSI Chronic Consumer Stabilization Initiative
 CCU Crisis Counseling Unit
 CHIP Children's Health Insurance Plan
 CIDC Chronically Ill and Disabled Children
 CIRT Crisis Intervention Response Team
 CIWA Clinical Institute Withdrawal Assessment for Alcohol
 CMAP Children's Medication Algorithm Project
 CMBHS Clinical Management for Behavioral Health Services
 CMS Centers for Medicare and Medicaid
 COC Continuity of Care

COD	Co-Occurring Disorders Unit
COPSD	Co-occurring Psychiatric and Substance Abuse Disorders
COR	Council on Recovery
CPEP	Comprehensive Psychiatric Emergency Programs
CPOSS	Charleston Psychiatric Outpatient Satisfaction Scale
CPS	Children's Protective Services
CRCG	Community Resource Coordination Group
CRU	Crisis Residential Unit
CSC	Community Service Center
CSCD	Community Supervision and corrections department
CSP	Community Support plan
CSU	Crisis Stabilization Unit
CYS	Community Youth Services

D

DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services
DID	Determination of Intellectual Disability
DLA-20	Daily Living Activities-20 Item Version
DRB	Dangerousness review board
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
DSRIP	Delivery System Reform Incentive Payment Program

E

ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

F

FACT	Forensic Assertive Community Team
FF	Flex Funds
FSIQ	Full Scale Intelligence Quotient
FSPA	Jail -Forensic Single Portal
FTND	Fagerstrom Test for Nicotine Dependence
FY	Fiscal Year

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

HAM-A	Hamilton Rating Scale for Anxiety
HCJPD	Harris County Juvenile Probation Department
HCPC	Harris County Psychiatric Center
HCPI	Harris County Psychiatric Intervention
HCPS	Harris County Protective Services for Children and Adults
HCS	Home and Community Services
HCS-O	Home and Community Services – OBRA
HCSO	Harris County Sheriff's Office
HH	Harris Health System
HHS	Health Human Services
HHSC	Health and Human Services Commission
HMO	Health Maintenance Organization
HOT	Homeless Outreach Team
HPD	Houston Police Department
HRC	Houston Recovery Center

I

ICAP	Inventory for Client and Agency Planning
ICC	Interim Care Clinic
ICF-ID	Intermediate Care Facility for Intellectual Disability
IEP	Individual Education Plan
IFSP	Individual Family Support Plan
IHR	In Home Respite
IRG	Innovative Resource Group
IRP	Individualized recovery plan

J

JDC	Juvenile Detention Center
JJAEP	Juvenile Justice Alternative Education Program
JSS	Job Satisfaction Scale

K**L**

LAR	Legislative Appropriations Request
LIDDA	Local IDD Authority
LMHA	Local Mental Health Authority
LOC	Level of Care – LOC A= Authorized and LOC R= Calculated
LOS	Length of Stay
LPHA	Licensed Professional of the Healing Arts
LSA	Local Service Area

M

MACRA	Medicare Access and CHIP Reauthorization Act
MAPS	Mental Retardation Adult Psychiatric Services
MBOW	Medicaid Managed Care Report (Business Objects)
MCO	Managed Care Organization
MCOT	Mobil Crisis Outreach Team
MCAS	Multnomah Community Assessment Scale
MDU	Multiple Disabilities Unit
MHW	Mental Health Warrant
MMPI-2	Minnesota Multiphasic Personality Inventory 2nd Edition
MoCA	Montreal Cognitive Assessment
MSU	Maximum security unit

N

NAMI	National Alliance for the Mentally Ill
NEO	New Employee Orientation
NGRI	Not Guilty for Reason of Insanity (46C)
NPC	Neuro-Psychiatric Center
NWCSC	Northwest Community Service Center

O

OSAR	Outreach Screening Assessment and Referral
OASS	Overt Agitation Severity Scale
OHR	Out of Home Respite
OVSOM	Office of Violent Sexual Offenders Management

P

PAP	Patient Assistance Program (for Prescriptions)
PASARR	Preadmission Screening and Annual Residential Review
PATH	Project to Assist in the Transition from Homelessness
PCH	Personal Care Home
PCM	Patient care monitoring
PDP	Person Directed Plan
PDSA	Plan-Do-Study-Act
PES	Psychiatric Emergency Services
PHCRU	Post Hospitalization Crisis Residential Unit
PHQ-9	Patient Health Questionnaire-9 Item Version
PHQ-A	Patient Health Questionnaire-9 Modified for Adolescents
PI	Performance Improvement
PIP	Performance Improvement Plan
PMAB	Prevention and Management of Aggressive Behavior
POC	Plan of Care

PoC-IP Perceptions of Care-Inpatient
 ProQOL Professional Quality of Life Scale
 PSRS Positive Symptom Rating Scale
 PSS Parent Satisfaction Scale

Q

QAIS Quality Assurance and Improvement System
 QMHP Qualified Mental Health Professional
 QI Quality Improvement
 QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

R

RC Rehab Coordination
 ROI Release of Information
 RM Recovery Manager
 RTC Residential Treatment Center

S

SAM Service Authorization and Monitoring
 SAMHSA Substance Abuse and Mental Health Services Administration
 SC Service Coordination
 SECSC Southeast Community Service Center
 SEFRC Southeast Family Resource Center
 SMAC Sequential Multiple Analysis tests
 SMHF State mental health facility
 SNF Skilled Nursing Facility
 SP Service Package (SP1, etc)
 SPA Single portal authority
 SSLC State living facility
 SWCSC Southwest Community Service Center
 SWFRC Southwest Family Resource Center
 SUD Substance Use Disorder

T

TAC Texas Administrative code
 TANF Temporary Assistance for Needy Families
 TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments
 TDCJ Texas Department of Criminal Justice
 THKC Texas Health Kids
 THSteps Texas Health Steps
 TIC Trauma informed Care
 TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y