



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

**Resource Committee Meeting**

July 18, 2023  
8:30 am

**I. DECLARATION OF A QUORUM**

**II. PUBLIC COMMENTS**

**III. APPROVAL OF MINUTES**

- A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, June 20, 2023  
(EXHIBIT R-1)

**IV. CONSIDER AND RECOMMEND ACTION**

- A. Approve FY'23 Year-to-Date Budget Report- June  
(EXHIBIT R-2 Vanessa McKeown)
- B. July 2023 New Contracts Over 100K  
(EXHIBIT R-3 Silvia Tiller)
- C. July 2023 Contracts Renewals Over 100K  
(EXHIBIT R-4 Silvia Tiller)
- D. July 2023 Contracts Amendments Over 100K  
(EXHIBIT R-5 Silvia Tiller)
- E. July 2023 Interlocal Agreements  
(EXHIBIT R-6 Silvia Tiller)
- F. Award Recommendation - Personnel Background Investigation Services RFP  
(EXHIBIT R-7 Vanessa McKeown)
- G. Award Recommendation - Agency Wide Multifunction Devices  
(EXHIBIT R-8 Vanessa McKeown)

**V. REVIEW AND COMMENT**

- A. Clinical/Financial KPI Review  
(EXHIBIT R-9 Vanessa McKeown)

**VI. 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.**

**VII. RECONVENE INTO OPEN SESSION**

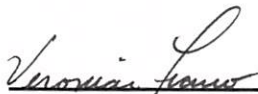
**VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

**IX. INFORMATION ONLY**

- A. July 2023 New Contracts Under 100K  
(EXHIBIT R-10)

- B. July 2023 Renewals Under 100K  
(EXHIBIT R-11)
- C. July 2023 Affiliation, Agreements, Grants, MOU's and Revenues  
Information Only  
(EXHIBIT R-12)
- D. Financials by Clinic plus NPC Q1-Q3 2023  
(EXHIBIT R-13)
- E. Q1-Q3 FY2023 COVID-19 PPE & SUPPLIES VENDOR LIST  
(EXHIBIT R-14)
- F. Supplier Diversity Report Q3 FY2023  
(EXHIBIT R-15)
- G. Revenue Management Metrics Q3 2023  
(EXHIBIT R-16)

X. **ADJOURN**



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



# **EXHIBIT R-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
RESOURCE COMMITTEE MEETING  
TUESDAY, June 20, 2023  
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 8:34 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Mr. G. Womack, Dr. G. Santos (virtual), Mr. J. Lykes

Committee Member Absent: Dr. M. Miller, Jr.

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

**1. CALL TO ORDER**

Mr. Gerald Womack called the Resource Committee meeting to order at 8:34am.

**2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

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

**3. DECLARATION OF QUORUM**

Mr. Womack declared a quorum was present.

**4. PUBLIC COMMENTS**

There were no Public Comments.

**5. MINUTES**

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday May 16, 2023.

**MOTION:       GEARING                   SECOND:    MOORE**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, May 16, 2023, as presented under Exhibit R-1, are approved and recommended to the Full Board.

**6. CONSIDER AND RECOMMEND ACTION**

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

**MOTION: LYKES                   SECOND: GEARING**

**With unanimous affirmative votes,**

**BE IT RESOLVED** FY’23 Year-to-Date Budget Report-May, is approved under exhibit R-2 and recommended to the Full Board.

B. June 2023 New Contracts Over 100K

**MOTION: SANTOS                      SECOND: GEARING**

**With unanimous affirmative votes,**

**BE IT RESOLVED** June 2023 New Contracts Over 100K, under Exhibit R-3 are approved and recommended to the Full Board.

C. June 2023 Renewals Over 100K

Ms. Tiller requested the Resource Committee to exclude item #3-Innovation Network Technologies agreement.

**MOTION: MOORE                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** June 2023 Renewals Over 100K, under Exhibit R-4, are approved and recommended to the Full Board with the exception of item #3-Innovation Network Technologies agreement.

D. June 2023 Amendments Over 100K

Ms. Tiller requested the Resource Committee exclude item #2-McKesson from the committee’s review.

**MOTION: SANTOS                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** June 2023 Amendments Over 100K, under Exhibit R-5 are approved and recommended to the Full Board.

E. June 2023 Interlocal Agreements

**MOTION: SANTOS**  
**Dr. Santos motion to approve items #1-#8.**

**SECOND: MOORE**  
**With unanimous affirmative votes,**

**BE IT RESOLVED** Interlocal Agreements #1-8 are approved.

**INTERLOCAL AGREEMENTS #9-12:**

Dr. Gearing recused himself from discussion and voting on item #10-University of Houston, on behalf of the Center for Mental Health Research and Innovation agreement. Dr. Santos recused himself from discussion and voting on items #9-University of Texas Health Science Center San Antonio agreement, #11-The University of Texas Health Science Center at Houston- Department of Psychiatry and

Behavioral Sciences agreement and #12-The University of Texas Health Science Center at Houston-HCPC agreement. Mr. Zakaria abstained per his attendance.

**MOTION: LYKES**

**Mr. Lykes motioned item #9, #10, #11, #12 to be approved.**

**SECOND: MOORE**

**With unanimous affirmative votes,**

**BE IT RESOLVED** Interlocal Agreements #9-University of Texas Health Science Center San Antonio agreement, #11-The University of Texas Health Science Center at Houston- Department of Psychiatry and Behavioral Sciences agreement and #12-The University of Texas Health Science Center at Houston-HCPC agreement are approved.

Dr. Gearing recused himself from item #10 and Dr. Santos recused himself from items #9, #10, #11 and #12 is approved and recommended to the Full Board.

F. FY23 Facilities Capital Improvement Reallocation Request

**MOTION: GEARING**

**SECOND: ZAKARIA**

**With unanimous affirmative votes,**

**BE IT RESOLVED** FY23 Facilities Capital Improvement Reallocation Request, under Exhibit R-7 are approved and recommended to the Full Board.

G. Authorization to Pay 2023 TMC Assessments

**MOTION: ZAKARIA**

**SECOND: MOORE**

**With unanimous affirmative votes,**

**BE IT RESOLVED** Authorization to Pay 2023 TMC Assessments, under Exhibit R-8 are approved and recommended to the Full Board.

8. **EXECUTIVE SESSION** -No executive session needed.
9. **RECOVENE INTO OPEN SESSION**
10. **CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION**
11. **ADJOURN**

**MOTION: ZAKARIA**

**SECOND: GEARING**

There being no further business, the meeting was adjourned at 9:18 am.

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

DRAFT

# **EXHIBIT R-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.



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Vanessa McKeown  
Chief Financial Officer

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

**For the Month**

|                                   | <b>Original budget</b> | <b>Actual</b>         | <b>Variance</b>       |
|-----------------------------------|------------------------|-----------------------|-----------------------|
| Revenues                          | \$ 26,109,414          | \$ 24,973,385         | \$ (1,136,029)        |
| Expenditures                      | 26,699,892             | 28,841,775            | (2,141,883)           |
| <b>Change in net assets</b>       | <b>\$ (590,478)</b>    | <b>\$ (3,868,390)</b> | <b>\$ (3,277,912)</b> |
| <b>Use of prior year balances</b> | <b>\$ 483,276</b>      | <b>\$ 483,276</b>     | <b>\$</b>             |
| 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**

|                                   | <b>Original budget</b> | <b>Actual</b>         | <b>Variance</b>       |
|-----------------------------------|------------------------|-----------------------|-----------------------|
| Revenues                          | \$ 265,511,795         | \$ 270,684,329        | \$ 5,172,535          |
| Expenditures                      | 269,690,438            | 275,946,737           | (6,256,299)           |
| <b>Change in net assets</b>       | <b>\$ (4,178,644)</b>  | <b>\$ (5,262,408)</b> | <b>\$ (1,083,765)</b> |
| <b>Use of prior year balances</b> | <b>\$ 4,832,760</b>    | <b>\$ 4,832,760</b>   | <b>\$</b>             |
| 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              |               |
|                                                   |                      |                       | \$                    | %           |                       |                       | \$                    | %             |
| <b>Operating Revenue</b>                          |                      |                       |                       |             |                       |                       |                       |               |
| 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% <b>A</b>   |
| Federal Contracts and Grants                      | 3,116,927            | 2,569,929             | (546,999)             | -18%        | 34,536,957            | 33,151,385            | (1,385,572)           | -4% <b>B</b>  |
| State Contract and Grants                         | 1,260,593            | 493,038               | (767,555)             | -61%        | 12,605,906            | 11,244,440            | (1,361,466)           | -11% <b>C</b> |
| Third Party Billing                               | 2,485,119            | 2,843,297             | 358,178               | 14%         | 24,850,577            | 23,191,559            | (1,659,018)           | -7% <b>D</b>  |
| Charity Care Pool                                 | 3,366,382            | 4,158,429             | 792,047               | 24%         | 33,663,820            | 36,832,007            | 3,168,187             | 9% <b>E</b>   |
| 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% <b>F</b>  |
| Interest Income                                   | 129,940              | 384,850               | 254,910               | 196%        | 1,299,398             | 2,204,211             | 904,813               | 70% <b>G</b>  |
| <b>Operating Revenue, total</b>                   | <b>\$ 26,109,414</b> | <b>\$ 24,973,385</b>  | <b>\$ (1,136,029)</b> | <b>-4%</b>  | <b>\$ 265,511,795</b> | <b>\$ 270,684,329</b> | <b>\$ 5,172,535</b>   | <b>2%</b>     |
| <b>Operating expenditures</b>                     |                      |                       |                       |             |                       |                       |                       |               |
| Salaries and Fringe Benefits                      | \$ 18,883,011        | \$ 20,331,109         | \$ (1,448,098)        | -8%         | \$ 191,485,944        | \$ 197,645,239        | \$ (6,159,295)        | -3% <b>H</b>  |
| 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% <b>J</b> |
| 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% <b>K</b>  |
| 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%           |
| <b>Operating Expenditures, total</b>              | <b>\$ 26,699,892</b> | <b>\$ 28,841,775</b>  | <b>\$ (2,141,883)</b> | <b>-8%</b>  | <b>\$ 269,690,438</b> | <b>\$ 275,946,737</b> | <b>\$ (6,256,299)</b> | <b>-2%</b>    |
| <b>Change in Net Assets, before Other Sources</b> | <b>\$ (590,478)</b>  | <b>\$ (3,868,390)</b> | <b>\$ (3,277,912)</b> | <b>555%</b> | <b>\$ (4,178,644)</b> | <b>\$ (5,262,408)</b> | <b>\$ (1,083,765)</b> | <b>26%</b>    |
| <b>Other Sources</b>                              |                      |                       |                       |             |                       |                       |                       |               |
| 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)           |               |
| <b>Capital Expenditures, net</b>                  |                      | (14,706)              | (14,706)              |             |                       | (209,770)             | (209,770)             |               |
| DSRIP                                             | 483,276              | 483,276               |                       | 0%          | 4,832,760             | 4,832,760             |                       | 0%            |
| Covid reserve                                     |                      |                       |                       |             |                       | -                     |                       |               |
| <b>Use of prior year balances</b>                 | 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                |               |
| <b>Change in Net Assets, all Sources</b>          | <b>\$ (107,202)</b>  | <b>\$ (3,388,798)</b> | <b>\$ (3,281,596)</b> |             | <b>\$ 654,117</b>     | <b>\$ (526,400)</b>   | <b>\$ (1,180,516)</b> |               |

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

|                                              | May-23                | June-23               | Change                         |
|----------------------------------------------|-----------------------|-----------------------|--------------------------------|
| <b>ASSETS</b>                                |                       |                       |                                |
| <b>Current Assets</b>                        |                       |                       |                                |
| Cash and Petty Cash                          | \$ 33,188,714         | \$ 35,620,463         | \$ 2,431,748                   |
| Investments                                  | 70,762,650            | 68,645,185            | (2,117,465) <b>L</b>           |
| Inventory and Prepaid                        | 3,824,656             | 6,050,211             | 2,225,555 <b>M</b>             |
| Accounts Receivable                          |                       |                       |                                |
| Other                                        | 24,708,175            | 23,873,204            | (834,971) <b>N</b>             |
| Patient, net of allowance                    | 8,001,111             | 8,338,071             | 336,960                        |
| <b>Current Assets, Total</b>                 | <b>\$ 140,485,306</b> | <b>\$ 142,527,132</b> | <b>\$ 2,041,827</b>            |
| <b>Capital Assets</b>                        |                       |                       |                                |
| 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 <b>O</b>               |
| <b>Capital Assets, Total</b>                 | <b>\$ 93,277,393</b>  | <b>\$ 93,539,971</b>  | <b>\$ 268,947</b>              |
|                                              |                       |                       | (6,369)                        |
| <b>Total Assets</b>                          | <b>\$ 233,762,699</b> | <b>\$ 236,067,103</b> | <b>\$ 2,310,774</b>            |
| <b>LIABILITIES AND NET ASSETS</b>            |                       |                       |                                |
| Unearned Income                              | \$ 28,306,244         | \$ 35,727,869         | \$ 7,421,625 <b>P</b>          |
| Accounts Payable and Accrued Liabilities     | 19,837,457            | 17,713,128            | (2,124,329) <b>Q</b>           |
| Long term Liabilities                        | 941,099               | 911,096               | (30,003)                       |
| <b>Liabilities, Total</b>                    | <b>\$ 49,084,800</b>  | <b>\$ 54,352,093</b>  | <b>\$ 5,267,293</b>            |
| <b>NET POSITION</b>                          |                       |                       |                                |
| 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)                    |
| <b>Net Assets, Total</b>                     | <b>\$ 184,677,899</b> | <b>\$ 181,715,010</b> | <b>\$ (2,962,889) <b>R</b></b> |

**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, approximately \$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)

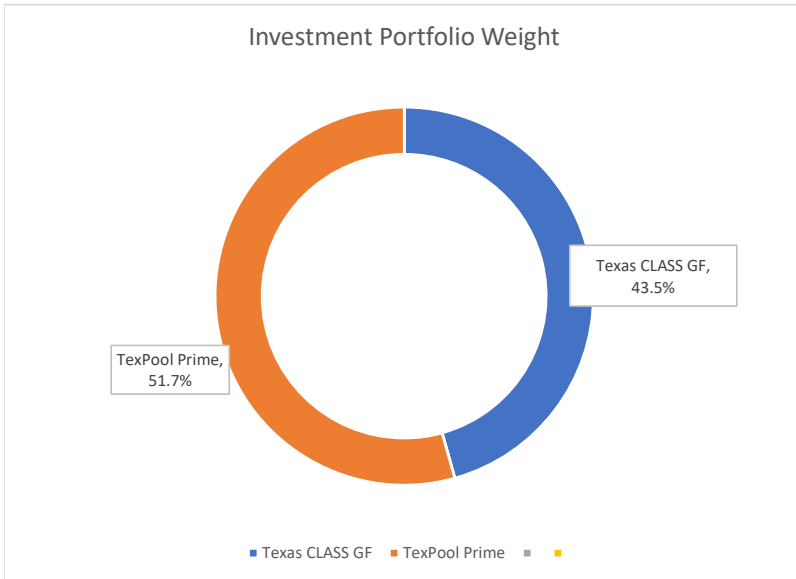
|                              | Beginning Balance    | Transfer In | Transfer Out           | Interest Income   | Ending Value         | Portfolio %  | Yield         |
|------------------------------|----------------------|-------------|------------------------|-------------------|----------------------|--------------|---------------|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

Additional Interest-Checking Accounts

61,081

**Total Interest Earned**

387,337



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

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of 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**

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

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

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

# **EXHIBIT R-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 R-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                                                                                                                                                                                                                              |
|----|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <b>ADMINISTRATION</b>                  |                                                                                                                      |                    |                    |                         |                      |                           |                                                                                                                                                                                                                                       |
| 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.                          | Lifsize 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 Lifsize 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].                                                                                                                                     |

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
MORE 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                                                                                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------------------|----------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 16                                                    | Mazzammil Sajjad D/B/A Innovative Solutions IT                    | Personal Protective Equipment (PPE) Services Agency Wide                                                               | \$100,000.00       | \$100,000.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Procured through Federal Emergency Statute-Covid 19 2021 | Annual renewal of Agreement for Personal Protective Equipment (PPE) Services.                                                                    |
| 17                                                    | McKesson Corporation                                              | Pharmacy Wholesaler                                                                                                    | \$2,000,000.00     | \$10,000,000.00    | 9/1/2023 - 6/12/2024 | General Revenue (GR) | Tag-On                                                   | Annual funding for Pharmacy Wholesaler to obtain drugs for patient prescriptions from The Harris Center Pharmacies [Tag-On through GPO Premier]. |
| 18                                                    | Metropolitan Landscape Management, Inc.                           | Agency-Wide Grounds Keeping Services                                                                                   | \$238,880.00       | \$238,880.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Tag-On                                                   | Annual renewal of Agency-Wide Grounds Keeping Services Agreement.                                                                                |
| 19                                                    | PPG Global, LLC                                                   | Personal Protective Equipment (PPE) Supply Services                                                                    | \$100,000.00       | \$100,000.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Procured through Federal Emergency Statute-Covid 19 2021 | Annual renewal of Agreement for Personal Protective Equipment (PPE) Supply Services.                                                             |
| 20                                                    | P-Psychiatric Recruitment                                         | Master Pool Contract for psychiatric locum tenens and/or ANP/PA coverage                                               | \$350,000.00       | \$350,000.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Request for Proposal                                     | Annual renewal of Master Pool Psychiatric Locum Tenens and/or ANP/PA agency-wide Agreement.                                                      |
| 21                                                    | P-Recruitment                                                     | Master Contract for HR recruitment, placement and temporary staffing Agency Wide                                       | \$539,800.00       | \$539,800.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Tag-On                                                   | Annual renewal of Master Pooled HR recruitment, placement and temporary staffing agency wide Agreement.                                          |
| 22                                                    | Safeway Inc.                                                      | Pharmacy Drug Dispensing Services                                                                                      | \$100,436.46       | \$115,000.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Request for Proposal                                     | Annual renewal of Pharmacy Drug Dispensing Services Agreement.                                                                                   |
| 23                                                    | Web-head Technologies, Inc. d/b/a Webhead                         | Design and Develop a New Public Website                                                                                | \$218,479.34       | \$180,000.00       | 9/1/2023 - 8/31/2024 | General Revenue (GR) | Request for Proposal                                     | Renewal of Agreement to Design and Develop a New Public Website.                                                                                 |
| <b>CPEP/CRISIS SERVICES</b>                           |                                                                   |                                                                                                                        |                    |                    |                      |                      |                                                          |                                                                                                                                                  |
| 24                                                    | Labatt Institutional Supply Company DBA Labatt Food Services, LLC | Food Services for Consumers in the CRU                                                                                 | \$113,700.00       | \$113,700.00       | 7/1/2023 - 6/30/2024 | General Revenue (GR) | Tag-On                                                   | Annual renewal of Agreement for Food Services for Consumers in the CRU.                                                                          |
| <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b> |                                                                   |                                                                                                                        |                    |                    |                      |                      |                                                          |                                                                                                                                                  |
| 25                                                    | CC Assessment Services, Inc.                                      | Psychological Testing/Evaluation for Eligible Consumers                                                                | \$170,810.00       | \$151,900.00       | 9/1/2023 - 8/31/2024 | State                | Consumer Driven                                          | Annual renewal of Psychological Evaluation/Testing Services Agreement.                                                                           |
| 26                                                    | P-IDD Consumer Services Master Pool                               | Respite/Day Habilitation/Transportation/Crisis Out of Home Respite/Individualized Skills and Socialization Rates (ISS) | \$2,765,000.00     | \$2,605,000.00     | 9/1/2023 - 8/31/2024 | State                | Request for Application                                  | Annual renewal of IDD Supportive Services Master Pool Agreement.                                                                                 |





# 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               |

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

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

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

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

FY 2024 ANNUAL RENEWAL

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

NA

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

- 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\* (?)**

\$ 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

- 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\***

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

*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#\***

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

*Ricardo Campbell*

#### Contract Owner Approval



Approved by

*Mustafa Cochinnwala*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/8/2023



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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes



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

Yes  No

Please Explain\*

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

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd McCorquodale*

Contracts Approval

Approve \*

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

Approved by \*

*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                |
| <b>Budget Manager *</b> | <b>Secondary Budget Manager *</b> |                       |
| 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

- 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 **Supplies Agreement, Consumer Driven**

**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\*

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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



#### 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

- 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 Procured through Federal Emergency Statute-Covid 19 2021

**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

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

- 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\* (?)

\$ 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

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

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

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 2024                    | \$ 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:**

| <b><u>Unit/GL Code</u></b> | <b><u>Service Description</u></b>         | <b><u>NTE Amount</u></b> |
|----------------------------|-------------------------------------------|--------------------------|
| 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              |
|                            | <b>Grand Total</b>                        | <b>\$2,605,000.00</b>    |



## 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               |

|                                                    |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| <b>Budget Manager*</b><br>Williams-Wesley, Sheenia | <b>Secondary Budget Manager*</b><br>Jiles, Monalisa |
|----------------------------------------------------|-----------------------------------------------------|

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>Fiscal Year* (?)</b><br>2024 | <b>Amount* (?)</b><br>\$ 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

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Smith, Janai           | Hooper Jr., Michael              |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

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

\$ 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* | 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-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 R-5**

**JULY 2023**  
**AMENDMENTS OVER 100k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 MORE THAN \$100,000

|   | CONTRACTOR                                                | PRODUCT/SERVICE DESCRIPTION                         | PREVIOUS AMOUNT | INCREASE AMOUNT | NTE AMOUNT   | CONTRACT PERIOD        | FUNDING              | BID/TAG-ON        | COMMENTS                                                                                                                                                                                                                                                                             |
|---|-----------------------------------------------------------|-----------------------------------------------------|-----------------|-----------------|--------------|------------------------|----------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <b>ADMINISTRATION</b>                                     |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
| 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 Rekrutters                             | 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].                                                                                                             |
|   | <b>CPEP/CRISIS SERVICES</b>                               |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
|   | <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>     |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
|   | <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b> |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
|   | <b>FORENSICS</b>                                          |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
|   | <b>LEASES</b>                                             |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |
|   | <b>MENTAL HEALTH</b>                                      |                                                     |                 |                 |              |                        |                      |                   |                                                                                                                                                                                                                                                                                      |



## 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\* (?)** 2023 **Amount\* (?)** \$ 3,080.00

**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 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                |
| <b>Budget Manager</b><br>Brown, Erica | <b>Secondary Budget Manager</b><br>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

Jones, Anthony

Submission Date

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\* (?)** 2023 **Amount\* (?)** \$ 139,500.00

**Funding Source\***

Private Pay Source

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

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                                          |
| <b>Budget Manager</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager</b><br>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                     |

**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\* (?)**  
2023

**Amount\* (?)**  
\$ 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\* (?)** 2023 **Amount\* (?)** \$ 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 R-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

- 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\* (?)**

8/31/2026

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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 4736                       | \$ 0.00                        | 000000                      |

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |
| Smith, Janai          | Hooper Jr., Michael             |

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

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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| Bowser, Mohagony      | 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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| 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 <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\* (?)**

\$ 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                                                |
| <b>Budget Manager*</b><br>Adams-Austin, Mamie |                         | <b>Secondary Budget Manager*</b><br>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              | State / Province / Region |
| Houston           | TX                        |
| Postal / Zip Code | Country                   |
| 77016             | US                        |

**Phone Number\***

832-395-0473

**Email\***

Natalie.stein@houstontx.gov

**Budget Section**

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

|                            |                                 |                             |
|----------------------------|---------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b>  | <b>Expense/GL Code No.*</b> |
| 4780                       | \$ 0.00                         | 555000                      |
| <b>Budget Manager</b>      | <b>Secondary Budget Manager</b> |                             |
| Smith, Janai               | Hooper Jr., Michael             |                             |

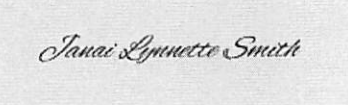
|                            |                                 |                             |
|----------------------------|---------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b>  | <b>Expense/GL Code No.*</b> |
| 3360         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

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

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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| Bowser, Mohagony      | 6/13/2023              |

**Budget Manager Approval(s)** 

|                                                                                    |                      |
|------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                 | <b>Approval Date</b> |
|  | 6/13/2023            |

**Procurement Approval** 

**File Upload (?)**

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                  | <b>Approval Date</b> |
|  |                      |

**Contract Owner Approval** 

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                  | <b>Approval Date</b> |
|  | 6/14/2023            |

**Contracts Approval**

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

|                                                                                     |                       |
|-------------------------------------------------------------------------------------|-----------------------|
| <b>Approved by*</b>                                                                 | <b>Approval Date*</b> |
|  | 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* | Secondary Budget Manager* |
| Brown, Erica    | Campbell, Ricardo         |

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                         |                                                         |
|-----------------------------------------|---------------------------------------------------------|
| <b>Budget Manager*</b><br>Oshman, Jodel | <b>Secondary Budget Manager*</b><br>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\* (?)**

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

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

State / Province / Region

TX

Postal / Zip Code

78703-4206

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                    |
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |                      |
| 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 KORNMAIER*

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 <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\* (?)

\$ 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**

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 2186                       | \$ 27,809,291.80               | 543002                      |

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Shelby, Debbie         | Hooper Jr., Michael              |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Shelby, Debbie         | Hooper Jr., Michael              |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Shelby, Debbie         | Hooper Jr., Michael              |

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

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Shelby, Debbie         | Hooper Jr., Michael              |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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                |
| <b>Budget Manager *</b><br>Shelby, Debbie | <b>Secondary Budget Manager *</b><br>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 R-7**

**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

| <b>Evaluation Category</b> | <b>Relative Weight</b> |
|----------------------------|------------------------|
| <b>Overall Program</b>     | <b>30 %</b>            |
| <b>Understanding</b>       | <b>15 %</b>            |
| <b>Financial Condition</b> | <b>10 %</b>            |
| <b>Company Description</b> | <b>10 %</b>            |
| <b>References</b>          | <b>10 %</b>            |
| <b>Past Performance</b>    | <b>15 %</b>            |
| <b>Cost</b>                | <b>10 %</b>            |
| <b>TOTAL</b>               | <b>100%</b>            |

# 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           |
| <b>Average Evaluation Score</b> | <b>85.75</b> | <b>79</b> | <b>73</b> | <b>68.5</b> | <b>59.75</b> | <b>58.25</b> |

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.

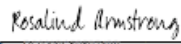
Seven (7) areas were evaluated: Overall Program Concept, Understanding, Financial Condition, Company Description, References, Past performance, and Cost.

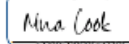
Based on the project team's evaluation of responses received, it is recommended to award Carco Group, Inc. DBA PreCheck.

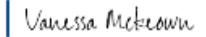
The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1<sup>st</sup> and end on August 31<sup>st</sup>.

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 R-8**

# 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           |
| <b>Average Evaluation Score</b> | <b>74</b> | <b>79.57</b> |

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           |
| <b>Average Evaluation Score</b> | <b>82.00</b> | <b>82.60</b> |

Evaluator 3 and 6 missed a demo each and were excluded from the 2<sup>nd</sup> round of evaluations.

# RFP – Pricing

|                          | Vendor A              | Vendor B              |
|--------------------------|-----------------------|-----------------------|
| <b>Pricing Proposal*</b> | <b>\$1,280,538.60</b> | <b>\$1,104,665.40</b> |

\*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 R-9**

# Southeast Community Service Center

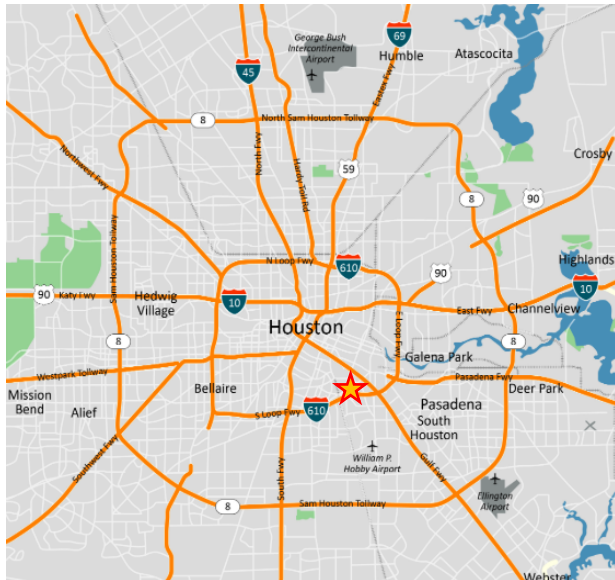
- Service Description
- Address
- FTEs
- Facility Size
- Patients Served
- Average No Show
- Average Patient Satisfaction
- Average Third Next Available

New

**AMH & CAS**  
**5901 Long Dr.**  
**157**  
**45,000 sq ft**  
**10,544**  
**38%**  
**AMH 87%; CAS 91%**  
**2.1 Days**

## Q1+Q2+Q3 FYTD 2023 Financial Performance

|                 |     |            |
|-----------------|-----|------------|
| + Revenues      | \$  | 12,110,668 |
| - Expenses      |     | 14,046,273 |
| + Other Sources |     | 85,950     |
| = Gross Margin  | (\$ | 1,849,654) |



# **EXHIBIT R-10**



**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                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------|-------------|------------------------|----------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADMINISTRATION</b>                                     |                                         |                                                                                      |             |                        |                      |                             |                                                                                                                                                                                                                                                                                           |
| 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. |
| <b>CPEP/CRISIS SERVICES</b>                               |                                         |                                                                                      |             |                        |                      |                             |                                                                                                                                                                                                                                                                                           |
| <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>     |                                         |                                                                                      |             |                        |                      |                             |                                                                                                                                                                                                                                                                                           |
| 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.                                                                                                                                                                                                                        |
| <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b> |                                         |                                                                                      |             |                        |                      |                             |                                                                                                                                                                                                                                                                                           |
| <b>FORENSICS</b>                                          |                                         |                                                                                      |             |                        |                      |                             |                                                                                                                                                                                                                                                                                           |



## 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> 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<br>Campbell, Ricardo |                         | Secondary Budget Manager<br>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

- 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\* (?)**

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**



|                            |                                 |                             |
|----------------------------|---------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b>  | <b>Expense/GL Code No.*</b> |
| 1179                       | \$ 15,000.00                    | 542000                      |
| <b>Budget Manager</b>      | <b>Secondary Budget Manager</b> |                             |
| 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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| Bittner, Tiffany      | 6/22/2023              |

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**  
6/22/2023

**Procurement Approval**

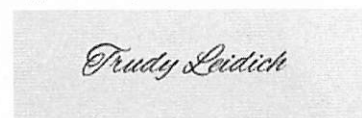
**File Upload (?)**

**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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1130                       | \$ 0.00                        | 542000                      |

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

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

N/A

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

N/A

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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

State / Province / Region

unknown

Postal / Zip Code

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

**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**

|                                            |                                                 |                                       |
|--------------------------------------------|-------------------------------------------------|---------------------------------------|
| <b>Budget Unit Number*</b><br>1179         | <b>Amount Charged to Unit*</b><br>\$ 40.00      | <b>Expense/GL Code No.*</b><br>546000 |
| <b>Budget Manager</b><br>Campbell, Ricardo | <b>Secondary Budget Manager</b><br>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

|                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| <b>Requester Name</b><br>Keeme-Sayre, Reyes Tristan | <b>Submission Date</b><br>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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1108                       | \$ 75,000.00                   | 540500                      |

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

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

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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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 <span style="background-color: #cccccc; padding: 2px 20px;"></span> |

**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

Postal / Zip Code

77081

State / Province / Region

TX

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                |
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |                       |
| 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

**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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3479                       | \$ 21,896.00                   | 543000                      |

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |
| 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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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\* (?)**

- 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\* (?)**

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                                               |
| <b>Budget Manager</b><br>Adams-Austin, Mamie |                         | <b>Secondary Budget Manager</b><br>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                |
| <b>Budget Manager</b><br>Adams-Austin, Mamie | <b>Secondary Budget Manager</b><br>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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3380                       | \$ 15,000.00                   | 543000                      |

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |
| Adams-Austin, Mamie   | 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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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\* (?)**

\$ 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3381                       | \$ 20,000.00                   | 543000                      |

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |
| 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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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\* (?)**

\$ 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 |
|-------------------------------------------------|----------|

**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                                               |
| <b>Budget Manager</b><br>Adams-Austin, Mamie |                         | <b>Secondary Budget Manager</b><br>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

|                                        |                                    |
|----------------------------------------|------------------------------------|
| <b>Requester Name</b><br>Childs, Margo | <b>Submission Date</b><br>6/7/2023 |
|----------------------------------------|------------------------------------|

#### Budget Manager Approval(s)

|                                                                                                         |                                  |
|---------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Approved by</b><br> | <b>Approval Date</b><br>6/7/2023 |
|---------------------------------------------------------------------------------------------------------|----------------------------------|

#### Procurement Approval

File Upload (?)

|                                                                                                           |                      |
|-----------------------------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b><br> | <b>Approval Date</b> |
|-----------------------------------------------------------------------------------------------------------|----------------------|

#### Contract Owner Approval

|                                                                                                           |                                  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Approved by</b><br> | <b>Approval Date</b><br>6/7/2023 |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|

#### Contracts Approval

**Approve\***

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

|                                                                                                            |                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Approved by*</b><br> | <b>Approval Date*</b><br>6/9/2023 |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|



## 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

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

#### Funding Information\*

- New Contract  Amendment

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

9/1/2023

#### 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

**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

|                            |                                |                                 |
|----------------------------|--------------------------------|---------------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>     |
| 3570                       | \$ 35,374.00                   | 543004                          |
| <b>Budget Manager</b>      |                                | <b>Secondary Budget Manager</b> |
| 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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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 R-11**

# **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                                                                                                                                       |
|----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <b>ADMINISTRATION</b>                                     |                                                                                                             |                    |                    |                         |                      |                      |                                                                                                                                                |
| 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 | Skillssoft Corporation                 | Skillssoft Percipio Software                                                              | \$15,189.80        | \$14,330.00        | 9/6/2023 - 9/5/2024    | General Revenue (GR) | Tag-On                              | Annual renewal of Skillssoft 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                                                                                                                                          |
|    |                                                       |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
|    |                                                       |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
|    | <b>CPEP/CRISIS SERVICES</b>                           |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
| 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.                                                                                                                                                                |
|    |                                                       |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
|    |                                                       |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
|    | <b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b> |                                                                                                          |                    |                    |                       |                      |                         |                                                                                                                                                                                                                |
| 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.                                                                                                                                         |







## 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                                                |
| <b>Budget Manager*</b><br>Brown, Erica |                         | <b>Secondary Budget Manager*</b><br>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

- 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\* (?)**

\$ 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1108                       | \$ 35,000.00                   | 592000                      |

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

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

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

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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



#### 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**

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

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

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

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

\$ 49,800.00

**Rate(s)/Rate(s) Description**Drug 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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1135                       | \$ 2,953.00                    | 553001                      |

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

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

- 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\* (?)

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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 <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\* (?)

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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 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#\***

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

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

\$ 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" value="Unknown"/> |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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 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#\*

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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



#### 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

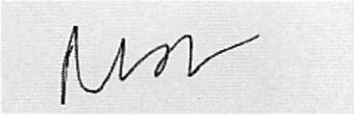
#### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

#### 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1130                       | \$ 75,000.00                   | 564004                      |

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

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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                                            |
| <b>Budget Manager *</b><br>Campbell, Ricardo |                          | <b>Secondary Budget Manager *</b><br>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

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

\$ 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               |
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |                      |
| 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                                                |
| <b>Budget Manager*</b><br>Brown, Erica |                         | <b>Secondary Budget Manager*</b><br>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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>Brown, Erica |

| Budget Unit Number*                         | Amount Charged to Unit* | Expense/GL Code No.*                             |
|---------------------------------------------|-------------------------|--------------------------------------------------|
| 1128                                        | \$ 20,000.00            | 553002                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| 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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| 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

*Ricardo Campbell*

#### Contract Owner Approval

Approved by

*Mustafa Cochinnwala*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/8/2023



## 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                     |

**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                             |

**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



#### 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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



#### 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#\***

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

- 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\* (?)**

\$ 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

*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\*

6/14/2023





# 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

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

\$ 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               |
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |                      |
| 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 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                |
| <b>Budget Manager *</b><br>Campbell, Ricardo | <b>Secondary Budget Manager *</b><br>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 <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\* (?)**

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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 <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\* (?)**

\$ 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

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

\$ 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*   | Secondary Budget Manager* |
|-------------------|---------------------------|
| Campbell, Ricardo | 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 <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\* (?)**

\$ 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                |
| <b>Budget Manager *</b><br>Brown, Erica | <b>Secondary Budget Manager *</b><br>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                     |

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

\$ 49,500.00

**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

*Ricardo Campbell*

## 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 <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\* (?)

\$ 36,431.00

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

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

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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                     |

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

\$ 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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1177                       | \$ 506.75                      | 553002                      |

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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1130                       | \$ 6,081.00                    | 553002                      |

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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 1128                       | \$ 3,547.25                    | 553002                      |

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

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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) Description**Subscription 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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| 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 <b>Software License Agreement/Contract</b> |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 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                           |
| <b>Budget Manager*</b> |                         | <b>Secondary Budget Manager*</b> |
| Brown, Erica           |                         | 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

- 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)\***

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                                           |
| <b>Budget Manager*</b><br>Campbell, Ricardo |                         | <b>Secondary Budget Manager*</b><br>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

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

\$ 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               |
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |                      |
| 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 <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\* (?)**

\$ 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

- 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\* (?)

\$ 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                     |

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

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

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 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

*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#\***

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 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                          |

**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

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 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 <b>Provided by Janice Cote</b> |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 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

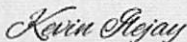
Contract Owner\* (?)

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

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

\$ 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                 |
| <b>Budget Manager *</b> | <b>Secondary Budget Manager *</b> |                       |
| 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                     |

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

\$ 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

|                            |                                |                                  |
|----------------------------|--------------------------------|----------------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9403                       | \$ 3,150.00                    | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9407                       | \$ 450.00                      | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9261                       | \$ 150.00                      | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9264                       | \$ 1,200.00                    | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9501                       | \$ 300.00                      | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9205                       | \$ 6,999.99                    | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9209                       | \$ 1,000.00                    | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Oshman, Jodel              |                                | Kornmayer, Kimberly              |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9502                       | \$ 300.00                      | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Oshman, Jodel              |                                | Kornmayer, Kimberly              |
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b>      |
| 9267                       | \$ 300.00                      | 543031                           |
| <b>Budget Manager*</b>     |                                | <b>Secondary Budget Manager*</b> |
| Ramirez, Priscilla         |                                | Puente, Giovanni                 |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

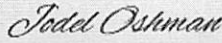
Kim Kornmayer

**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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3355                       | \$ 16,100.00                   | 540503                      |

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3411                       | \$ 25,200.00                   | 540503                      |

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

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

\$ 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               |
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |                      |
| Adams-Austin, Mamie    | 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

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

**Contract Description / Type**

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

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

- Yes  
 No  
 Unknown

**Contract NTE\* (?)**

\$ 36,000.00

**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                |
| <b>Budget Manager *</b>  | <b>Secondary Budget Manager *</b> |                       |
| Williams-Wesley, Sheenia | 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 3585                       | \$ 16,800.00                   | 126006                      |

|                        |                                  |
|------------------------|----------------------------------|
| <b>Budget Manager*</b> | <b>Secondary Budget Manager*</b> |
| Adams-Austin, Mamie    | Kerlegon, Charles                |

|                         |                    |
|-------------------------|--------------------|
| <b>Fiscal Year* (?)</b> | <b>Amount* (?)</b> |
| 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

*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#\***

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

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

\$ 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

- 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\*

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                      |

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

\$ 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* | Secondary Budget Manager* |
|-----------------|---------------------------|
| Shelby, Debbie  | Hooper Jr., Michael       |

| Fiscal Year* (?) | Amount* (?) |
|------------------|-------------|
| 2024             | \$ 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 R-12**

**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

*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 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

- |                                                                                     |                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid                                            | <input type="checkbox"/> Competitive Proposal                                                                                                             |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source                                                                                                                      |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification                                                                                                        |
| <input type="checkbox"/> Request for Quote                                          | <input type="checkbox"/> Tag-On                                                                                                                           |
| <input type="checkbox"/> Interlocal                                                 | <input type="checkbox"/> Consumer Driven                                                                                                                  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**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\* (?)**

- 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 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\*

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\***

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**

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

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

N/A

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

N/A

|                                            |                                    |
|--------------------------------------------|------------------------------------|
| <b>Requester Name</b><br>Williams, JeDonne | <b>Submission Date</b><br>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\* (?)**

- 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\***

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

- |                                                                                     |                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid                                            | <input type="checkbox"/> Competitive Proposal                                                                                                             |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source                                                                                                                      |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification                                                                                                        |
| <input type="checkbox"/> Request for Quote                                          | <input type="checkbox"/> Tag-On                                                                                                                           |
| <input type="checkbox"/> Interlocal                                                 | <input type="checkbox"/> Consumer Driven                                                                                                                  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**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* (?) | Amount* (?) |
|------------------|-------------|
| 2024             | \$ 0.00     |
| Fiscal Year* (?) | Amount* (?) |
| 2025             | \$ 0.00     |

**Funding Source \***

General Revenue (GR)

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

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

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

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

Postal / Zip Code

77074

State / Province / Region

TX

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

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

na

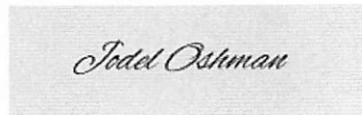
Project WBS (Work Breakdown Structure)\* (?)

na

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| Singh, Patricia       | 6/7/2023               |

Budget Manager Approval(s)

Approved by



**Approval Date**  
6/7/2023

Procurement Approval

File Upload (?)

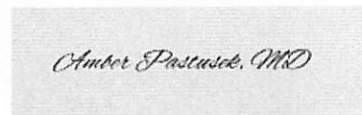
Approved by

Sign

**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





## 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

|                            |                                |                             |
|----------------------------|--------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b> | <b>Expense/GL Code No.*</b> |
| 9278                       | \$ 0.00                        | 0                           |

|                       |                                 |
|-----------------------|---------------------------------|
| <b>Budget Manager</b> | <b>Secondary Budget Manager</b> |
| Oshman, Jodel         | Ramirez, Priscilla              |

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

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

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| Singh, Patricia       | 6/23/2023              |

#### Budget Manager Approval(s)

|                                                                                   |                      |
|-----------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                | <b>Approval Date</b> |
|  | 6/23/2023            |

#### Procurement Approval

**File Upload (?)**

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                  | <b>Approval Date</b> |
|  |                      |

#### Contract Owner Approval

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <b>Approved by</b>                                                                  | <b>Approval Date</b> |
|  | 6/23/2023            |

#### Contracts Approval

**Approve\***

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

|                                                                                     |                       |
|-------------------------------------------------------------------------------------|-----------------------|
| <b>Approved by*</b>                                                                 | <b>Approval Date*</b> |
|  | 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

- 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\* (?)

\$ 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**

|                            |                                 |                             |
|----------------------------|---------------------------------|-----------------------------|
| <b>Budget Unit Number*</b> | <b>Amount Charged to Unit*</b>  | <b>Expense/GL Code No.*</b> |
| 1101                       | \$ 0.00                         | 420000                      |
| <b>Budget Manager</b>      | <b>Secondary Budget Manager</b> |                             |
| 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)

|                       |                        |
|-----------------------|------------------------|
| <b>Requester Name</b> | <b>Submission Date</b> |
| 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'Neil*

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 R-13**

Transforming Lives



# Financials by Clinic + NPC

Q1+Q2+Q3 FYTD FY2023



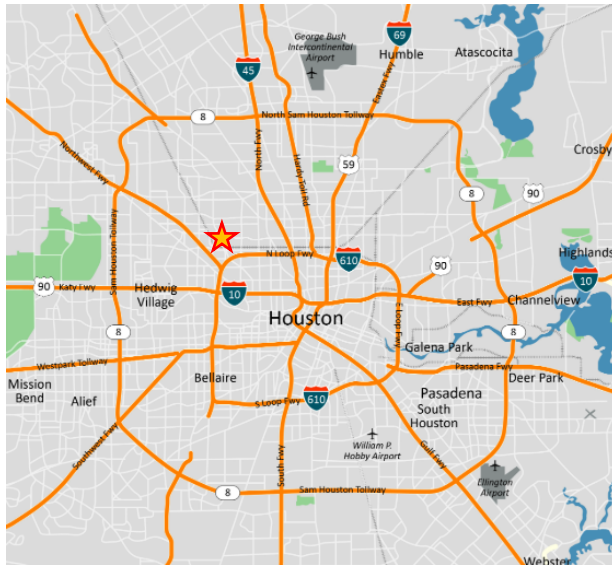
June 16, 2023

Presented By: Vanessa McKeown

# Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 9,973
- **FTEs** 152
- **Facility Size** 40,000 sq ft

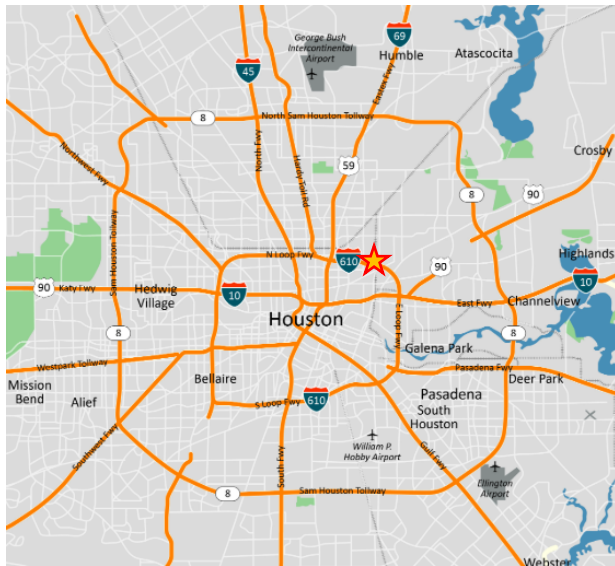
| Q1+Q2+Q3 FYTD 2023 Financial Performance |     |            |
|------------------------------------------|-----|------------|
| + Revenues                               | \$  | 10,413,840 |
| - Expenses                               |     | 15,262,078 |
| + Other Sources                          |     | 93,870     |
| = Gross Margin                           | (\$ | 4,754,369) |



# Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 4,997
- **FTEs** 71
- **Facility Size** 18,000 sq ft

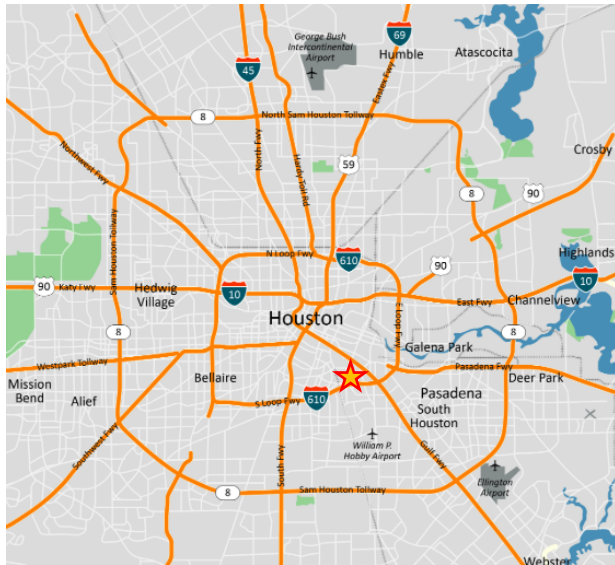
| Q1+Q2+Q3 FYTD 2023 Financial Performance |               |     |                    |
|------------------------------------------|---------------|-----|--------------------|
| +                                        | Revenues      | \$  | 4,866,857          |
| -                                        | Expenses      |     | 8,219,943          |
| +                                        | Other Sources |     | 38,223             |
| =                                        | Gross Margin  | (\$ | <u>3,314,863</u> ) |



# Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 10,544
- **FTEs** 157
- **Facility Size** 45,000 sq ft

| Q1+Q2+Q3 FYTD 2023 Financial Performance |     |               |
|------------------------------------------|-----|---------------|
| + Revenues                               | \$  | 12,110,668    |
| - Expenses                               |     | 14,046,273    |
| + Other Sources                          |     | <u>85,950</u> |
| = Gross Margin                           | (\$ | 1,849,654)    |

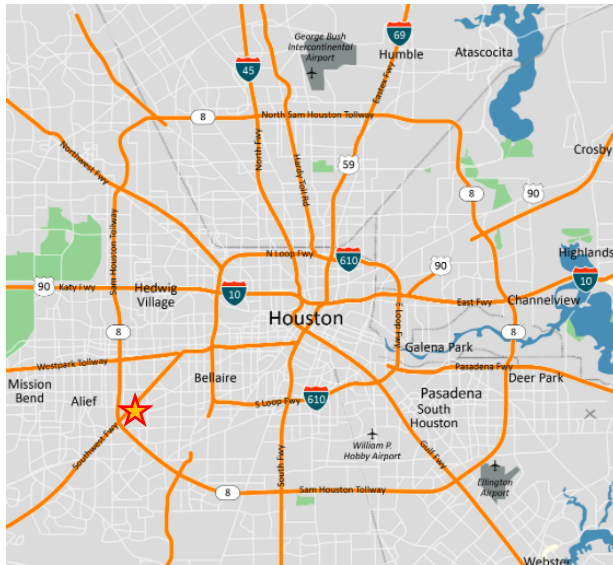




# Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 8,029
- **FTEs** 169
- **Facility Size** 37,770 sq ft (clinic space)

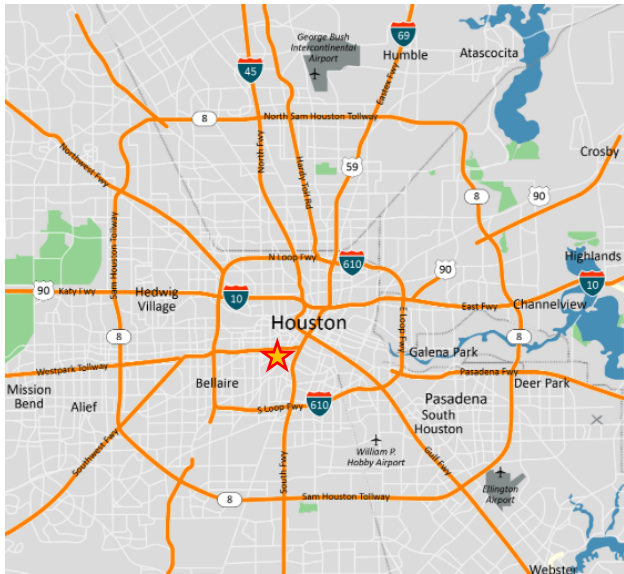
| Q1+Q2+Q3 FYTD 2023 Financial Performance |                |
|------------------------------------------|----------------|
| + Revenues                               | \$ 12,079,603  |
| - Expenses                               | 16,360,966     |
| + Other Sources                          | 88,506         |
| = Gross Margin                           | (\$ 4,192,857) |



# Neuro Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 5,626
- **FTEs** 156
- **Facility Size** 37,308 sq ft

| Q1+Q2+Q3 FYTD 2023 Financial Performance |     |                  |
|------------------------------------------|-----|------------------|
| + Revenues                               | \$  | 9,983,465        |
| - Expenses                               |     | 16,580,255       |
| + Other Sources                          |     | <u>1,858,346</u> |
| = Gross Margin                           | (\$ | 5,720,892)       |



# Q1+Q2+Q3 FYTD 2023 Detailed Financials

|                                | Northwest CSC         | Northeast CSC         | Southeast CSC         | Southwest CSC         | Neuro Psychiatric Center |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| <b>Revenues</b>                |                       |                       |                       |                       |                          |
| Harris County and Local        | 154,687               | 37,404                | 265,086               | 246,520               | 4,609,822                |
| PAP / Samples                  | 1,875,618             | 1,408,194             | 1,709,434             | 1,359,739             | 23,012                   |
| State General                  | 5,896,842             | 2,241,618             | 6,787,025             | 6,930,640             | 6,750,824                |
| State Grants                   | 1,806,992             | 421,948               | -                     | -                     | -                        |
| Federal Grants                 | 505,265               | -                     | 1,788,134             | 1,974,008             | -                        |
| 3rd Party Billings             | 174,435               | 757,693               | 1,560,989             | 1,568,696             | (1,400,193)              |
| <b>Total Revenues</b>          | <b>10,413,840</b>     | <b>4,866,857</b>      | <b>12,110,668</b>     | <b>12,079,603</b>     | <b>9,983,465</b>         |
| <b>Expenses</b>                |                       |                       |                       |                       |                          |
| Salaries and Fringe            | 11,475,248            | 5,342,170             | 10,316,107            | 12,775,652            | 14,717,404               |
| Travel                         | 26,630                | 7,272                 | 42,276                | 69,709                | 14,971                   |
| Contracts and Consultant       | 15,405                | 4,134                 | 17,018                | 119,875               | 624,784                  |
| Supplies and Drugs             | 2,598,510             | 1,756,648             | 2,298,725             | 1,867,826             | 274,792                  |
| Equipment                      | 413,590               | 706,288               | 725,913               | 854,394               | 312,210                  |
| Building                       | 566,925               | 254,880               | 456,555               | 450,296               | 326,889                  |
| Vehicle                        | -                     | 45,589                | 1,929                 | 3,712                 | 9,973                    |
| Telephone and Utilities        | 97,274                | 55,562                | 136,190               | 160,685               | 33,260                   |
| Insurance, Legal, Audit        | 21,624                | 15,840                | 21,751                | 29,326                | 28,297                   |
| Other                          | 34,908                | 29,848                | 15,726                | 25,369                | 237,339                  |
| Claims Denials                 | 11,964                | 1,712                 | 14,083                | 4,121                 | 336                      |
| <b>Total Expenses</b>          | <b>15,262,078</b>     | <b>8,219,943</b>      | <b>14,046,273</b>     | <b>16,360,966</b>     | <b>16,580,255</b>        |
| <b>Other Sources</b>           |                       |                       |                       |                       |                          |
| Fund Balance DSRIP             | 93,870                | 38,223                | 85,950                | 88,506                | 875,898                  |
| DIRCTD PMT PROG - BEHAV HEALTH | -                     | -                     | -                     | -                     | -                        |
| FED CHARITY CARE POOL (CCP)    | -                     | -                     | -                     | -                     | -                        |
| <b>Total Other Sources</b>     | <b>93,870</b>         | <b>38,223</b>         | <b>85,950</b>         | <b>88,506</b>         | <b>875,898</b>           |
| <b>Gross Margin</b>            | <b>\$ (4,754,369)</b> | <b>\$ (3,314,863)</b> | <b>\$ (1,849,654)</b> | <b>\$ (4,192,857)</b> | <b>\$ (5,720,892)</b>    |

# **EXHIBIT R-14**

Transforming Lives



# COVID-19 PPE & Supplies Vendor List

Q1 – Q3 FY2023



July 18, 2023

Presented By: Vanessa McKeown, CPA, Chief Financial Officer

# Report Parameters

- **Scope of Purchases:** COVID-19 Personal Protective Equipment (PPE) and supplies, including but not limited to
  - Masks
  - Thermometers
  - Gloves
  - Sanitizer
  - Sneeze guards
  - Wipes
  - Face shields
  - Spray bottles
- **Time Period:** September 2022 – May 2023 (6 months)
- **Purpose of Report:** To facilitate emergency response efforts, all contracting, and procurement statutes and administrative rules were suspended to the extent they impeded governmental entities' ability to cope with the pandemic. This suspension has continued with each subsequent renewal of the Disaster Declaration, including the most recent extension on May 15, 2023, despite the termination of the National Emergency on May 11, 2023.

For transparency, a summary of necessary PPE and supplies purchased is provided.

Reference: <https://gov.texas.gov/news/post/governor-abbott-renews-covid-19-disaster-declaration-in-may-2023>

# List of Vendors/Spend

| Vendor Name             | How Vendor was Selected                          | Q3               | Total             | Description of Purchases                                                                                                       | Local Vendor  |               |     |
|-------------------------|--------------------------------------------------|------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-----|
|                         |                                                  |                  |                   |                                                                                                                                | Greater Houst | State of Texa | HUB |
| PPG Global, LLC         | Risk Management selected based on emergency need | \$ 49,598        | \$ 90,666         | PPE - KN95 masks, gloves, shoe covers & cloth masks                                                                            | x             | x             | x   |
| Staples*                | Harris County Contract                           | \$ 4,145         | \$ 5,473          | Unit 1122 should have been charged for transaction (versa desk & monior arms.<br>Wipes, gloves, sanitizer and various supplies |               |               |     |
| Innovative Solutions IT | Risk Management selected based on emergency need | \$ -             | \$ 100,000        | PPE - masks, gloves, and sanitizer                                                                                             | x             | x             | x   |
| McKesson*               | State: Tag-on Contract                           | \$ -             | \$ 12,800         | PPE - Covid Test Kits, Infrared thermometers, freezer, masks, gloves, and medical supplies                                     |               | x             |     |
| Centigrade              |                                                  | \$ -             | \$ 2,953          | Refrigerators for storing vaccines, pharmaceuticls & medical products. Annual Calibration for COVID Refrigerator               | x             | x             |     |
| Sam's Club              |                                                  | \$ -             | \$ 2,796          | Microban/Lysol & Miscellaneous supplies                                                                                        |               |               |     |
| CDW-G                   |                                                  | \$ -             | \$ 1,579          | 6 Universal docking stations for unit 1134                                                                                     |               |               |     |
| The Goode Company       |                                                  | \$ -             | \$ 67             | Lunch meeting to rearrange/relocate PPE due to roof leak at Branard St, Unit # 11                                              | x             | x             |     |
| The Home Depot          | Risk Management selected based on emergency need | \$ -             | \$ 30             | Spray bottles, sanitizer, sneeze guards, disinfectant, wheels for dolly used for PPE deliveries                                |               |               |     |
|                         |                                                  | <b>\$ 53,743</b> | <b>\$ 216,364</b> |                                                                                                                                |               |               |     |

<sup>1</sup> Did not renew HUB certification during FY2023

<sup>2</sup> Contracted vendor

- **88%** of spend on historically underutilized businesses (HUBs)
- **90%** of spend on local vendors

# Next Steps

- Adhere to the procurement policy and procedure for goods and services via contracted vendors when supply is available
- Good faith effort to engage local vendors and HUBs
- Quarterly update for Board review until the end of the disaster declaration



# **EXHIBIT R-15**

# Supplier Diversity Report

Q1 + Q2 + Q3 FY2023

Presented by: Vanessa McKeown, CPA  
July 18, 2023



# Overview

- RFP Advertisement – Examples
- HUB Spent Report

# RFP Advertisements - Examples

Del 11 al 17 de Mayo 2023

## CLASIFICADOS

13

### Comisión de Calidad Ambiental del Estado de Texas



**COMBINADO**  
**AVISO DE RECEPCIÓN DE SOLICITUD E INTENCIÓN DE OBTENER UN PERMISO DE CALIDAD DEL AGUA Y**  
**Y**  
**AVISO DE RECIBO DE LA SOLICITUD E INTENCIÓN DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA**  
**MODIFICACIÓN**  
**PERMISO NO. WQ000147000**

**SOLICITUD:** El Director Philine Chappell, P. 2101 West 41<sup>st</sup> Street, Suite 7100, Houston, Texas 77058, ha recibido una solicitud de la Ciudad de Houston para solicitar un permiso de construcción de un sistema de tratamiento de aguas residuales de la planta de tratamiento de aguas residuales de la ciudad de Houston, Texas 77058. El TCEQ recibe esta solicitud el 20 de febrero de 2023. La solicitud para permitirse construir para ser construido en la ubicación propuesta de 4300 South Street, Houston, Texas. La empresa y sus representantes de la ciudad de Houston se comprometieron con el TCEQ a proporcionar una copia de una solicitud de permiso. Para la decisión sobre esta solicitud.

### SERVICIO DE ELECTRICIDAD EN HOUSTON TX

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- Planes Mensuales Fijos
- Precios de Kwh. Justos
- Activación Rápida
- No Seguro - No Crédito

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Llámanos para más información

713-900-7360

### ¡ATENCIÓN! OFERTA DE NEGOCIO.

Compañía constructora de casas en Florida y Georgia busca a propietarios de terrenos disponibles y baratos para construir un negocio comercial. Necesitamos terrenos de 10 a 20 acres en áreas de desarrollo comercial en Florida y Georgia. El terreno debe tener una zona de uso comercial y estar cerca de una autopista principal.

El terreno debe tener una zona de uso comercial y estar cerca de una autopista principal. El terreno debe tener una zona de uso comercial y estar cerca de una autopista principal.

Para más información, llame a ANTONIO CALATRAVA, Presidente, ESENCIA INTERNATIONAL CORPORATION, 790-310-8707.

### CONSTRUCCIÓN, NIVELACION DE CASAS, REMODELACION

CEMENTO, PISOS, DRIVEWAY, PORCHES, TECHOS, CASAS NUEVAS, ESTRUCTURAS COMERCIALES, 10 AÑOS DE EXPERIENCIA, PRESUPUESTO GRATIS. LLAMA PARA MÁS INFORMACIÓN AL 852-417-7898



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

**Pharmacy Inventory Services**  
 Specifications may be viewed from The Harris Center website [www.harriscenter.org](https://www.harriscenter.org) beginning **Thursday, May 18, 2023**. The Harris Center website provides for this information. <https://www.harriscenter.org> beginning **Thursday, May 18, 2023**. Proposals must be submitted to the RFP by **Thursday, May 25, 2023**. Proposals must be submitted by **10:00 a.m., Thursday, May 25, 2023**. **Physically Underserved Businesses, including Minority-Owned Businesses and Women-Owned Businesses** are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

**Foreign and Sign Language Translation/ Interpretation Services**  
 Foreign and Sign Language Translation/ Interpretation Services (FAS) are needed for The Harris Center website [www.harriscenter.org](https://www.harriscenter.org) beginning **Thursday, May 17, 2023**. The Harris Center website provides for this information. <https://www.harriscenter.org> beginning **Thursday, May 17, 2023**. Proposals must be submitted to the RFP by **Thursday, May 24, 2023**. Proposals must be submitted by **10:00 a.m., Thursday, May 24, 2023**. **Physically Underserved Businesses, including Minority-Owned Businesses and Women-Owned Businesses** are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

20 | December 22, 2022 | DEFENDER NETWORK

## DN 2022 Review

### DN+ CHANNELS BRING TAILORED NEWS TO READERS

Have you checked out our Defender Channels, featuring specialized stories for targeted audiences. Our investment in new digital products to help expand our reach and better connect with you, understanding our readers' needs and interests.

Called DN+, the channels (on the Defender Network website) cater to Black Women, Community Central and those Under 40.

"These Defender staff members are at the helm as mini-publishers: Managing Editor Brianna Tate, Associate Editor Aneesh Walker and Education Reporter Lucas Ornelas. With our expert copy editing, editing and editorial original stories geared toward these groups."



To get one step closer to our audience in serving their needs and wants, and that is our ultimate goal," said publisher CEO Sandra Mendez-Hill.

Read more about the channels, then click there out at [www.defendernews.com](http://www.defendernews.com).



The channels, aimed at Black women, LGBTQ+ and those under 40, are designed to better serve our audience and bring their voices.

Learn more information, contact ANTONIO CALATRAVA, President, ESENCIA INTERNATIONAL CORPORATION, 790-310-8707.

### CONSTRUCCIÓN, NIVELACION DE CASAS, REMODELACION

CEMENTO, PISOS, DRIVEWAY, PORCHES, TECHOS, CASAS NUEVAS, ESTRUCTURAS COMERCIALES, 10 AÑOS DE EXPERIENCIA, PRESUPUESTO GRATIS. LLAMA PARA MÁS INFORMACIÓN AL 852-417-7898

### The HARRIS CENTER for Mental Health and IDD (formerly known as Mental Health Mental Retardation Authority of Harris County) will be accepting Request for Proposal for the following:

#### Mobile Medical Vehicle (New, Stock, Pre-owned, or Refurbished)

Specifications may be viewed from The Harris Center website [www.harriscenter.org](https://www.harriscenter.org) beginning **Thursday, December 22, 2022**. The Harris Center website provides for this information. <https://www.harriscenter.org> beginning **Thursday, December 22, 2022**. Proposals must be submitted to the RFP by **Thursday, January 5, 2023**. Proposals must be submitted by **10:00 a.m., Thursday, January 5, 2023**. **Physically Underserved Businesses, including Minority-Owned Businesses and Women-Owned Businesses** are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

#### REQUEST FOR PROPOSAL FOR URBAN PLANNING AND DESIGN CONSULTANT FOR MORE SPACE: MAIN STREET 2.0 THE HOUSTON DOWNTOWN MANAGEMENT DISTRICT

The Houston Downtown Management District ("Houston DMD") will receive Proposals from urban planning and design consultants for the preparation and issuance of strategic design guidelines for Main Street 2.0. The project is located at the intersection of Main Street and Houston Street, Houston, Texas 77002. The project is located at the intersection of Main Street and Houston Street, Houston, Texas 77002. The project is located at the intersection of Main Street and Houston Street, Houston, Texas 77002.

Proposals must be submitted to the RFP by Thursday, January 5, 2023. The Harris Center website provides for this information. <https://www.harriscenter.org> beginning Thursday, December 22, 2022.

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Del 30 de Marzo de 5 de Abril 2023

## CLASIFICADOS

13

### COMISIÓN DE CALIDAD AMBIENTAL DE TEXAS



**AVISO DE RECIBO DE LA SOLICITUD E INTENCIÓN DE OBTENER RENOVACIÓN DEL PERMISO DE AIRE (NORR)**  
**NÚMERO DE PERMISO 2087**

**SOLICITUD:** The Dow Chemical Company, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) por un sitio en el sitio 13 renovación de permisos de calidad del aire para 2023, que actualiza la continuación del Licenciamiento de Instalación de Procesamiento de Agua B-1000 ubicado en 2301 F. Thompson Drive, Freeport, Condado de Brazoria, Texas 77641. Este sitio es un punto de emisión de la industria química de la instalación de procesamiento de agua B-1000 ubicada en 2301 F. Thompson Drive, Freeport, Condado de Brazoria, Texas 77641. Este sitio es un punto de emisión de la industria química de la instalación de procesamiento de agua B-1000 ubicada en 2301 F. Thompson Drive, Freeport, Condado de Brazoria, Texas 77641. Este sitio es un punto de emisión de la industria química de la instalación de procesamiento de agua B-1000 ubicada en 2301 F. Thompson Drive, Freeport, Condado de Brazoria, Texas 77641.

El Director ejecutiva la determinación que la solicitud está administrativamente completa y le envía a cada una de las comisiones de la TCEQ, la oficina regional de Houston, y la oficina de Freeport, 411 North Broadway Project, Condado de Brazoria, Texas a partir del día de la publicación de esta avis. El expediente de cumplimiento de un permiso de aire está a disposición del público en la oficina regional de Houston de la TCEQ.

COMENTARIOS DEL PÚBLICO: Puede presentar comentarios públicos a la Oficina del Secretario Oficial en la dirección indicada a continuación. La TCEQ considerará todos los comentarios que se presenten una semana antes de la audiencia y el director ejecutivo preparará una respuesta a esos comentarios. Cualquiera que no sea la propiedad, el título, la seguridad del sitio o la financiación están fuera de la jurisdicción de la TCEQ y no están en el proceso de revisión.

OPORTUNIDAD DE UNA AUDIENCIA DE CASO IMPROBADO: Puede solicitar una audiencia de caso impugnado si usted es una persona que puede verse afectada por las emisiones de contaminantes atmosféricos de la instalación (tiene derecho a solicitar una audiencia). Si solicita una audiencia debe presentar la solicitud (1) en un escrito, en el caso de un caso de un grupo o asociación, un representante oficial, dirección postal y sistema de notificación durante el día (2) el nombre del solicitante y el número de licencia de la instalación (3) el nombre de la instalación (4) una copia de la licencia (5) una copia de la licencia (6) una copia de la licencia (7) una copia de la licencia (8) una copia de la licencia (9) una copia de la licencia (10) una copia de la licencia (11) una copia de la licencia (12) una copia de la licencia (13) una copia de la licencia (14) una copia de la licencia (15) una copia de la licencia (16) una copia de la licencia (17) una copia de la licencia (18) una copia de la licencia (19) una copia de la licencia (20) una copia de la licencia (21) una copia de la licencia (22) una copia de la licencia (23) una copia de la licencia (24) una copia de la licencia (25) una copia de la licencia (26) una copia de la licencia (27) 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# RFP Advertisements - Examples

**WOMEN'S BUSINESS ENTERPRISE ALLIANCE**

ABOUT WBEA | EVENTS | WBEA NEWS | CORPORATE MEMBERS | WBE CERTIFICATION | WBEA WIG CORE | WBEA CARES | RESOURCES & INFO

## BID OPPORTUNITY RESOURCES

**Bid Opportunities**

**Local Resources**

**State Resources**

**Federal Resources**

**Supplier Diversity Resources**

**Diverse Supplier Events**

**Upcoming Programs & Events**

**Fri, Jul 07, 2023**  
How To Get WBENC WBE Certified - Fast Fridays register

**Fri, Aug 04, 2023**  
How To Get WBENC WBE Certified - Fast Fridays register

**Tue, Aug 15, 2023**  
Meet the Buyers (Executive Networking)

**Fri, Sep 01, 2023**  
How To Get WBENC WBE Certified - Fast Fridays

WBEA is committed to connecting women-owned businesses with corporate, state and government opportunities. Therefore, this webpage is designed to provide our members with the tools, education and information regarding available Supplier Diversity Events and Bid Opportunities or Requests for Proposals.

A Request for Proposal (referred to as RFP) is an early stage in a procurement process, issuing an invitation for suppliers, often through a bidding process, to submit a proposal on a specific commodity or service. The RFP process brings structure to the procurement decision and allows the risks and benefits to be identified clearly upfront. The RFP may dictate to varying degrees the exact structure and format of the supplier's response, so be sure you read all documentation carefully.

Lastly, the creativity and innovation that suppliers choose to build into their proposals may be used to judge supplier proposals against each other. Keep in mind that when submitting your proposal, it may be best to include your "One-page Wonder" marketing/ advertising tool. This is an introduction of your business to the corporation or prime contractor you're seeking to do business with.

For assistance with submitting a proposal, or if you are a contractor wanting to advertise your bid opportunity on the WBEA website, please email [bids@wbea-texas.org](mailto:bids@wbea-texas.org).

**WBEA Sponsor**

**TO**

## HUB & SUB BID OPPORTUNITIES

Email HUB & SUB bid opportunities to [bids@wbea-texas.org](mailto:bids@wbea-texas.org). Please make sure that bid documents are in Microsoft Word or PDF format. The WBEA posts bid opportunities on the WBEA website once a week when staff is available.



## BID OPPORTUNITIES

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

### LEARNING MANAGEMENT SYSTEM SOFTWARE

Specifications may be secured from The Harris Center website [www.theharriscenter.org](http://www.theharriscenter.org) beginning Tuesday, May 30, 2023.

The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Tuesday, June 6, 2023. Proposals must be submitted by 10:00 a.m., Tuesday, June 20, 2023. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

# Q1 + Q2 + Q3 FY2023 HUB Report (1 of 2)

| Vendor Name                        | Q3 FY2023 Spend (\$) | Description                                            | Local Vendor    |                | HUB |
|------------------------------------|----------------------|--------------------------------------------------------|-----------------|----------------|-----|
|                                    |                      |                                                        | Greater Houston | State of Texas |     |
| Ultra Medical Cleaning             | 638,681              | Janitorial services                                    | X               | X              | X   |
| Rekruters                          | 323,481              | IT staffing                                            | X               | X              | X   |
| Webhead                            | 197,083              | Technology Company                                     | X               | X              | X   |
| Ascend HR                          | 183,061              | Recruitment                                            | X               | X              | X   |
| Physician Resources, INC           | 181,398              | Temporary Staffing and Direct Hire Placement           | X               | X              | X   |
| Metropolitan Landscape*            | 167,301              | Landscape                                              | X               | X              | X   |
| Innovative Solution*               | 100,000              | PPE                                                    | X               | X              | X   |
| Right Now Pest                     | 99,134               | Pest Control and Exterminator                          | X               | X              | X   |
| PPG Global LLC                     | 90,666               | PPE                                                    | X               | X              | X   |
| The Warring Group                  | 54,000               | PR/Media Relations                                     | X               | X              | X   |
| Lab USA                            | 48,024               | Medical Laboratory Testing                             | X               | X              | X   |
| Elite Personnel Consultants*       | 38,386               | Personnel staffing                                     |                 | X              | X   |
| TCB Services                       | 29,260               | Reseller of Computer Hardware and Software Products    | X               | X              | X   |
| Innovative Network                 | 27,675               | Networks, storage & cloud migration                    | X               | X              | X   |
| A-Rocket Moving & Storage          | 32,036               | Moving services                                        | X               | X              | X   |
| Dura Pier Facilities Services, LTD | 21,953               | Facility services - construction                       | X               | X              | X   |
| SHI Government Solutions, Inc      | 21,384               | Computer Software &, Hardware                          | X               | X              | X   |
| RAM Telecom LLC                    | 20,150               | Construction Management                                | X               | X              | X   |
| Modern Psychological & Allied      | 14,700               | Psychological services                                 | X               | X              | X   |
| Crystal Communications Ltd         | 14,553               | Data, IP, and video communications systems integration | X               | X              | X   |
| E&C Engineers & Consultants        | 9,680                | Engineering analysis, consulting and design            | X               | X              | X   |
| Landtech                           | 7,850                | Surveying                                              | X               | X              | X   |
| Viking Fence                       | 3,210                | Fence Rentals                                          | X               | X              | X   |
| MasterWord Services Inc            | 2,942                | Translation and interpretation services                | X               | X              | X   |
| Houston Defender                   | 1,477                | African-American Newspaper                             | X               | X              | X   |
| <b>Total HUB Spend</b>             | <b>\$ 2,328,085</b>  |                                                        |                 |                |     |

\* Did not renew HUB certification during FY2023

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

# Q1 + Q2 + Q3 FY2023 HUB Report (2 of 2)

- Q1 + Q2 + Q3 FY2023 HUB spend = **\$2,328,085**
- Q1 + Q2 + Q3 FY2023 discretionary spend = **\$14,415,985**
- HUB spend % = **16%**
- Exclusion categories from discretionary spend
  - *Intergovernmental contracts*
  - *Key service contracts with non-profits (Easterseals)*
  - *University systems (BCM for residency program)*
  - *Enterprise software (EHR, ERP)*
  - *Leases*
  - *Supported housing*
  - *Pharmaceuticals*
  - *Utilities*
  - *Physician services*
  - *Trade organizations (National Council, Texas Council)*
  - *Employee reimbursements*
  - *Employee benefits*
  - *Consumer-chosen individuals for respite services*

Thank you.



# **EXHIBIT R-16**

Transforming Lives



# Revenue Management Metrics



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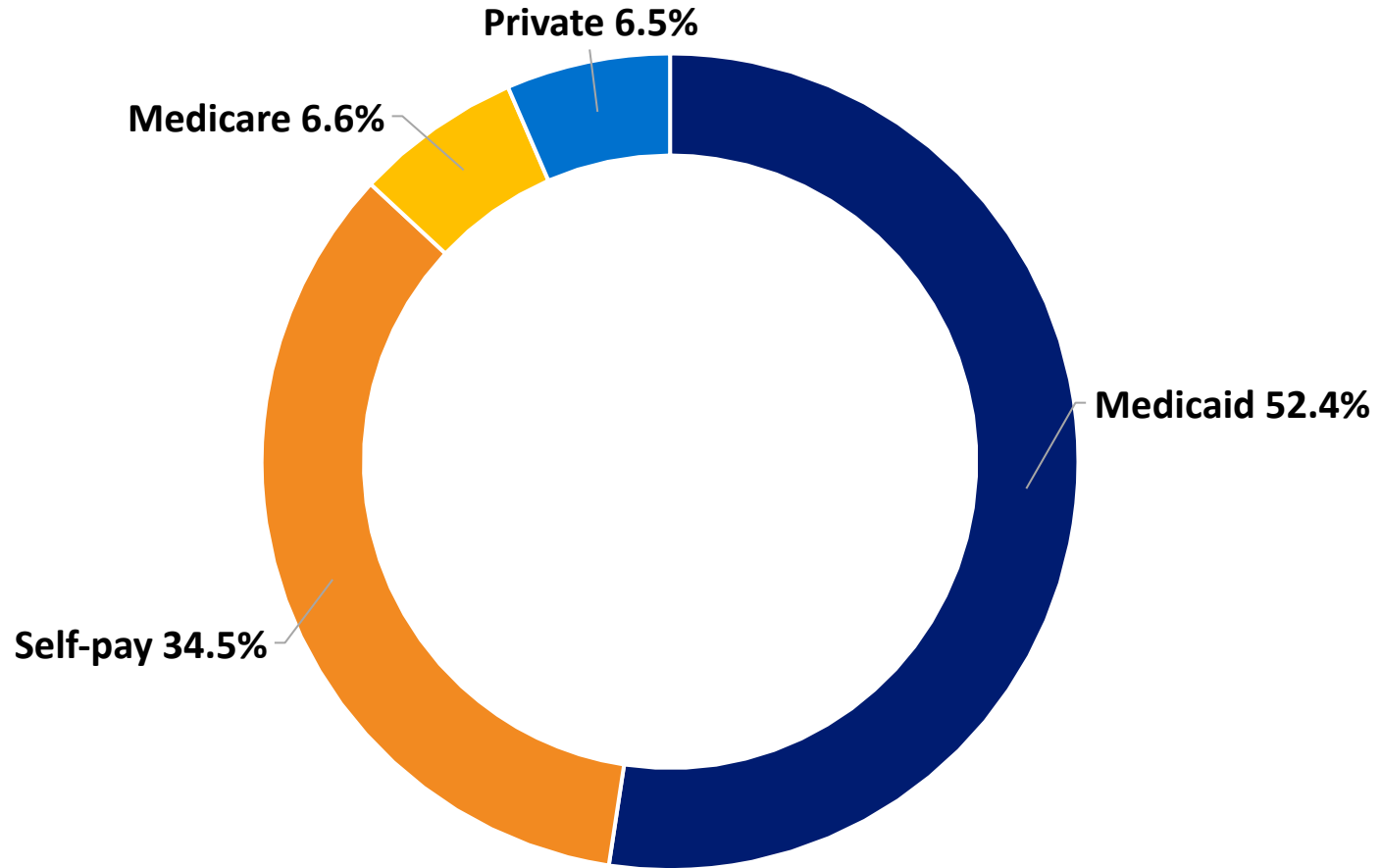


# Overview

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- **Payor Mix**
- **Revenue Cycle Performance Metrics**
  - Days in Accounts Receivable
  - Claims and Collections

# Payor Mix

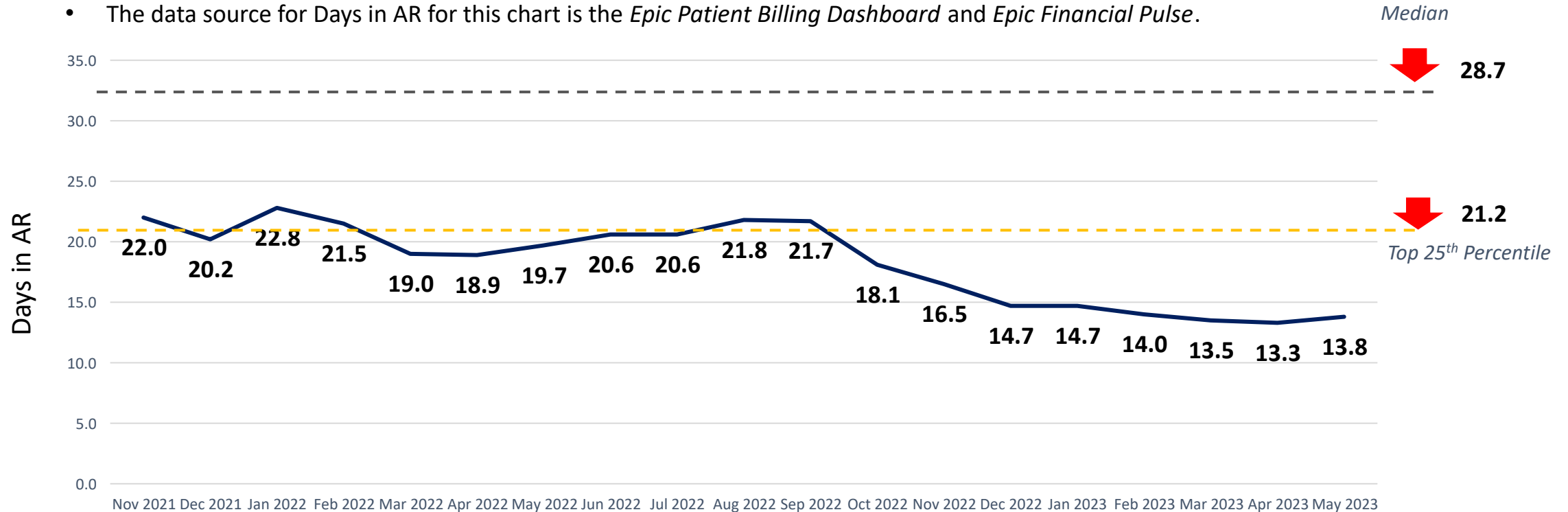


*Note: Payor Mix based on patient visit coverage in Q3 FY2023*

# Revenue Cycle Performance Metrics

# Days in Accounts Receivable

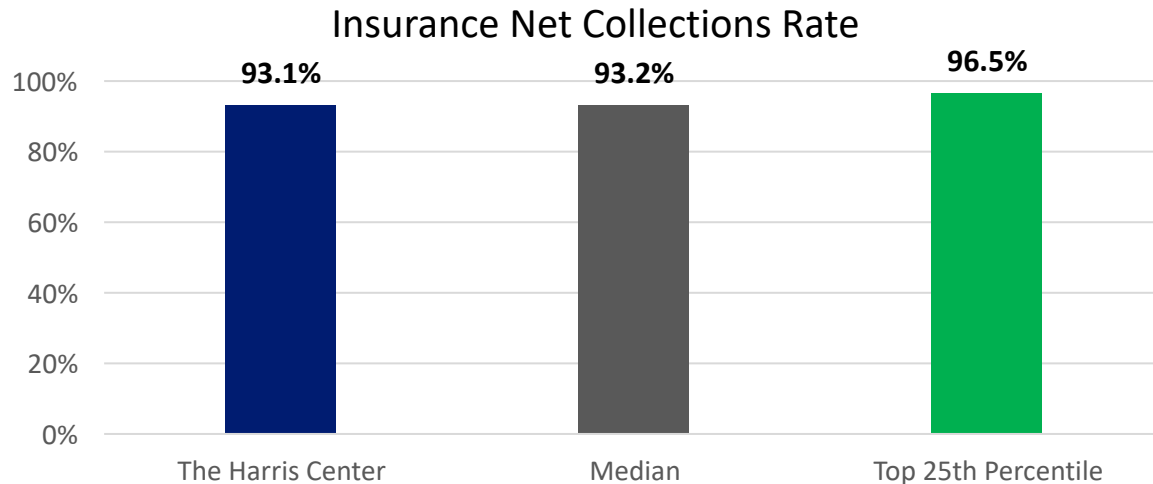
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



- *Transition to Epic EHR took place in April 2021*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (207 service areas)*

# Claims and Collections

| Average Monthly Count of Claims |         |         |         |         |
|---------------------------------|---------|---------|---------|---------|
| Q1, Q2, Q3 FY 2023              | FY 2022 | FY 2021 | FY 2020 | FY 2019 |
| 33,141                          | 32,020  | 30,761  | 32,920  | 32,559  |



| FINANCIAL CLASS      | COLLECTION % |
|----------------------|--------------|
| Traditional Medicaid | 94%          |
| Managed Medicaid     | 96%          |
| Traditional Medicare | 69%          |
| Managed Medicare     | 68%          |
| MMP                  | 84%          |
| CHIP                 | 82%          |
| Commercial           | 68%          |

\* Q3 FY2023

- Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).
- The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.
- Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.