



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

Resource Committee Meeting
August 15, 2023
8:30 am

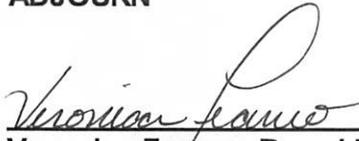
- I. **DECLARATION OF A QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, July 18, 2023
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
 - A. Approve FY'23 Year-to-Date Budget Report- July
(EXHIBIT R-2 Vanessa McKeown)
 - B. August 2023 New Contracts Over 100K
(EXHIBIT R-3 Belinda Stude)
 - C. August 2023 Contracts Renewals Over 100K
(EXHIBIT R-4 Belinda Stude)
 - D. August 2023 Contracts Amendments Over 100K
(EXHIBIT R-5 Belinda Stude)
 - E. August 2023 Interlocal Agreements
(EXHIBIT R-6 Belinda Stude)
 - F. 2023-2024 Commercial Insurance Program
(EXHIBIT R-7 Frost Insurance)
 - G. Learning Management System Software RFP
(EXHIBIT R-8 Vanessa McKeown)
 - H. Life Safety Systems/Inspection Services RFP
(EXHIBIT R-9 Vanessa McKeown)
 - I. 6168 S. Loop East Apartments CSP
(EXHIBIT R-10 Vanessa McKeown)
 - J. Fiscal Year 2024 Budget
(Vanessa McKeown)
 - K. Capital 2024 Budget
(Vanessa McKeown)
- V. **EXECUTIVE SESSION-**
 - **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- VI. **RECONVENE INTO OPEN SESSION**

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

VIII. INFORMATION ONLY

- A. August 2023 New Contracts Under 100K
(EXHIBIT R-11)
- B. August 2023 Renewals Under 100K
(EXHIBIT R-12)
- C. August 2023 Amendments Under 100K
(EXHIBIT R-13)
- D. August 2023 Affiliation, Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT R-14)

IX. ADJOURN



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



EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, JULY 18, 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,

Committee Member Absent: Dr. M. Miller, Jr., Mr. J. Lykes

Other Board Member Present: Dr. L. Moore, 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 June 20, 2023.

MOTION: SANTOS SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, June 20, 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-June

MOTION: SANTOS SECOND: GEARING

With unanimous affirmative votes,
BE IT RESOLVED FY'23 Year-to-Date Budget Report-June, is approved under exhibit R-2 and recommended to the Full Board.

B. July 2023 New Contracts Over 100K

MOTION: MOORE SECOND: SANTOS

With unanimous affirmative votes,
BE IT RESOLVED July 2023 New Contracts Over 100K, under Exhibit R-3 are approved and recommended to the Full Board.

C. July 2023 Contract Renewals Over 100K

MOTION: MOORE SECOND: SANTOS

With unanimous affirmative votes,
BE IT RESOLVED July 2023 Contracts Renewals Over 100K, under Exhibit R-4 are approved and recommended to the Full Board.

D. July 2023 Contract Amendments Over 100K

MOTION: SANTOS SECOND: GEARING

With unanimous affirmative votes,
BE IT RESOLVED July 2023 Contract 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-#7.

SECOND: MOORE
With unanimous affirmative votes,

BE IT RESOLVED Interlocal Agreements #1-7 are approved.

INTERLOCAL AGREEMENT #8: University of Houston-College of Medicine.

Dr. Gearing recused himself from discussion and voting on Interlocal Agreement item #8-University of Houston-College of Medicine.

MOTION: LYKES
Mr. Lykes moved the Resource Committee approve Interlocal Agreement.

SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED Interlocal Agreements #8 is approved and recommended to Full Board for approval.

INTERLOCAL AGREEMENTS #9: University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center.

Dr. Santos recused himself from discussion and voting on item #9-University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center.

MOTION: GEARING

Dr. Gearing moved the Resource Committee approve Interlocal Agreement item #9-University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center.

SECOND: MOORE

With unanimous affirmative votes,

BE IT RESOLVED Interlocal Agreement #9 The University of Texas Health Science Center at Houston-HCPC agreement is approved and recommended to the Full Board for approval.

F. Award Recommendation-Personnel Background Investigation Services RFP

MOTION: GEARING

SECOND: SANTOS

With unanimous affirmative votes,

BE IT RESOLVED Award Recommendation-Personnel Background Investigation Services RFP, under Exhibit R-7 are approved and recommended to the Full Board.

G. Award Recommendation-Agency Wide Multifunction Devices

MOTION: SANTOS

SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED Award Recommendation-Personnel Background Investigation Services RFP, under Exhibit R-8 are approved and recommended to the Full Board.

8. REVIEW AND COMMENT

A. Clinical Financial KPI Review-Vanessa McKeown presented the Clinical Financial KPI Review to the Resource Committee on July 18, 2023.

9. EXECUTIVE SESSION -No executive session needed.

10. RECOVENE INTO OPEN SESSION

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

12. ADJOURN

MOTION: SANTOS

SECOND: MOORE

There being no further business, the meeting was adjourned at 9:30 am.

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 July 31, 2023**

Fiscal year 2023

Presented to the Resource Committee of the Board of Trustees
July 15, 2023

The Harris Center for Mental Health and IDD

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

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

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

The Center's accounting records for its general fund are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial report submitted herewith has not been audited by an independent auditor.

Vanessa McKeown
Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
As of July 31, 2023
unaudited/budget-basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 26,109,390	\$ 30,174,951	\$ 4,065,561
Expenditures	26,698,524	27,566,657	(868,133)
Change in net assets	\$ (589,134)	\$ 2,608,294	\$ 3,197,428
Use of prior year balances	\$ 483,277	\$ 483,277	\$
Capital, net		(8,862)	(8,862)
Other sources		14,485	14,485
	<u>\$ (105,857)</u>	<u>\$ 3,097,194</u>	<u>\$ 3,203,051</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 291,621,185	\$ 300,859,281	\$ 9,238,096
Expenditures	296,388,966	303,513,389	(7,124,423)
Change in net assets	\$ (4,767,781)	\$ (2,654,108)	\$ 2,113,673
Use of prior year balances	\$ 5,316,037	\$ 5,316,037	\$
Capital, net		(218,632)	(218,632)
Other sources		127,498	127,498
	<u>\$ 548,256</u>	<u>\$ 2,570,794</u>	<u>\$ 2,022,538</u>

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
As of July 31, 2023
unaudited/budget-basis reporting

	For the Month				Fiscal Year to Date			
	ORGBUD	Actual	Variance		orgbud	Actual	Variance	
			\$	%			\$	%
Operating Revenue								
State General Revenue	\$ 9,507,049	\$ 9,476,132	\$ (30,917)	0%	\$ 104,577,283	\$ 104,148,951	\$ (428,332)	0%
Harris County and Local	5,005,567	4,812,237	(193,330)	-4%	55,132,070	57,775,057	2,642,987	5%
Federal Contracts and Grants	3,116,929	5,809,210	2,692,281	86%	37,653,886	38,960,595	1,306,710	3%
State Contract and Grants	1,260,594	1,119,414	(141,180)	-11%	13,866,500	12,363,855	(1,502,645)	-11%
Third Party Billing	2,485,089	2,812,663	327,574	13%	27,335,666	26,004,222	(1,331,444)	-5%
Charity Care Pool	3,366,382	4,158,429	792,047	24%	37,030,202	40,990,436	3,960,234	11%
Directed Payment Programs	817,840	817,840		0%	8,996,240	8,996,242	2	0%
PAP	420,000	797,065	377,065	90%	5,600,000	9,043,751	3,443,751	61%
Interest Income	129,940	371,960	242,020	186%	1,429,338	2,576,171	1,146,833	80%
Operating Revenue, total	\$ 26,109,390	\$ 30,174,951	\$ 4,065,561	16%	\$ 291,621,185	\$ 300,859,281	\$ 9,238,096	3%
Operating expenditures								
Salaries and Fringe Benefits	\$ 18,883,011	\$ 19,562,267	\$ (679,256)	-4%	\$ 210,368,957	\$ 217,207,502	\$ (6,838,545)	-3%
Contracts and Consultants	2,025,773	2,022,584	3,189	0%	22,290,781	21,012,570	1,278,211	6%
HGPC Contract	2,322,734	2,326,364	(3,630)	0%	25,550,074	25,573,580	(23,506)	0%
Supplies and Drugs	1,084,323	1,658,195	(573,872)	-53%	11,947,473	15,224,436	(3,276,963)	-27%
Purchases, Repairs and Maintenance of:								
Equipment	521,161	415,508	105,653	20%	5,747,732	5,160,879	586,853	10%
Building	494,853	299,778	195,075	39%	5,445,328	3,531,737	1,913,591	35%
Vehicle	85,362	64,340	21,022	25%	940,302	1,007,954	(67,652)	-7%
Telephone and Utilities	287,187	361,673	(74,486)	-26%	3,158,886	3,449,220	(290,334)	-9%
Insurance, Legal and Audit	194,194	160,602	33,592	17%	1,932,975	1,893,368	39,607	2%
Travel	137,021	211,070	(74,049)	-54%	1,666,245	1,827,632	(161,387)	-10%
Other	662,905	484,276	178,629	27%	7,340,213	7,624,511	(284,298)	-4%
Operating Expenditures, total	\$ 26,698,524	\$ 27,566,657	\$ (868,133)	-3%	\$ 296,388,966	\$ 303,513,389	\$ (7,124,423)	-2%
Change in Net Assets, before Other Sources	\$ (589,134)	\$ 2,608,294	\$ 3,197,428	-543%	\$ (4,767,781)	\$ (2,654,108)	\$ 2,113,673	-44%
Other Sources								
Use of Net Assets, capital	\$	\$ 952,549	\$ 952,549		\$	\$ 4,517,767	4,517,767	
Capital Outlay		961,411	(961,411)			4,736,400	(4,736,400)	
Capital Expenditures, net		(8,862)	(8,862)			(218,632)	(218,632)	
DSRIP	483,277	483,277		0%	5,316,037	5,316,037		0%
Covid reserve						-		
Use of prior year balances	483,277	483,277	-		5,316,037	5,316,037		
Insurance proceeds		7,490	7,490			94,571	94,571	
Proceeds from Sale of Assets		6,995	6,995			32,927	32,927	
Change in Net Assets, all Sources	\$ (105,857)	\$ 3,097,194	\$ 3,203,051		\$ 548,256	\$ 2,570,794	\$ 2,022,538	

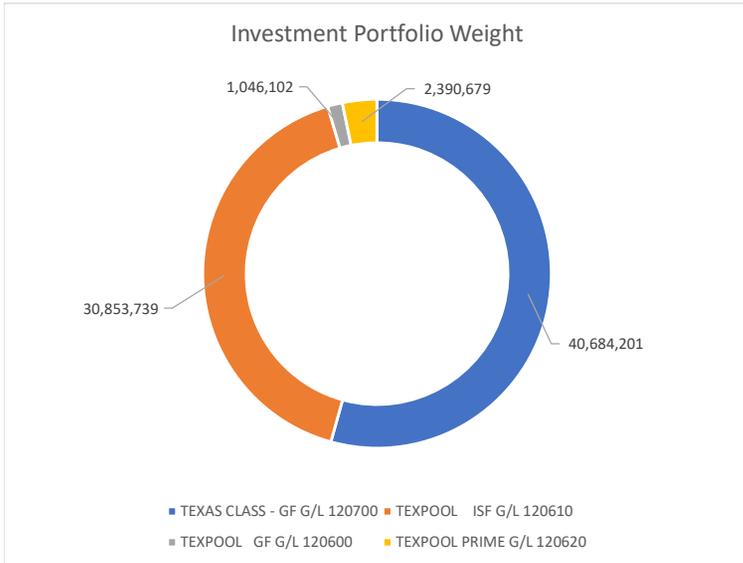
The Harris Center for Mental Health and IDD
Balance Sheet
As of July 31, 2023
unaudited/budget-basis reporting

	June-23	July-23	Change
ASSETS			
Current Assets			
Cash and Petty Cash	\$ 35,620,463	\$ 11,917,043	\$ (23,703,420)
Investments	68,645,185	74,974,721	6,329,537
Inventory and Prepaid	6,050,211	5,459,122	(591,089)
Accounts Receivable			
Other	23,873,204	26,353,700	2,480,496
Patient, net of allowance	8,338,071	8,631,117	293,046
Current Assets, Total	\$ 142,527,132	\$ 127,335,702	\$ (15,191,430)
Capital Assets			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,595,256	46,595,256	-
Furniture, Equipment and Vehicles	10,076,111	10,035,459	(40,652)
Construction in Progress	24,174,821	25,127,370	952,549
Capital Assets, Total	\$ 93,539,971	\$ 94,451,867	\$ 911,896
Total Assets	\$ 236,067,103	\$ 221,787,569	\$ (14,279,534)
LIABILITIES AND NET ASSETS			
Unearned Income	\$ 35,727,869	\$ 19,965,080	\$ (15,762,789)
Accounts Payable and Accrued Liabilities	17,713,128	16,623,857	(1,089,270)
Long term Liabilities	911,096	910,357	(739)
Liabilities, Total	\$ 54,352,093	\$ 37,499,295	\$ (16,852,798)
NET POSITION			
Inventory and Capital Assets	93,931,668	94,834,615	902,946
Assigned (see notes for designated balances)	88,309,742	86,882,866	(1,426,876)
Change in net assets, <i>budgetary basis</i>	(526,400)	2,570,794	3,097,194
Net Assets, Total	\$ 181,715,010	\$ 184,288,274	\$ 4,000,141

The Harris Center for Mental Health and IDD
Investment Portfolio
As of July 31, 2023

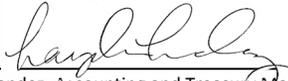
Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS							
Texas CLASS General Fund	\$ 34,509,366	\$ 6,000,000	\$ -	\$ 174,835	\$ 40,684,201	54.3%	5.360%
TexPool							
TexPool Prime	30,713,928	-	-	139,811	30,853,739	41.2%	4.801%
TexPool General Fund	1,041,570	-	-	4,533	1,046,102	1.4%	4.611%
TexPool Internal Service Fund	2,380,321	-	-	10,358	2,390,679	3.2%	4.611%
<i>TexPool Sub-Total</i>	<i>34,135,819</i>	<i>-</i>	<i>-</i>	<i>154,702</i>	<i>34,290,520</i>	<i>45.7%</i>	<i>4.782%</i>
Total Investments	\$ 68,645,185	\$ 6,000,000	\$ -	\$ 329,537	\$ 74,974,721	100%	5.095%
Additional Interest-Checking Accounts				371,960			
Total Interest Earned				701,497			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio	5.240%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.087%
May Interest Rate - Chase Hybrid Checking	3.15%
May ECR - Chase	3.25%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of July 31, 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 July 31, 2023

Vendor	Description	Monthly Not-To-Exceed*	July	YTD Total Through July
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,926,095	\$20,203,871
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$24,426,844
UNUM	Life Insurance	\$300,000	\$208,944	\$2,242,871

* 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 July payments of Liabilities for Employee Benefits = 4.5% of Expenditures.

EXHIBIT R-3

AUGUST 2023
NEW CONTRACTS OVER 100k



**Due Diligence Linen and Laundry Services
Request for Quote
Project# FY23-0222**

Purchasing received a request from The Harris Center facilities located at 6160 South Loop East and the Youth Diversion Center at 6500 Chimney Rock on Friday, May 10, 2023, to solicit a new vendor for Linen and Laundry Services.

Two (2) vendor quotes were received and a Best and Final Offer was requested:

1. **Texas Textile Services: \$79,614.49 (Start-Up/Buy-In \$2,232.18, and 12 Month, Bi-Weekly Laundry Services \$77,382.31)**
2. **ImageFirst Healthcare Laundry Services: \$115,356.80 (12 Month Bi-Weekly Laundry Services, No Start-Up/Buy-In Fee)**

The Project Team recommendation is to move forward with the vendor that met all the team's requirements such as a good overall program concept, quality of personnel and experience.

Texas Textile Services

Budget breakdown as follows:

Youth Diversion Center

Hand Towels were removed from vendor quote per end-users.

FY24 - \$12,185.02, Start-Up/Buy-In \$341.64, and 12-Month Bi-Weekly Laundry Services \$11,843.38 (Funding Source: Unit 6500, GL Code 543031).

FY25 - \$11,843.38, 12 Month B-Weekly Laundry Services, (Funding Source: Unit 6500, GL Code 543031)

Total NTE: \$24,028.40

6160 South Loop East

Hand towels were removed from vendor quote per end-users.

FY24 - \$48,006.84, Start-Up/Buy-In \$1,345.99, and 12 Month Bi-Weekly Laundry Services \$46,660.85 (Funding Source: Unit 9403, 9407, 9261, 9264, 9501, 9502, 9267)

FY25 - \$46,660.85, 12 Month Bi-Weekly Laundry Services, (Funding Source: Unit 9403, 9407, 9261, 9264, 9501, 9502, 9267)

Total NTE: \$94,667.69

The total NTE (Not to Exceed) for a two (2) year contract is \$118,696.09

Submitted By:

DocuSigned by:

James Blunt

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James Blunt, C.P.M.
Buyer II

Recommended By:

DocuSigned by:

Sharon Brauner

258C3C5A8EF9418...

Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:

Vanessa McKeown

0405B9FF5CB4CA...

Vanessa McKeown
Chief Financial Officer

THIS CERTIFIES THAT

Texas Textile Services, LTD



* Nationally certified by the: **HOUSTON MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): **812320**

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

05/13/2022

Issued Date

HS19276

Certificate Number

05/31/2023

Expiration Date

**Ying McGuire
NMSDC CEO and President**

Ingrid M. Robinson, President

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®



Executive Contract Summary

Contract Section

Contractor*

Texas Textiles Services

Contract ID #*

2023-0730

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center for Mental Health & IDD and Texas Textiles Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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* (?)

8/31/2025

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 60,191.86
Fiscal Year* (?)	Amount* (?)
2025	\$ 58,504.23

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* (?)

RFQ recommendation for new vendor for linen and laundry services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock.

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 (?)

About TTS.pdf	482.23KB
Addendum 1 & Letter of Clarification #1.pdf	216.15KB
advacare disin ltr 20150911 (1).pdf	422.32KB
Advacare Disinfectant 2020_Regulatory Letter_List N.pdf	143.99KB
Attachment D.pdf	261.7KB
BAFO Quote - Texas Textiles.pdf	191.96KB
cart forms.pdf	38.56KB
delivery manifest.pdf	26.95KB
Due Diligence Letter - Linens and Laundry Services RFQ_SIGNED.pdf	357.52KB
Pricing and RFQ response.pdf	275.38KB
References.docx	15.58KB
Reject Linen Program.pdf	418.33KB
TAB - Linen and Laundry Services RFQ.xlsx	17.2KB
TTS MBE Certificate 05-31-2023.pdf	76.2KB
TTS W9.pdf	109.54KB

Vendor/Contractor Contact Person



Name*

Lucy Heredia, VP of Operations

Address *

Street Address

9201 Center Point Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-3701

State / Province / Region

TX

Country

US

Phone Number *

281-541-2116

Email *

lheredia@texastextile.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6500	\$ 24,028.40	543032
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Adams, Betty	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 32,184.69	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 7,574.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 21,773.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 10,414.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9501	\$ 7,574.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 7,574.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 7,574.00	543032
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

As outlined in RFQ recommendations

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Ramirez, Priscilla	8/4/2023

Budget Manager Approval(s) 

Approved by

Stecnia Williams-Wesley

Approval Date
8/4/2023

Approved by

Priscilla M. Ramirez

Approval Date
8/4/2023

Procurement Approval 

File Upload (?)

Approved by

Sharon Brauner

Approval Date
8/7/2023

Contract Owner Approval 

Approved by

Kim Kornmayer

Approval Date
8/7/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/7/2023

EXHIBIT R-4

AUGUST 2023 RENEWALS OVER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
MORE THAN \$100,000

AUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
1	Clinical Pathology Laboratories, Inc.	Agency Wide Clinical Laboratory Services	\$415,238.00	\$642,108.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agency Wide Clinical Laboratory Services Agreement.
2	Enterprise FM Trust	Vehicle Lease and Maintenance Agreements for Agency-wide Transportation Services. Vehicle Procurement Services (Lease and Ownership) through a single entity.	\$758,833.08	\$758,833.08	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Vehicle Lease and Maintenance Agreements for Agency-wide transportation services.
3	McKesson Corporation	Agency Wide Medical Surgical Supplies	\$295,577.00	\$285,365.00	7/1/2023 - 6/30/2024	General Revenue (GR)	Tag-On	Annual renewal of Agency Wide Medical Surgical Supplies. [Tag-on through GPO Vizient]
4	O'Donnell/Snider Construction LLC	Construction Services for the NPC Site Renovation Project	\$4,273,918.00	\$2,870,200.01	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Renewal of Construction Services Agreement for continuing project [NPC Renovations Project][FY24- \$2870,200.01 NTE].
5	PDG Architects, Inc. d/b/a PDG Architects	Architectural Design, Plumbing and Storm Water Investigative Services and Furniture/Equipment Procurement Installation for NPC Renovations	\$330,000.00	\$193,650.55	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Renewal of Architectural Design, Plumbing and Storm Water Investigative Services for ongoing project [NPC Renovations Project][NTE:193,650.55].
6	Rey de la Reza Architects, Inc. d/b/a RDLR Architect	Architect Programming and Design Services for the North East Clinic	\$1,461,782.00	\$1,352,263.56	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Renewal of Capital Project to complete Design and Programming for the North East Clinic build. [FY24 NTE: \$1,081,132.00 fees + \$310,650.00 optional additional services + \$70,000.00 contingency].
7	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$781,080.44	\$942,492.53	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual FY24 funding only for Agency Wide Janitorial Services. FY24 NTE increase includes additional services at James Driver Park, 10918 Bentley Street, Houston, TX.
8	Universal Protection Service, LP d/b/a Allied Universal Security Services	Agency Wide Security Guard Services	\$1,074,299.80	\$1,075,267.08	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agency Wide Security Guard Services. There will be a reduction in the number Security Guards needed over time with the addition of Agency Security/Safety Ambassadors.
CPEP/CRISIS SERVICES								
9	P- MKTG-HMHC (Healthy Minds Healthy Communities)	P-Marketing Pool for Health Minds Health Communities	\$872,000.00	\$432,187.50	9/1/2023 - 8/31/2024	Federal Grant	Request for Proposal	Annual renewal of Master Pool of (2) two marketing firms for the digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
FORENSICS								



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2021-0181

Contractor Name*

Clinical Pathology Laboratories, Inc.

Service Provided* (?)

Agency Wide Clinical Laboratory 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* (?)

\$ 415,238.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1136, 6302, 9208, 9210, 9403, 9810 and 6500

G/L Code(s)*

580000

Current Fiscal Year Purchase Order Number*

CT142533

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information 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	\$ 600,000.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 3,507.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 825.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 2,372.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 1,497.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 1,497.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 1,497.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6302	\$ 25,300.00	580000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6500	\$ 2,000.00	580000

Budget Manager *	Secondary Budget Manager *
Williams-Wesley, Sheenia	Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,135.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 826.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 826.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 826.00	580000

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

Provide Rate and Rate Descriptions if applicable* (?)

RATES VARY.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 642,108.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

\$642,108.00

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

Kia Walker

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approved by

Priscilla M. Ramirez

Approved by

Jodel Oshman

Approved by

Shenia Williams-Wesley

Approved by

Sign

Contract Owner Approval



Approved by

Kia Donae Walker

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7827

Contractor Name*

Enterprise FM Trust

Service Provided* (?)

Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 758,833.08

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

Multiple

Current Fiscal Year Purchase Order Number*

FY23 CT142487

Contract Requestor*

Jessica Soto

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 6,739.56	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 888.12	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 80,071.32	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 19,546.56	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 10,088.16	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,091.76	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 33,077.42	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 2,177.28	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 12,972.75	560500

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 3,532.44	559000
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 12,972.75	560500
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 5,875.56	559000
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 38,727.21	560500
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 8,514.12	559000
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 86,052.66	560500
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 16,315.68	559000
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3550	\$ 12,972.75	560500
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3550	\$ 2,413.56	559000
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Kerlegon, Charles	

Budget Unit Number* 3579	Amount Charged to Unit* \$ 7,618.68	Expense/GL Code No. * 560500
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3579	Amount Charged to Unit* \$ 888.12	Expense/GL Code No. * 559000
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3585	Amount Charged to Unit* \$ 12,642.24	Expense/GL Code No. * 560500
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3585	Amount Charged to Unit* \$ 1,833.72	Expense/GL Code No. * 559000
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3609	Amount Charged to Unit* \$ 13,558.68	Expense/GL Code No. * 560500
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3609	Amount Charged to Unit* \$ 1,833.72	Expense/GL Code No. * 559000
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3611	Amount Charged to Unit* \$ 26,161.02	Expense/GL Code No. * 560500
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3611	Amount Charged to Unit* \$ 4,961.88	Expense/GL Code No. * 559000
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number* 3636	Amount Charged to Unit* \$ 5,752.32	Expense/GL Code No. * 560500
Budget Manager* Adams-Austin, Mamie	Secondary Budget Manager* Kerlegon, Charles	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 945.60	559000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 5,727.00	560500
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 945.60	559000
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 19,173.36	5605000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 3,445.20	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 110,885.35	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 28,029.48	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 15,243.96	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 2,761.20	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 4,778.28	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 907.80	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 5,318.40	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 907.80	559000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 7,570.32	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 2,269.68	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 125,773.92	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Strang, Sarah
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 15,973.20	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Strang, Sarah
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 10,636.80	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 2,323.80	559000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 8,063.76	560500
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Macleod, Ann	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 12,168.60	559000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Macleod, Ann	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 8,000.04	560500
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 1,909.68	559000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 5,802.00	559000
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 16,924.47	560500
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 2,996.52	559000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Provide Rate and Rate Descriptions if applicable* (?)		
N/A		
Project WBS (Work Breakdown Structure)* (?)		
N/A		
Fiscal Year* (?)	Amount* (?)	
2024	\$ 758,833.08	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

848761.86

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Mamie Adams-Austin

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/10/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7137

Contractor Name*

McKesson Corporation

Service Provided* (?)

Agency Wide Medical Surgical Supplies. Tag-On through GPO Vizient.

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* (?)

\$ 295,577.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

Vary.

G/L Code(s)*

547002

Current Fiscal Year Purchase Order Number*

CT142361

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information 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	\$ 10,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 8,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 240.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 36,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 14,400.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 22,200.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 20,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 3,144.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 30,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 1,695.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 456.00	547002
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 180.00	547002
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 1,200.00	547002
Budget Manager *		Secondary Budget Manager *
Smith, Janai		Hooper Jr., Michael
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 2,750.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 55,000.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 2,200.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 54,100.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 8,400.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 3,500.00	547002
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 2,461.00	547002
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 1,177.00	547002
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 856.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 3,638.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 856.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 856.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 856.00	547002

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

Provide Rate and Rate Descriptions if applicable* (?)

Various rates

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 285,365.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

\$285,365.00

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

Kia Walker

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Mamie Adams-Austin

Approved by

Tanai Lynnetto Smith

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

Kia Denae Walker

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0428

Contractor Name*

O'Donnell/Snider Construction LLC

Service Provided* (?)

Construction for the NeuroPsychiatric Center (NPC) Site Renovation (CSP) Project# PUR-FY22-0207.

*** Is an FY24 PO 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 |

Contract Description / Type

- | | |
|--|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input 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 AIA Document A201-2017 |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 4,273,918.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY23 PO CT142511

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	\$ 2,870,200.01	900040
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,870,200.01

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd L McCordale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/1/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0199

Contractor Name*

PDG Architects, Inc. d/b/a PDG Architects

Service Provided* (?)

Architectural Design, Plumbing and Storm Water Investigative Services.

Also provided are Supplemental Services at Ben Taub NPC First and Second Floor to include: Wayfinding Signage Design, Procurement, and installation; Furniture Procurement and Installation; Equipment Procurement and installation; and Full Construction Administration 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* (?)

\$ 330,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY23 PO CT142355

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	\$ 193,650.55	900040
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 193,650.55

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd L. McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/1/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

0594

Contractor Name*

Rey de la Reza Architects, Inc. d/b/a RDLR Architect

Service Provided* (?)

NE Programming and Design

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

WBE - Women owned business.

Contract NTE* (?)

\$ 1,461,782.00

Rate(s)/Rate(s) Description

breakdown \$1,081,132.00 total fees + \$310,650.00 optional additional services + \$70,000.00 contingency

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

CT142878

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	\$ 1,352,263.56	900040
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,352,263.56

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd L. McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/1/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0559

Contractor Name*

Ultra Medical Cleaning and Environmental Services, Inc.

Service Provided* (?)

Increase the amount to continue janitorial services to be provided at James Driver Park, 10918 Bentley Street, Houston, Texas 77093. The rate is \$866.00 per month for weekly cleaning 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* (?)

\$ 781,080.44

Rate(s)/Rate(s) Description

\$866.00 per month for weekly cleaning services

Unit(s) Served*

1899

G/L Code(s)*

569002

Current Fiscal Year Purchase Order Number*

CT142639

Contract Requestor*

Lisa Cantu-Espinoza

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	\$ 856,811.39	569002

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 85,681.14	569002

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

Provide Rate and Rate Descriptions if applicable * (?)

Exhibit A2 (Attached)\$846,419.39 plus cleaning services to Smartpod located in James Driver Park at 10918 Bentley Street, Houston, Texas 77093 (Attached) \$10,392 plus 10% Contingency \$85,681.14. Total FY24 Contract Amount of \$942,492.53

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 942,492.53

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 (?)

Ultra Medical - Pricing Sheet FY24.pdf	154.17KB
Smartpod Cleaning Quote.pdf	176.51KB

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*

7/10/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7798

Contractor Name*

Universal Protection Service, LP d/b/a Allied Universal Security Services

Service Provided* (?)

Agency Wide Security Guard 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* (?)

\$ 1,074,299.80

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

FY23 CT142388

Contract Requestor*

Egla MacKinney

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

Please Explain*

No shows and late arrivals continue to be a problem

Were Services delivered as specified in the contract? *

Yes No

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

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*

Yes, however, there is constant delayed response to questions/revisions on invoices

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

Yes No

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

Yes No

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

Yes No

Please Explain *

Yes, however, requested training documents from contractor have not been provided and continue to wait on production.

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1808	\$ 61,980.36	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1809	\$ 85,107.36	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1814	\$ 74,006.40	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1817	\$ 192,416.64	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1820	\$ 155,413.44	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1849	\$ 46,254.00	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1858	\$ 111,009.60	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 155,413.44	583000
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Adams, Betty	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 192,416.64	583000
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1874	\$ 1,249.20	583000
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Option # 3 - FY24 Rate increased to \$17.79 per hour of security services. No Overtime or holiday pay allowed.

Project WBS (Work Breakdown Structure)* (?)

Not Applicable

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,075,267.08

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

Yes No

Please Explain*

The current FY24 NTE will not change only the decrease in guards at sliding intervals

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are 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

Approved by

Shermie Williams-Wesley

Contract Owner Approval

Approved by

Carrie Taylor Rys

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/3/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0399

Contractor Name*

P- MKTG-HMHC (Healthy Minds Healthy Communities)

Service Provided* (?)

Marketing firms (2) being contracted to work with digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 872,000.00

Rate(s)/Rate(s) Description

FY23: September 1, 2022 - December 31, 2022 -
\$131,312.50 FY23: January 1, 2023 - August 31, 2023 -
\$248,500.00 FY24: September 1, 2023 - December 31, 2023
- \$187,500.00 FY24: January 1, 2024 - August 31, 2024 -
\$244,687.50 FY25: September 1, 2024 - November 30, 2024
- \$60,000.00

Unit(s) Served*

7008

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142380

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	\$ 432,187.50	54200
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 432,187.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s) 

Approved by

Karin Hejny

Contract Owner Approval 

Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/10/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0599

Contractor Name*

Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

Service Provided* (?)

Drug dispensing services to consumers in TCOOMMI for the DDRP and New Start programs at the Atascocita, TX location.

Renewal Term Start Date*

10/1/2023

Renewal Term End Date*

9/30/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 160,000.00

Rate(s)/Rate(s) Description

Note: FY24 \$20,000 allocated for September.

Unit(s) Served*

6401 & 6303

G/L Code(s)*

547001

Current Fiscal Year Purchase Order Number*

CT142826

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.*
6401	\$ 85,551.00	547001
Budget Manager* Williams-Wesley, Sheenia		Secondary Budget Manager* Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6303	\$ 90,000.00	547001
Budget Manager* Williams-Wesley, Sheenia		Secondary Budget Manager* Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 175,551.00

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

Shenia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Tiles

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/17/2023

EXHIBIT R-5

AUGUST 2023 AMENDMENTS OVER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$100,000

AUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION									
1	Aptean Inc	Software License, Support & Maintenance for On-line requisition & Approval System (Formerly Ross)	\$391,381.21	\$14,703.43	\$406,084.64	10/25/2023 - 10/24/2024	General Revenue (GR)	Amendment to FY24 Renewal	Amendment needed to increase the FY24 NTE as a result of actual quote received for renewal and Capital Project had a different amount. Renewal was previously submitted to July's board for approval.
2	Saba Software, Inc.	Agency-Wide Learning Management System Software Services	\$135,277.56	\$98,907.48	\$234,185.04	9/1/2022 - 12/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE and extend the term. The Agency has chosen a new learning management system via a recent RFP process. The extension will allow implementation time required for the new system transition.
CPEP/CRISIS SERVICES									
3	Aramark Correctional Service, LLC	Jail Diversion, Respite, Rehab & Re-Entry Facility Food Services	\$410,000.00	\$70,000.00	\$480,000.00	9/1/2022 - 8/31/2023	County	Request for Proposal	Amendment to increase the NTE to cover the remaining months in the fiscal year. The price hike went from \$3.14 per meal per day to a sliding scale of \$4.8296 per meal to the max rate of \$7.7086 per meal. The FY23 budget was based on the \$3.14 per meal.
4	Texas West Oaks Hospital, LP d/b/a West Oaks Hospital	Community Psychiatric Inpatient Hospital Beds Services	\$2,163,935.00	\$721,311.67	\$2,885,246.67	9/1/2023 - 12/31/2023	General Revenue (GR)	Request for Proposal	Amendment to extend the contract term and increase the NTE to allow additional time needed to complete the RFP process.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
FORENSICS									
LEASES									
MENTAL HEALTH									



Executive Contract Summary

Contract Section



Contractor*

Aptean Inc

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center and Aptean

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request 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 Amendment to FY24 Renewal |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/25/2023

Contract Term End Date* (?)

10/24/2024

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

Current Contract Amount*

\$ 391,381.21

Increase Not to Exceed*

\$ 14,703.43

Revised Total Not to Exceed (NTE)*

\$ 406,084.64

Fiscal Year* (?)
2024

Amount* (?)
\$ 406,084.64

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 Amending July FY24 Renewal

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

Received quote for actual renewal, and Capital Project has different amount left for rollover.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY10 - FY23

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health & IDD Order Form -
ApteanFY24.pdf 98.26KB

Vendor/Contractor Contact Person

Name*

Aptean Inc

Address*

Street Address

1155 Perimeter Center West

Address Line 2

City

Sandy Springs

Postal / Zip Code

30338

State / Province / Region

GA

Country

US

Phone Number*

7703519600

Email*

ar-coe@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1130	\$ 348,635.64	553002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1147	\$ 57,449.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.06

Requester Name

Hurst, Richard

Submission Date

7/13/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/14/2023

Approved by

Erica Brown

Approval Date

7/14/2023

Contract Owner Approval

Approved by

[Signature]

Approval Date

7/17/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/17/2023



Executive Contract Summary

Contract Section

Contractor*

Saba Software, Inc.

Contract ID #*

6993

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/22/2023

Parties* (?)

The Harris Center, Saba Software, Inc

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

12/31/2023

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

we are extending to 12/31/2023

Current Contract Amount*

\$ 135,277.56

Increase Not to Exceed*

\$ 98,907.48

Revised Total Not to Exceed (NTE)*

\$ 234,185.04

Fiscal Year* (?)	Amount* (?)
2024	\$ 98,907.56

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* (?)

We have chosen a new learning management system via a recent RFP process and require this extension to allow for implementation with the new system.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2022 through present; we have contracted with them for the last 5 years.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Stephanie Warner

Address*

Street Address

1601 Cloverfield Boulevard

Address Line 2

Suite 600 South

City

Santa Monica

State / Province / Region

CA

Postal / Zip Code

90404-4082

Country

US

Phone Number*

613-404-2017

Email*

swarner@csod.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 98,907.48	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

8/1/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/1/2023

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

8/3/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/3/2023



Executive Contract Summary

Contract Section



Contractor*

Aramark Correctional Service, LLC

Contract ID #*

7849

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center for Mental Health & IDD and Aramark Correctional Service, 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 410,000.00

Increase Not to Exceed*

\$ 70,000.00

Revised Total Not to Exceed (NTE)*

\$ 480,000.00

Fiscal Year* (?)
2023

Amount* (?)
\$ 480,000.00

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* (?)

Per the vendor the cost per meal would need to increase due to inflation as well as the new kitchen training program. The Aramark cost negotiations were not solidified until quarter 2 of FY23 (January 2023). The price hike went from \$3.14 per meal per day to a sliding scale of \$4.8296 per meal to the max rate of \$7.7086 per meal. The FY23 budget was based on the \$3.14 per meal thus, the program has exhausted funding and will need at least \$70,000 to cover the remaining months in the fiscal year.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current FY23 for food and nutrition.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

David See

Address*

Street Address

701 North San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1217

State / Province / Region

TX

Country

US

Phone Number*

281-785-062

Email*

See-David@aramark.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 27,500.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 27,500.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 15,000.00	543013

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

Provide Rate and Rate Descriptions if applicable* (?)

As outlined in the current contract

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name Ramirez, Priscilla	Submission Date 8/4/2023
---	------------------------------------

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

8/4/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/4/2023



Executive Contract Summary

Contract Section



Contractor*

Texas West Oaks Hospital

Contract ID #*

7563

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/19/2023

Parties* (?)

Texas West Oaks Hospital and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

12/31/2023

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

Current Contract Amount*

\$ 2,163,935.00

Increase Not to Exceed*

\$ 721,311.67

Revised Total Not to Exceed (NTE)*

\$ 2,885,246.67

Fiscal Year* (?)

Amount* (?)

2024

\$ 2,885,246.67

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* (?)

Amendment to extend the term with an increase for Community Inpatient Psychiatric Hospital Beds to allow additional time to complete the RFP process.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Mandy Westerman

Address*

Street Address

6500 Hornwood Dr.

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

US

Phone Number*

713-778-5210

Email *

Mandy.Westerman@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9223	\$ 721,311.67	543044
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Singh, Patricia

Submission Date

8/2/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/2/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KOPNMAAYER

Approval Date

8/3/2023

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

8/4/2023

EXHIBIT R-6

AUGUST 2023

INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSAUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine	New Affiliation Agreement	New Contract	7/18/2023 - 7/31/2028		
2	Baylor College of Medicine	Psychiatric Resident Education Rotation	New Contract	7/1/2023 - 7/1/2024	State Grant	New Agreement for Psychiatric Resident Education related to consumers who have mental health disorders in the following locations: Forensics, Child outpatient services, and the General residential crisis services. [FY23/FY24 NTE: \$170,186.27]
3	Baylor College of Medicine	Annual Renewal	Renewal	7/1/2023 - 6/30/2024	State Grant	Annual renewal of Agreement for Community Track Rotation for Residents. [FY23/24 NTE: \$166,728.32]
4	BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine	EKG Interpretation Services	New Contract	9/1/2023 - 8/31/2024	General Revenue (GR)	New contract to provide electrocardiogram (ECG) interpretation services for the Agency clinic sites including the Comprehensive Psychiatric Emergency Programs (CPEP). [FY24 NTE: \$49,950.00]
5	Galena Park Independent School District	New MOU	New Contract	9/1/2023 - 8/31/2024	General Revenue (GR)	New MOU for the Harris Center for Mental Health and IDD to provide screenings, clinical assessments, and treatment plans for students within the Galena Park Independent School District.
6	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2023 - 8/31/2024	General Revenue (GR)	Annual renewal of Operating Expenses and Maintenance Agreements which are shared with the Harris County Hospital District. [NPC][FY24 NTE: \$476,953.79]
7	Pasadena Independent School District	New MOU	New Contract	9/1/2023 - 8/31/2024	State Grant	The Harris Center for Mental Health and IDD will perform screenings and assessments as needed, psycho-social services, and follow-up services to students in the Pasadena Independent School District.
8	University of Houston Graduate College of Social Work (GCSW)	New Agreement	New Contract	7/19/2023 - 7/31/2028	General Revenue (GR)	New Agreement will allow students enrolled in University of Houston Graduate College of Social Work (GCSW) to complete clinical field placements as part of their degree requirements.
9	University of Houston-College of Medicine	Primary Care Services	Amendment	9/1/2023 - 8/31/2024	State Grant	Amendment to increase the NTE needed for additional primary care services for Consumers at the Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087. [FY24 NTE: \$875,000.00]
10	University of Texas Health Science Center at Houston	Psychiatric Resident Education Services	New Contract	7/1/2023 - 7/1/2024	State Grant	New Agreement for Psychiatric Residents to participate in psychiatric resident education related to consumers who have mental health disorders in the following locations: Forensics, General Resident Clinic, General Resident Crisis Services Clinic. [FY23/FY24 NTE: \$145,150.22]
11	Harris County on behalf of its Office of Management and Budget	Annual Renewal	Renewal	9/1/2023 - 8/31/2024	County	Annual renewal of ILA to provide Community Mental Health Grant OCR for Coordinate Mental Health and IDD Services for Harris County.



Executive Contract Summary

Contract Section

**Contractor***

Baylor College of Medicine - Psychology Program

Contract ID #*

2023-001

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Baylor College of Medicine - Psychology Program

Agenda Item Submitted For: * (?)

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

7/18/2023

Contract Term End Date* (?)

7/31/2028

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

Fiscal Year* (?)

2023

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 in Baylor College of Medicine - Psychology Program to complete clinical field placements 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

Specify Name*

Baylor College of Medicine - Psychology Program

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Eric Alan Storch, Ph.D.

Address*

Street Address

1977 Butler Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030-4101

State / Province / Region

TX

Country

US

Phone Number*

713-798-3579

Email*

storch@bcm.edu

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Daswani, Bianca	7/18/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/18/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mirya Escobar

Approval Date

7/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/20/2023



Executive Contract Summary

Contract Section

Contractor*

Baylor College of Medicine

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/31/2023

Parties* (?)

Baylor College of Medicine 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* (?)

7/1/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 170,186.27

Funding Source*

State Grant



Executive Contract Summary

Contract Section ▲

Contractor*

Baylor College of Medicine

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/31/2023

Parties* (?)

Baylor College of Medicine 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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

7/1/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 170,186.27

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* (?)

Contractor will participate in psychiatric resident education related to consumers who have mental health disorders in the following locations: Forensics, Child outpatient services, and the General resident crisis services.

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY 23 same as services above

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Specify Name*

Several Baylor College of Medicine contracts with Agency.

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Sheryl Croix

Address*

Street Address

One Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

United States

Phone Number*

7137984068

Email *

S.Croix@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2208	\$ 170,186.27	NA
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

\$68.16 Per hour. Baylor will submit invoice and time sheets for each resident.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Evans, Jennifer

Submission Date

7/11/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

7/11/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sylvia Muzquiz

Approval Date

7/12/2023

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

7/13/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0465

Contractor Name*

Baylor College of Medicine

Service Provided* (?)

Community Track Rotation for Residents

Renewal Term Start Date*

7/1/2023

Renewal Term End Date

6/30/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 86,000.00

Rate(s)/Rate(s) DescriptionHourly Rate is \$ _68.16_ for 24 hours/week (Split
\$71,800/\$14,200)**Unit(s) Served***

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT142568

Contract Requestor*

Mercedes Montgomery

Contract Owner*

Dr. Muzquiz

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Please Explain***We have had challenges getting documents from the
residents needed for the rotations**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Please Explain***The invoices have been a challenge and have been up to 3
months behind.**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?*(?)** Yes No**Please Explain***We have had challenges receiving timesheets needed per
rotation from the residents.

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 166,728.32	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

68.16 per hour for 24 hours per week The split for the PO's will be \$13,894.03 from 7/1/23 - 8/31/23 the second PO for \$152,834.29 from 09/1/23 - 6/30/24

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 166,728.32

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

Please Explain*

The language needs to be stronger in reference to invoices being sent by the 15th day of the following month.

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Contract Owner Approval 

Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/7/2023



Executive Contract Summary

Contract Section



Contractor*

BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 49,950.00

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 electrocardiogram (ECG) interpretation services for the Agency clinic sites (The Harris Center for Mental Health and IDD), including the Comprehensive Psychiatric Emergency Programs (CPEP). Services include interpretation of ECG and brief consultation regarding findings/impact on medication management with recommendations.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

10+ years to present.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name*

LINDA TRAN DINH

Address*

Street Address

1 Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030-3411

State / Province / Region

TX

Country

US

Phone Number*

713-798-7777

Email*

LT3@bcm.edu

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 4,850.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 4,000.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 17,500.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 13,000.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 9,600.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 350.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 350.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 300.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

\$38.40/routine consultation; \$50.40/urgent consultation

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Arceneaux, Linda

Submission Date

6/22/2023

Budget Manager Approval(s)



Approved by

Debbie Chambers Stelby

Approval Date

6/28/2023

Approved by

Jodel Oshman

Approval Date

6/30/2023

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kia Demae Walker

Approval Date

7/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2023



Executive Contract Summary

Contract Section **Contractor***

Galena Park Independent School District

Contract ID #*

2022-0525

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

Galena Park Independent School District and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 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 Harris Center for Mental Health and IDD will provide screenings, clinical assessments, and treatment plans for students within the Galena Park Independent School District.

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*

Galena Park Independent School District

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Sonya George

Address*

Street Address

14705 Woodforest Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77015

State / Province / Region

TX

Country

US

Phone Number*

832-386-1204

Email*

sgeorge@galenaparkisd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 4736	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 000000
Budget Manager Smith, Janai	Secondary Budget Manager Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name Bowser, Mohagony	Submission Date 7/26/2023
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date
7/27/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Tiffany Ann Williams-Brooks

Approval Date
7/28/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
7/31/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

5593

Contractor Name*

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

Service Provided* (?)

Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 284,557.83

Rate(s)/Rate(s) Description

Unit(s) Served*

9206-\$227,654.83; 9209-\$34,147.00; 9211-\$22,765.00

G/L Code(s)*

543040

Current Fiscal Year Purchase Order Number*

CT142367

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	\$ 381,563.03	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 66,773.53	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 28,617.23	543040

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

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 476,953.79

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*

6/30/2023



Executive Contract Summary

Contract Section

Contractor*

Pasadena Independent School District

Contract ID #*

7520

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

Pasadena Independent School District and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 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 perform screenings and assessments as needed, psycho-social services, and follow-up services to students in the Pasadena Independent School District.

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*

Pasadena Independent School District

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Amany Khalil

Address*

Street Address

1850 East Sam Houston Parkway South

Address Line 2

City

Pasadena

Postal / Zip Code

77503

State / Province / Region

TX

Country

United States

Phone Number*

7137400289

Email*

akhalil@pasadenaisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

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

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

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

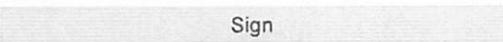
Requester Name	Submission Date
Bowser, Mohagony	7/17/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	7/17/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	7/17/2023

Contracts Approval

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

Approved by*	Approval Date*
	7/18/2023



Executive Contract Summary

Contract Section

Contractor*

University of Houston Graduate College of Social Work (GCSW)

Contract ID #*

2003-004

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center for Mental Health and IDD & University of Houston Graduate College of Social Work (GCSW)

Agenda Item Submitted For: * (?)

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

7/19/2023

Contract Term End Date* (?)

7/31/2028

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

Fiscal Year* (?)

2023

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 in University of Houston Graduate College of Social Work (GCSW) to complete clinical field placements 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

Specify Name*

University of Houston Graduate College of Social Work (GCSW)

Supporting Documentation Upload (?)

UH GCSW Practicum Site Guidelines 2023.2.cleaned.pdf 158.22KB

Vendor/Contractor Contact Person

Name*

Shelley Gonzales

Address*

Street Address

3511 Cullen Blvd

Address Line 2

110HA Social Work Building

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number*

713-743-7848

Email*

Sagonz12@central.uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Daswani, Bianca	7/19/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

7/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/25/2023



Executive Contract Summary

Contract Section


Contractor*

University of Houston-College of Medicine

Contract ID #*

7309

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

University of Houston-College of Medicine 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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 635,000.00

Increase Not to Exceed*

\$ 240,000.00

Revised Total Not to Exceed (NTE)*

\$ 875,000.00

Fiscal Year* (?) 2024 **Amount* (?)** \$ 875,000.00

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* (?)

Amendment to provide primary care services to patients at The Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name*

Jeremekia E. Amos

Address*

Street Address

4800 Calhoun Rd

Address Line 2

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number*

713-743-6256

Email *

jeamos@central.uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 62,400.00	540503
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 177,600.00	540503
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name	Submission Date
Singh, Patricia	7/27/2023

Budget Manager Approval(s)

Approved by

Priscilla Ramirez

Approval Date
7/27/2023

Contract Owner Approval

Approved by

Lance Britt

Approval Date
7/31/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *
7/31/2023



Executive Contract Summary

Contract Section ▲

Contractor*

University of Texas Health Science Center at Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/31/2023

Parties* (?)

The University of Texas Health Science Center at 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 type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other state funding |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

7/1/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 145,150.22

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* (?)

Contractor will participate in psychiatric resident education related to consumers who have mental health disorders in the following locations:Forensics, General Resident Clinic, General Resident Crisis Services Clinic

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Fy 23 same as above

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jennifer Nandlal

Address*

Street Address

2800 South Macgregor Way

Address Line 2

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

US

Phone Number*

832-232-1491

Email*

jennifer.n.nandlal@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 145,150.22	NA

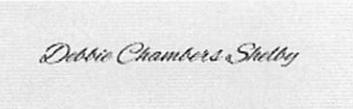
Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
 \$68.16 per hour for each resident that rotates. UT is responsible for submitting all timesheets and invoices

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

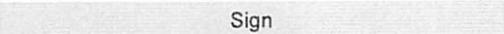
Requester Name	Submission Date
Evans, Jennifer	7/17/2023

Budget Manager Approval(s)

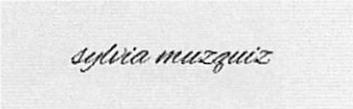
Approved by	Approval Date
	7/18/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	7/18/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/18/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2020-0039

Contractor Name*

Harris County on behalf of its Office of management and Budget

Service Provided* (?)

Community Mental Health Grant OCR for Coordinate Mental Health and IDD Services for Harris County

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

\$ 2,115,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0280

Contractor Name*

University of Houston School of Social Work (MH-RITES)

Service Provided* (?)

External program evaluation of the Community Initiated Mental Health and Resilience Care ARPA program as required by Harris County. Annual funding.

Renewal Term Start Date*

2/1/2022

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 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* (?)

\$ 242,918.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

7008

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142397

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	\$ 242,918.00	542000
Budget Manager* Ilejay, Kevin		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 242,918.00

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 DeJoy

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/31/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0361

Contractor Name*

The University of Texas Health Science Center of Houston

Service Provided* (?)

A joint providership arrangement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 6,600.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 PO CT142594

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	\$ 6,600.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 \$6,600 - A joint providership arrangement for a certain CME Activity.

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,600.00

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 (?)

UTHSC-Services_Agreement_Harris_Center_FY_24 (Legal comments 7-6-23).docx 43.51KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Luming Li

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*

8/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0466

Contractor Name*

University of Texas Health Science Center at Houston McGovern Medical School

Service Provided* (?)

Community Track Rotation for Residency students

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 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* (?)

\$ 190,400.00

Rate(s)/Rate(s) Description

Two (2) - 3rd year residents Period of Performance: FY
7/1/22-8/31/23 Hourly Rate is \$ _68.16_for 32 hours/week

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT142491

Contract Requestor*

Mercedes Montgomery

Contract Owner*

Dr. Muzquiz

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 83,364.16	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

68.16 per hour for 24 hours per week for 1 resident. The split for the PO should be as follows 1st PO \$6,947.01 from 07/01/2023- 08/31/23 the 2nd PO will be for \$76,417.15 for 09/01/23 - 06/30/24

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 83,364.16

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

Dr. Muzquiz

Budget Manager Approval(s) 

Approved by

Debbie Chambers & Shelby

Contract Owner Approval 

Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/7/2023

EXHIBIT R-7



The Harris Center Commercial Insurance Renewal Summary

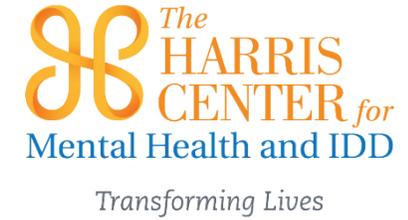
2023 - 2024

TCRMF Summary 2023-24



Coverage	2023-2024	Variance	Percent	2022-2023
	Estimated Premium	Difference	Change	Expiring Premium
Workers Compensation	\$316,213.00	(\$123,507.00)	-28.09%	\$439,720.00
Auto Liability	\$89,747.00	(\$1,700.00)	-1.86%	\$91,447.00
General Liability	\$4,847.00	(\$126.00)	-2.53%	\$4,973.00
Professional Liability	\$77,503.00	(\$12,661.00)	-14.04%	\$90,164.00
D&O Liability	\$252,371.00	(\$38,710.00)	-13.30%	\$291,081.00
Excess Liability:	\$94,628.00	\$496.00	0.53%	\$94,132.00
Property:	\$928,833.00	\$126,009.00	15.70%	\$802,824.00
Auto Physical Damage:	\$71,847.00	\$20,549.00	40.06%	\$51,298.00
Total Contributions:	\$1,835,989.00	(\$29,650.00)	-1.59%	\$1,865,639.00
Fund Credits That Are Applied:	(\$171,126.00)	(\$58,477.00)	-25.47%	(\$229,603.00)

Non-TCRMF Summary 2023-24



Coverage – Non-TCRMF	2023-2024	Variance	Percent	2022-2023
	Estimated Premium	Difference	Change	Expiring Premium
Crime	\$6,300.00	\$300.00	5.00%	\$6,000.00
Fiduciary Liability	\$7,865.00	\$0.00	0.00%	\$7,865.00
Notary Bonds	\$8,307.00	(\$426.00)	-4.88%	\$8,733.00
Notary Errors and Omissions Liability:	\$1,446.00	\$0.00	0.00%	\$1,446.00
Cyber Liability	\$74,234.44	(\$50,782.65)	-40.62%	\$125,017.09
Flood	\$53,798.65	\$2,041.24	3.94%	\$51,757.41
Pasadena Cottages	\$26,890.85	\$967.48	3.84%	\$25,185.71
Harris Center Foundation	\$1,200.00	\$132.00	12.36%	\$1,068.00
Total Estimated Premiums Non-TCRMF	\$180,041.9	\$12,502.16	-20.71%	\$227,072.21
Grand Total Including TCRMF:	\$2,016,030.97	(\$76,680.24)	-3.66%	\$2,092,711.21

2023-24 TCRMF Program



Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Estimated Premium
Property including Boiler Machinery	Annual Contribution: \$928,833 Bldg./BPP TIV: \$159,919,367 \$10,000 AOP Ded. Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm. Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County .	\$ Value Reduction/ Increase \$16,398,731	Annual Contribution: \$802,824.00 Bldg./BPP TIV: \$143,521,236 \$10,000 AOP Ded. Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm. Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County .
Commercial General Liability	Annual Contribution: \$ 4,847.00 Equity Credit Applied: (750.00)	Claims Experience Based Premium Basis: Square Footage	Annual Contribution: \$4,973.00 Equity Credit Applied: (\$269.00)

2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Estimated Premium
Professional Liability	Annual Contribution: \$77,503.00 Equity Credit Applied: (\$12,000) Expenditures: \$291,585,369	Reported Expenditures Decreased by (\$1,709.00)	Annual Contribution: \$90,164.00 Equity Credit Applied: (\$4,871.00) Expenditures: \$291,587,078
Automobile Liability & Physical Damage	Annual Contributions: \$161,594.00 Auto Liability Equity Credit Applied: (\$13,896.00) \$71,847.00 Auto Physical Damage \$161,594.00 Total Contribution 128 total number of vehicles	Number of Ratable Vehicles Increased by 21	Annual Contribution: \$142,775.00 Auto Liability Equity Credit Applied: (\$4,942.00) \$44,553.00 Auto Physical Damage \$131,495.00 Total Contribution 107 total number of vehicles

2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Expiring Premium
Workers Compensation	Annual Contribution: \$ 316,213.00 Estimated Cost Equity Credit Applied: (\$105,404) Retentions: \$100,000/\$1,000,000 Max Projected Retention Payroll Forecast: \$ 167,870,858 2,554 Employees \$100,000 per claim/\$1,000,000 aggregate deductible	Change Reported on Payroll forecast: \$ 25,003,121 Employee Count Increased By: 70	Annual Contribution: \$393,228 Estimated Cost Equity Credit Applied: (\$154,095) Retentions: \$100,000/\$1,000,000 Max Projected Retention Payroll Forecast: \$142,867,737 2,491 Employees \$100,000 per claim/\$1,000,000 aggregate deductible

2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Expiring Premium
Excess Liability \$4,000,000 AL, GL, E&O PL \$2,000,000	Annual Contribution: \$ 94,628.00		Annual Contribution: \$94,132.00
Directors & Officers Liability Including Public Officials E&O and Employment Practices Liability	Annual Contribution:\$ 252,371 Equity Credit Applied: (\$39,076.00) Expenditures: \$291,585,369	Reported Expenditures Decreased by (\$1,709.00)	Annual Contribution:\$291,081.00 Equity Credit Applied: (\$15,724.00) \$291,587,078 Expenditures
Terrorism Coverage	Not available from TCRMF		Not available from TCRMF

2023-24 Non-TCRMF Program



Coverage	2023 - 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
Crime	Estimated Premium: \$6,300.00 Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper Currency: \$1,000,000 Funds Transfer Fraud: \$500,000 Policy Term: 09-01-23/24	Great American Ins. Co.	Estimated Premium: \$6,000.00 Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper Currency: \$1,000,000 Funds Transfer Fraud: \$500,000 Policy Term: 09-01-22/23	5.0%
Fiduciary Liability	Annual Premium: \$7,865.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-23/24	Twin City Fire Insurance Co.	Annual Premium: \$7,865.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-22/23	0%

2023-24 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
Notary Bonds 3-Yr. Policy Term: Varies	Est. Notary Bond Premium: \$ 8,307.00 117 Notaries \$71.00 per Notary Bond Policy Terms Vary	Old Republic	Est. Notary Bond Premium: \$8,733.00 123 Notaries \$71.00 per Notary Bond Policy Terms Vary	-4.88%
Notary Errors & Omissions	Premium: \$1,446.00 Policy Term: 11-18-23/24	Western Surety Company Renewal Premium per Projected Total # of Notaries	Premium: \$1,446.00 Policy Term: 11-18-22/23	0.0%

2023-2024 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
Cybersecurity Liability Harris Center should except significant challenge in placing this coverage is 2024	Annual Premium: \$ 74,234.44 Carrier: Certain Underwriter at Lloyds London Limit \$5,000,000 Extortion: \$5,000,000 Business Interruption: \$5,000,000 Regulatory: \$5,000,000 System Failure: \$5,000,000 Cyber Crime \$250,000 Policy Term: 05-08-23/24		Annual Premium: \$125,017.09 Carrier: Palomar Insurance Co. Limit \$5,000,000 Extortion: \$5,000,000 Business Interruption: \$5,000,000 Regulatory: \$5,000,000 System Failure: \$5,000,000 Cyber Crime \$250,000 Policy Term: 05-08-22/23	-40.62%

2023-2024 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
Flood	<p>Premium: \$ 53,798.65</p> <p>Primary: \$ 41,743.81 Excess \$ 12,054.84</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street 6500 Chimney Rock, Cottage #3</p> <p>Policy Term: 03-28-23/24</p>	<p>Private Flood Coverage for Properties in "AE" Zone</p> <p>Added additional location 6500 Chimney Rock, Cottage #3</p> <p>Pro rata additional premium \$938.47</p>	<p>Premium: \$51,757.41</p> <p>Primary: \$40,641.65 Excess \$11,115.76</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street</p> <p>Policy Term: 03-28-22/23</p>	3.94%

EXHIBIT R-8

Learning Management System Software

Presented by: Vanessa McKeown, CPA
August 15, 2023



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	30%
Experience and Capacity	15%
Customer Service	20%
Price and Quantities	5%
Information Technology/Creative Teamwork	20%
Cost Savings and Value	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E	Vendor F
Evaluator 1	91	94	90	92	99	76
Evaluator 2	60	63	58	61	61	60
Evaluator 3	67	68	75	55	67	63
Evaluator 4	94	80	80	94	73	71
Average Evaluation Score	78	76.25	75.75	75.50	75	67.50

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	Vendor C
Evaluator 1	91	100	96
Evaluator 2	60	63	68
Evaluator 3	63	84	75
Evaluator 4	63	91	100
Average Evaluation Score	69.25	84.50	84.75

RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E	Vendor F
Pricing Proposal*	\$1,900,096.88	\$269,000.00**	\$497,992.04	\$1,662,115.49	\$650,910.00	\$595,750.00

*Pricing is for the full 5-year contract.

**This pricing does not include a yearly e-learning training content library subscription (all other pricing does).

Award Recommendation



Award Recommendation REQUEST FOR PROPOSAL (RFP) LEARNING MANAGEMENT SYSTEM SOFTWARE

A Proposal Opening for Learning Management System Software was held on Tuesday, June 20, 2023.

Four hundred and sixteen (416) vendors were contacted, and advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESB website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Six (6) proposals were received. All proposals were deemed responsive and evaluated by the project team. The vendors who submitted a responsive proposal are Absorb Software, Anthology Inc., Cornerstone OnDemand dba SABA, D2L Ltd, Docebo NA Inc. and Learnsoft.

The Project Team consisted of the following members: Frances Otto, Buyer II, Ninfa Escobar, Director of Talent Acquisition and Organizational Development, Sharonda McLaurin, Organizational Development Delivery Manager, Keena Pace, Chief Operating Officer, and Anthony Jones, Director of Application Development.

Five (5) areas were evaluated: Overall Program Concept, Experience and Capacity, Customer Service, Price and Quantities, Information Technology/Creative Teamwork, and Cost Savings and Value.

Demos were requested of Absorb Software, D2L Ltd and Learnsoft and held in July 2023.

Based on the project team's evaluation of responses received, it is recommended to award Absorb Software. This recommendation is based on the team's belief that Absorb Software 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 \$102,137.06, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$497,992.04 funded annually. The Funding Source is Admin Org Excellence (1975).

FY24 NTE: \$102,137.06 \$52,599.56 (annual licensing fee) + \$9,412.50 (implementation fee) + \$4,125.00 (basic service and maintenance) + \$36,000 (content library)

FY25 NTE: \$92,724.56 \$52,599.56 (annual licensing fee) + \$4,125.00 (basic service and maintenance) + \$36,000 (content library)

FY26 NTE: \$96,695.33 \$56,281.58 (annual licensing fee) + \$4,413.75 (basic service and maintenance) + \$36,000 (content library)

FY27 NTE: \$100,944.21 \$60,221.46 (annual licensing fee) + \$4,722.75 (basic service and maintenance) + \$36,000 (content library)

FY28 NTE: \$105,490.88 \$64,437.38 (annual licensing fee) + \$5,053.50 (basic service and maintenance) + \$36,000 (content library)

DocuSigned by:
Frances Otto

Frances Otto, CTCD
Buyer II

DocuSigned by:
Nina Cook

Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Vanessa McKeown

Vanessa McKeown, CPA
Chief Financial Officer

EXHIBIT R-9

Life Safety Systems / Inspection Services RFP

Presented by: Vanessa McKeown, CPA
August 15, 2023



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Understanding	20%
Financial Condition	15%
History and Description of Firm	10%
Credentials of Staff	10%
References	10%
Cost	10%
	TOTAL
	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D
Evaluator 1	83	80	70	66
Evaluator 2	71	76	74	78
Evaluator 3	74	79	67	81
Evaluator 4	82	78	75	83
Average Evaluation Score	77.50	78.25	71.50	77

The total possible score is 100 points.

RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D
Pricing Proposal*	\$306,758.19	\$197,063.49	\$380,080.00	\$223,516.25

***Pricing is for the full 5-year contract for inspection services. This pricing does not include the maintenance and repair of the life safety system devices.**

Award Recommendation

DocuSign Envelope ID: C1A2717A-621D-4FE2-BDC9-161603A1C64B



Award Recommendation Life Safety Systems / Inspection Services RFP Project# FY23-0306

The Request for Proposal opened for Life Safety Systems / Inspection Services RFP on Wednesday, July 19, 2023, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brummar, Purchasing Manager, Todd McCorquodale, Director Facilities Services, Camie Rys, Chief Administrative Officer, Lisa Cantu-Espinosa, Facility Services Coordinator, and Oscar Garcia, Facilities Operations Manager.

One thousand six hundred and sixty-nine (1669) vendors were contacted. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC) and Houston Business Journal.

Received four (4) responses and all were deemed responsive and evaluated by the project team.

Recommended Vendor:

Western States Fire Protection

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended Western States Fire Protection be selected based on best value, good references, and history of providing life safety services.

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, 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 total NTE (Not to Exceed) for five (5) years is \$197,063.49 with a service calls/deficiencies of \$552,936.51 for a total NTE (Not to Exceed) of \$750,000.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:
FY24 - \$44,343.00, + Service Calls/Deficiencies - \$105,637.00 = \$150,000.00
FY25 - \$36,793.00, + Service Calls/Deficiencies - \$113,207.00 = \$150,000.00
FY26 - \$38,163.10, + Service Calls/Deficiencies - \$111,836.90 = \$150,000.00
FY27 - \$38,163.14, + Service Calls/Deficiencies - \$111,836.86 = \$150,000.00
FY28 - \$39,601.25, + Service Calls/Deficiencies - \$110,398.75 = \$150,000.00

The initial amount is for the inspection of the Life Safety System devices. The Service Calls/Deficiencies amount is for the maintenance and repair of the devices throughout the fiscal year. The NTE amount is based on the average annual spent during the last five years.

The Funding Source is Unit 1899 - Agency Wide Facilities, and GL Code is 569010 - Service Maintenance Alarm Systems.

Submitted By:

James Blunt, C.P.M.
Buyer II

Recommended By:

Vanessa McCosken, CTCM, CTCED
Director of Purchasing
Vanessa McCosken,
Chief Financial Officer

EXHIBIT R-10

Permanent Housing Apartment Community

6168 South Loop Freeway



The
HARRIS
CENTER *for*
Mental Health and IDD

Transforming Lives

Overview

Permanent Housing Apartment Community

- 26, one-bedroom apartments
- Includes ADA compliant units
- Onsite staff 24/7
- Shared laundry facilities
- Multi-functional space to foster connectedness amongst residents
- Based on evidence-based model, Housing First
- Existing mental health facility onsite

Goals

- 1 Provide stable and supportive housing to adults experiencing serious mental illness in Harris County
- 2 Provide on-site and wraparound services to adults experiencing homelessness in Harris County
- 3 Mitigate barriers to housing that contribute to chronic homelessness
- 4 Offer a continuum of support services to address acute and long-term needs

Integrated Care Model at 6168 S Loop Fwy



19,178 Sq Ft



Affordable Housing



Primary Care Services



Mental Health Services



Substance Use Treatment



Close Proximity to The Harris Center SE Clinic Location



Case Management Services



Employment Services



Exercise Area



Nutrition Services

Total Project Estimate

**Construction
Cost:
\$9.3M
485/sq ft.**

**Furnishing
Costs:
\$660K**

**Professional
Fees:
\$974K**

**Owners Contingency &
Escalation:
\$1.2M**

**HHSC
City of Houston
Community Health Choice
The Harris Center***

**\$3,925,062
\$4,545,012
\$3,216,927
\$682,719**

=

\$12,369,720

*Previous H2H HHSC Funding.

Questions



 @TheHarrisCtr

 @The-Harris-Center

 @TheHarrisCenterForMentalHealthandIDD

6168 South Loop East Apartments Competitive Sealed Proposal

Presented by: Vanessa McKeown, CPA
August 2023



Competitive Sealed Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Price Proposal	30%
Experience and Reputation of the Proposer including warranty services	20%
Demonstrated Qualifications of Personnel and Team	20%
Quality and extent to which the goods and services meet the Harris Center's needs	15%
Whether the offeror's financial capability is appropriate to the size and scope of the project	15%
TOTAL	100%

Competitive Sealed Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	4.15	3.25
Evaluator 2	3.00	2.90
Evaluator 3	3.00	2.30
Evaluator 4	3.00	2.30
Evaluator 5	2.70	2.65
Evaluator 6	4.50	4.60
Evaluator 7	4.20	4.60
Evaluator 8	2.80	3.40
Average Evaluation Score	3.42	3.25

The total possible score is 5.00.

CSP – Pricing

	Vendor A	Vendor B
Pricing Proposal*	\$11,383,000	\$10,719,880.

***Pricing is from original CSP Base Bid and includes the Owner's Contingency sum of \$500,000**

Note: Value Engineering (VE) was performed with the highest ranked vendor in order to stay within the budget

Award Recommendation



Award Recommendation 6168 South Loop East Apartments CSP Project# FY23-262

The Request for Competitive Sealed Proposal opened for 6168 South Loop East Apartments on Wednesday, July 26, 2023, at 11:00 A.M.

The Project Team consisted of the following members: Sharon Brauner, Purchasing Manager, James Blunt, Buyer II, Nina Cook, Director of Purchasing, Todd McCorquodale, Director Facilities Services, Kendra Thomas, General Counsel, Silvia Tiller, Director of Contracts, Vanessa McKeown, Chief Financial Officer, Carrie Rys, Chief Administrative Officer, Keena Pace, Chief Operating Officer, Stephen Cheatham, Vice President of MStrategic Partners, Edgar Barron, Senior Project Manager, MStrategic Partners, Denise Yee, Architect, RDLR Architects, Daniel Ortiz, RDLR Architects and Stacy L. Paltiyevich, Attorney, Rogers Morris & Grover, and representatives from the City of Houston.

Three thousand plus (3000+) vendors were contacted. The specifications were posted in three (3) local newspapers, Houston Business Journal, The Harris Center's website, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC).

A Mandatory Pre-Proposal Conference was held at 9401 Southwest Freeway, Houston, Texas 77074 on Wednesday, July 12, 2023, at 10:00 A.M. The attendees consisted of staff from The Harris Center, City of Houston, MStrategic Partners, RDLR Architects, and potential contractors. A site visit was held on location at 6168 South Loop East, Houston, Texas, on Wednesday, July 12, 2023, following the Mandatory Pre-Proposal Conference.

Received two (2) responses and four (4) not to participate. The two (2) responses were deemed responsive and evaluated by the project team. Value Engineering meetings were held with the highest ranked Contractor on Thursday, July 27 and August 2, 2023.

Recommended Vendor:

Block Builders, LLC

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended **Block Builders, LLC**, be selected based on best value to the Agency.

In the event the Agency is unable to negotiate a satisfactory contract with **Block Builders, LLC**, the Agency will terminate negotiation and attempt to negotiate a satisfactory contract with the second rank proposer.

The term of the agreement is effective upon date of execution through final completion of project plus the applicable warranty period.

The total NTE (Not to Exceed) for final completion of project is \$10,016,062.00, this amount includes the Owner's Contingency sum of \$500,000.00. Funding source to be determined.

Provisional approval is requested by the Board to enter into a contract with **Block Builders, LLC**, and authorize the CEO to execute the agreement with **Block Builders, LLC**, after it is approved by City of Houston, City Council.

Submitted By:

DocuSigned by:
Sharon Brauner
7589305A8F2D418
Sharon Brauner, A.P.P., C.P.M.
Purchasing Manager

Recommended By:

DocuSigned by:
Nina Cook
5383CA0033734D8
Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Vanessa McKeown
0405B9FF75CB4CA
Vanessa McKeown, CPA
Chief Financial Officer

Thank you.

EXHIBIT R-11

AUGUST 2023

NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000

AUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION						
1	Emergent Devices, Inc.	Agency Narcan Purchase	\$20,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement for the purchase of Narcan supplies to be distributed Agency Wide. Agency qualifies for Public Interest Price which is currently \$47.50 for 1 unit. (2 two per unit), which is nearly a fourth of what the Agency pays for from McKesson (\$121.84).
2	Hampton Inn & Suites Sugar Land	Day Rental	\$2,900.00	7/14/2023 - 7/14/2023	General Revenue (GR)		Day rental of event space to host an Leadership Development Institute (LDI) event on July 14, 2023.
3	HoverState 2.0, Inc	Consortium Agreement	\$50,125.00	3/20/2023 - 3/19/2025	General Revenue (GR)		New Consortium Master Agreement between the Harris Center, HoverState and other Community Centers to collaborate and receive financial reports for Texas CCBHCs [Costing Reports Automation Platform].
4	OneNotary, Inc.	Online Notary Services	\$3,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement for upgrading online notary services and to integrate Okta sign-on to better assist homebased Agency Staff to properly notarize documentation needed to better serve consumers needing further treatment.
5	The Warring Group	Consulting Services	\$9,999.00	9/1/2023 - 8/31/2024	General Revenue (GR)		New Agreement to provide social media management services.
6	The Westin Galleria Houston	Lease of Space for Employee Appreciation Event	\$16,000.00	9/1/2023 - 11/30/2023	General Revenue (GR)		Lease of space and catering services needed for upcoming Employee Appreciation luncheon.
	CPEP/CRISIS SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	FORENSICS						
	LEASES						
	MENTAL HEALTH						



Executive Contract Summary

Contract Section ▲

Contractor*

Emergent Devices, Inc.

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

Emergent and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 20,000.00

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* (?)

We qualify for the Public Interest Price which is currently \$47.50 for 1 unit. (2 two per unit), almost a fourth of what we currently pay to purchase from McKesson (\$121.84)

Contract Owner*

Angela Babin

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 (?)

McKesson Narcan Quote.pdf	574.89KB
Emerigent Devices Narcan Quote.pdf	1.53MB

Vendor/Contractor Contact Person

Name*

Erin Guarino

Address*

Street Address

401 Plymouth Road

Address Line 2

Suite 400

City

Plymouth Meeting

Postal / Zip Code

19462-1650

State / Province / Region

PA

Country

US

Phone Number*

484-406-5274

Email*

guarino@ebsi.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 20,000.00	547001

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

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
White, Tanya	7/18/2023

Budget Manager Approval(s) 

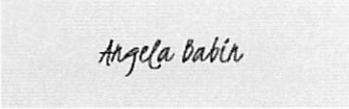
Approved by	Approval Date
	7/20/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	7/20/2023

Contract Owner Approval 

Approved by	Approval Date
	7/21/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/25/2023



Executive Contract Summary

Contract Section

Contractor*

Hampton Inn & Suites Sugar Land

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/18/2023

Parties* (?)

Hampton Inn & Suites, and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

8/31/2023

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

07/01/2023 - 08/31/2023

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,900.00

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* (?)

Contract is needed to host the Leadership Development Institute at this venue.

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 (?)

Harris County Mental health BEO July 2023.docx 25.33KB

Vendor/Contractor Contact Person

Name*

Cheriee Williams

Address*

Street Address

218 Promenade Way

Address Line 2

City

Sugar Land

Postal / Zip Code

77479

State / Province / Region

TX

Country

US

Phone Number*

281-277-5246

Email*

Cheriee.Williams@Hilton.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1975

Amount Charged to Unit*

\$ 2,900.00

Expense/GL Code No.*

549005

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

6/27/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/27/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

6/27/2023

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

6/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/5/2023



Executive Contract Summary

Contract Section



Contractor*

HoverState 2.0 Inc

Contract ID #*

2023-0621

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/22/2023

Parties* (?)

The Harris Center and hoverState 2.0 Inc

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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**

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/20/2023

Contract Term End Date* (?)

3/19/2024

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

03/20/2023 - 3/19/2024

Fiscal Year* (?)

2023

Amount* (?)

\$ 50,125.00

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* (?)

Texas CCBHC Costing Reports Automation Platform

Contract Owner*

Vanessa McKeown

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

NA

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Margie Haber

Address*

Street Address

21255 Burbank Blvd ste 120

Address Line 2

City

Los Angeles

Postal / Zip Code

91367

State / Province / Region

CA

Country

US

Phone Number*

(415) 813-4504

Email*

margie.haber@hoverstate.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 50,125.00	551003
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

The Harris Center's total Year 1 Cost Allocation of \$50,125 remains the same as listed in SOW#1 CCBHC Cost Allocation.

3. The Amendment will allow for the following change to invoice generation for The Harris Center.

• Invoices with the following amounts will be generated to

The Harris Center based on the following milestones:

- 10% of The Harris Center Year 1 Cost Allocation generated after project kickoff
- 40% of The Harris Center Year 1 Cost Allocation when the sprint starts for The Harris Center
- 25% of The Harris Center Year 1 Cost Allocation when the system is ready for UAT testing;
- and
- 25% of The Harris Center Year 1 Cost Allocation when UAT testing is complete for The Harris Center

Project WBS (Work Breakdown Structure)* (?)

NA

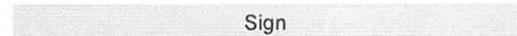
Requester Name	Submission Date
Oquin, Shiela	7/6/2023

Budget Manager Approval(s)

Approved by	Approval Date
	7/7/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	7/10/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/10/2023



Executive Contract Summary

Contract Section

Contractor*

OneNotary, Inc.

Contract ID #*

0000

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center and OneNotary, Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 3,600.00

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* (?)

Upgrading services to better assist homebased staff to properly notarize documentation needed to better serve consumers needing further treatment and to integrate Okta sign-on.

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Month to month services in FY23

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

OneNotary Project Proposal - Tier 1.pdf 79.81KB

Vendor/Contractor Contact Person

Name*

Ivan Zinkov

Address*

Street Address

415 Mission Street

Address Line 2

FL 37

City

SF

Postal / Zip Code

94105-2533

State / Province / Region

CA

Country

US

Phone Number*

415-999-5602

Email*

ivan@onenotary.us

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 3,600.00	574000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

\$297 monthly fee. \$19.70 per first notary stamp after the monthly fee has been used. \$8 additional stamp/signer & \$11 OneNotary Witness

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
MacKinney, Egla	7/11/2023

Budget Manager Approval(s) 

Approved by

	Approval Date
	7/12/2023

Procurement Approval 

File Upload (?)

Approved by

	Approval Date
	7/12/2023

Contract Owner Approval 

Approved by

	Approval Date
	7/17/2023

Contracts Approval

Approve*

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

Approved by*

	Approval Date*
	7/20/2023



Executive Contract Summary

Contract Section



Contractor*

The Warring Group

Contract ID #*

2023-0719

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

The Warring Group 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* (?)

8/31/2023

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 72,000.00

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* (?)

New contract to expand the scope of work to include social media management until further notice.

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*

The Warring Group

Address*

Street Address
9007 Avebury Stone Circle

Address Line 2

City
Missouri City

Postal / Zip Code
77459-2433

State / Province / Region

TX

Country

US

Phone Number*

2819066420

Email*

Christy@thewarringgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 0.00	574000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$2,000 per month flat rate

Project WBS (Work Breakdown Structure)* (?)

Manage social media accounts while the staff position is vacant

Requester Name	Submission Date
Franco, Veronica	7/6/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Carrie D Reynolds

Approval Date

7/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/7/2023



Executive Contract Summary

Contract Section ▲

Contractor*

The Westin Galleria Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

The Westin, and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

11/30/2023

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

09/01/2023-11/30/2023

Fiscal Year* (?)

2024

Amount* (?)

\$ 16,000.00

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* (?)

This contract is required in order to secure a venue for the Employee Appreciation event.

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 (?)

11072023_CR1 Employee Appreciation Luncheon.pdf	198.03KB
---	----------

Vendor/Contractor Contact Person

Name*

Catherine Ellender

Address*

Street Address

5060 West Alabama Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77056-5801

Country

US

Phone Number*

713-770-6265

Email*

Catherine.Ellender@marriott.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 16,000.00	549009

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

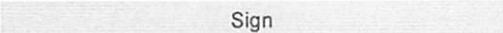
Requester Name	Submission Date
Escobar, Ninfa	6/29/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	6/29/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	7/5/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/5/2023

EXHIBIT R-12

AUGUST 2023

RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000

AUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
1	Button's Inventory Service, Inc.	Pharmacy Inventory Services	\$90,000.00	\$90,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Renewal of Pharmacy Inventory Services for one additional year.
2	Data Shredding Services of Texas, Inc.	Agency-Wide Data Document Destruction Service	\$28,141.00	\$28,622.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency-Wide Data Document Destruction Services.
3	Ellen B. Kagen	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Annual renewal of Agreement for Leadership and Consultant Services for the CEO.
4	Family to Family	Monthly Educational and Advocacy Training	\$6,000.00	\$6,000.00	9/1/2023 - 8/31/2024	Federal Grant	Consumer Driven	Annual renewal of Agreement to provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually).
5	MSX Group, LLC	Proprietary budgeting software to maintain internal control of financial operations.	\$6,555.00	\$6,600.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual renewal of Proprietary budgeting software to maintain internal control of financial operations.
6	Pingboard, Inc.	Organization charting and Planning Tool for the Agency	\$43,000.00	\$43,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Software Agreement/Contract	Annual renewal of Agreement for organization charting and planning tool selected by The Harris Center's executive team.
7	P-Real Estate Surveyor Services	Master Pool for Agency Wide Property Survey Services	\$20,000.00	\$20,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Annual renewal of Agreement to Provide Agency Wide Property Survey Services for large and small Properties, Acquisition, or Sales on an as-needed basis.
8	Rainbow Health LLC	Sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications	\$82,620.00	\$5,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Informal Request for Quote	Annual renewal of Agreement for Sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications.
9	Stericycle, Inc.	Agency Wide Medical Waste Services	\$12,925.00	\$11,810.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Agency Wide Medical Waste Services.
10	Susan Fordice d/b/a Fordice Consulting LLC	Consulting Services for The Harris Center's Foundation and Foundation's Board of Directors.	\$45,000.00	\$45,000.00	7/1/2023 - 6/30/2024	General Revenue (GR)		Annual renewal of Consulting services agreement for The Harris Center's Foundation and Foundation's Board of Directors.
11	Waste Management of Texas, Inc.	Agency Wide Trash Collection and Dumpster/Removal Services	\$70,372.00	\$70,372.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Agency Wide Trash Collection and Dumpster/Removal Services.
CPEP/CRISIS SERVICES								
12	Charity Logic Corporation	Subscription Services	\$11,881.69	\$11,881.69	9/1/2023 - 10/23/2024	County	Sole Source	Annual renewal of subscription services which includes HIPAA compliance/security for the Crisis Line department.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
13	Elsa Almanza	Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)	\$29,190.00	\$29,190.00	9/1/2023 - 8/31/2024	State Grant	Consumer Driven	Annual renewal of agreement for Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB).
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								



Executive Contract Summary

Contract Section

Contractor*

Button's Inventory Service, Inc.

Contract ID #*

7067

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center Pharmacies and Buttons Inventory Service Inc.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 90,000.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 90,000.00

Fiscal Year* (?)
2023

Amount* (?)
\$ 90,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Pharmacy Inventory Services

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2022 and at least 4 years Prior - Pharmacy Inventory Services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Lois Carter

Address*

Street Address

PO Box 2048

Address Line 2

Suite 101

City

Richmond

Postal / Zip Code

406-2048

State / Province / Region

Texas

Country

United States

Phone Number*

713-781-0805

Email *

lmcarter@buttonsinv.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 90,000.00	543067
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

White, Tanya

Submission Date

8/2/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/2/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Angela Dabin

Approval Date

8/2/2023

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

8/3/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7623

Contractor Name*

Data Shredding Services of Texas, Inc.

Service Provided* (?)

Agency-Wide Data Document Destruction Services.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- 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* (?)

\$ 28,141.00

Rate(s)/Rate(s) Description

\$15.00 for the first bin, \$5.00 for each additional bin per location.

Unit(s) Served*

Vary.

G/L Code(s)*

543034

Current Fiscal Year Purchase Order Number*

CT142331

Contract Requestor*

Annell Burnett-Gipson

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.*
1101	\$ 200.00	543034
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 1,000.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 150.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 330.00	543034
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 200.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 430.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 150.00	543034
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 360.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,810.00	543034
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1131	\$ 520.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 1,745.00	543034
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 180.00	543034
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2180	\$ 65.00	543034
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 2,400.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 1,300.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 720.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 1,430.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 480.00	543034
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 180.00	543034
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 260.00	543034
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3353	\$ 981.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 220.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 625.00	543034
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3365	\$ 1,500.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3374	\$ 210.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3395	\$ 177.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 810.00	543034
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Kerlegon, Charles

Budget Unit Number * 3623	Amount Charged to Unit * \$ 260.00	Expense/GL Code No. * 543034
Budget Manager * Adams-Austin, Mamie	Secondary Budget Manager * Kerlegon, Charles	
Budget Unit Number * 4323	Amount Charged to Unit * \$ 650.00	Expense/GL Code No. * 543034
Budget Manager * Smith, Janai	Secondary Budget Manager * Hooper Jr., Michael	
Budget Unit Number * 4325	Amount Charged to Unit * \$ 260.00	Expense/GL Code No. * 543034
Budget Manager * Smith, Janai	Secondary Budget Manager * Hooper Jr., Michael	
Budget Unit Number * 4736	Amount Charged to Unit * \$ 845.00	Expense/GL Code No. * 543034
Budget Manager * Smith, Janai	Secondary Budget Manager * Hooper Jr., Michael	
Budget Unit Number * 4913	Amount Charged to Unit * \$ 195.00	Expense/GL Code No. * 543034
Budget Manager * Smith, Janai	Secondary Budget Manager * Hooper Jr., Michael	
Budget Unit Number * 6001	Amount Charged to Unit * \$ 130.00	Expense/GL Code No. * 543034
Budget Manager * Williams-Wesley, Sheenia	Secondary Budget Manager * Jiles, Monalisa	
Budget Unit Number * 6201	Amount Charged to Unit * \$ 400.00	Expense/GL Code No. * 543034
Budget Manager * Williams-Wesley, Sheenia	Secondary Budget Manager * Jiles, Monalisa	
Budget Unit Number * 6302	Amount Charged to Unit * \$ 150.00	Expense/GL Code No. * 543034
Budget Manager * Williams-Wesley, Sheenia	Secondary Budget Manager * Jiles, Monalisa	
Budget Unit Number * 6500	Amount Charged to Unit * \$ 200.00	Expense/GL Code No. * 543034
Budget Manager * Williams-Wesley, Sheenia	Secondary Budget Manager * Adams, Betty	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6601	\$ 264.00	543034

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6801	\$ 195.00	543034

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 320.00	543034

Budget Manager *	Secondary Budget Manager *
Ilejay, Kevin	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 800.00	543034

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 850.00	543034

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 4,200.00	543034

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 470.00	543034

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

Provide Rate and Rate Descriptions if applicable * (?)

\$15 for the 1st 64L bin and \$5 each additional bin per stop.

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 28,622.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

28622.00

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 (?)

All Units FY2024 Budget Proposal - Document Destruction.pdf

74.22KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Mamie Adams-Austin

Approved by

Tanai Lynnetto Smith

Approved by

Shoenia Williams-Wesley

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7842

Contractor Name*

Ellen B. Kagen

Service Provided* (?)

Leadership and Consultant Services for the CEO.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 12,600.00

Rate(s)/Rate(s) Description

\$375.00 per hour

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142274

Contract Requestor*

Veronica Franco

Contract Owner*

Wayne Young

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 12,600.00	542000

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

Provide Rate and Rate Descriptions if applicable* (?)
 \$375 per hour

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,600.00

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
 Wayne Young

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*

7/17/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0471

Contractor Name*

Family to Family

Service Provided* (?)

Family-to-Family will provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually)

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 6,000.00

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

4780

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142582

Contract Requestor*

Mohogany Bowser

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.*
4780	\$ 6,000.00	542000

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

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Federal Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval



Approved by

Tiffany Ann Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/1/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7414

Contractor Name*

MSX Group, LLC

Service Provided* (?)

Proprietary budgeting software to maintain internal control of Financial operations.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 6,555.00

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

1122

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142520 and CT142896

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.*
1122	\$ 6,600.00	533002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

FY 2024

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,600.00

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

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 *

8/1/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7323

Contractor Name*

Pingboard, Inc.

Service Provided* (?)

Organization charting and planning tool selected by The Harris Center's executive team.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

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

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 43,000.00

Rate(s)/Rate(s) Description

N/A.

Unit(s) Served*

1108

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142497

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)Pingboard - The Harris Center for Mental Health and IDD
Agreement.pdf

643.15KB

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

Renewal Information 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	\$ 43,000.00	553002
Budget Manager* Brown, Erica	Secondary Budget Manager* Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$43K per year

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 43,000.00

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 (?)

Pingboard - The Harris Center for Mental Health and IDD Agreement.pdf

643.15KB

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 *

7/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0395

Contractor Name*

P-Real Estate Surveyor Services

Service Provided* (?)

To Provide Agency Wide Property Survey Services for large and small Properties, Acquisition, or Sales on an as-needed basis.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

\$ 20,000.00

Rate(s)/Rate(s) Description2023 - \$20,000.00; 2024 - \$20,000.00; 2025 - \$10,000.00;
2026 - \$10,000.00; 2027 - \$10,000.00**Unit(s) Served***

1899

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT140955

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	\$ 20,000.00	557001
Budget Manager * Brown, Erica		Secondary Budget Manager * Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)
see contracts for information

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

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd L McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0663

Contractor Name*

Rainbow Health LLC

Service Provided* (?)

Set up, Implementation, and Sustaining of Website for MCOT Rapid Response's Web Portal and Mobile Applications

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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 Informal Request for Quote

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- 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* (?)

\$ 82,620.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1147

G/L Code(s)*

900020

Current Fiscal Year Purchase Order Number*

CT142678

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 5,000.00	551003
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
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 *

7/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7529

Contractor Name*

Stericycle, Inc.

Service Provided* (?)

Agency Wide Medical Waste 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* (?)

\$ 12,925.00

Rate(s)/Rate(s) Description

Medical Waste Disposal: \$28.69 Per Container. Minimum Pick-Up Of One (1) Container. No Waste Fee Billed At One (1) Container Fee As Applicable. Scheduled Pick Ups.

Unit(s) Served*

1153, 2111, 2212, 2213, 2214, 2215, 2379, 9208, 9210, 9403, 9407, 9501, 9502, 9810, 6302, 2690, 2250, 2301, 9261

G/L Code(s)*

543026

Current Fiscal Year Purchase Order Number*

CT142467

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1153	\$ 150.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 700.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 800.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 1,500.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 600.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 140.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 300.00	543026

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 360.00	543026

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 2,000.00	543026
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Adams, Betty	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 245.00	543026
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 580.00	543026
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 585.00	543026
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 150.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 2,150.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 1,000.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 250.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 150.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 150.00	543026
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)
 \$28.69 per container; minimum pickup of one (1) container;
 No Waste Fee billed at one (1) container fee as applicable

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 11,810.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
 \$11,810.00

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

Kia Walker

Budget Manager Approval(s) 

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshtman

Approved by

Janae Lynette Smith

Approved by

Sherrin Williams-Wesley

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kia Donae Walker

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/12/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7832

Contractor Name*

Susan Fordice d/b/a Fordice Consulting LLC

Service Provided* (?)

Consulting Services for The Harris Center's Foundation and Foundation's Board of Directors.

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 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 checked="" type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input 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* (?)

\$ 45,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142279

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	\$ 45,000.00	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	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Carrie Rys

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Carrie T Rys

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0455

Contractor Name*

Waste Management of Texas, Inc.

Service Provided* (?)

Agency wide trash collection and dumpster/removal services.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 70,372.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

1899

G/L Code(s)*

569006

Current Fiscal Year Purchase Order Number*

CT142448

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	\$ 70,372.00	569006

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

Provide Rate and Rate Descriptions if applicable* (?)
see attachment

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 70,372.00

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 (?)

Waste Mangement FY24 pricing.pdf 298.15KB

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*

7/5/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0516

Contractor Name*

Charity Logic Corporation

Service Provided* (?)

We currently use the subscription service iCarol from this vendor. We are wanting to add the HIPPA compliance/Security component to this subscription service and it requires a signature to accept the quote. The amount charged to the unit would be the prorated amount of \$303.03 + \$2000.00 (one-time setup fee) + \$2988.00 (annual fee for add-on) + \$6590.66 (current renewal amount)

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

\$ 11,881.69

Rate(s)/Rate(s) Description

\$303.00 (prorated amount of add-on service for use from execution to end of current subscription period [Oct. 22, 2022] \$2000.00 (one-time setup fee) \$2988.00 (annual fee for add-on) \$6590.66 (current renewal amount)

Unit(s) Served*

7001

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

142436

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 NoRenewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 11,881.69	57400

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 11,881.69

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 Ileyay

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/2/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2023

Contract ID#*

2022-0523

Contractor Name*

Elsa Almanza

Service Provided* (?)

Respite and/or Community First Choice Personal Assistance / Habilitation Services (CFC PAS/HAB)

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

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

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

Procurement Method(s)*

Check all that Apply

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

\$ 29,190.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 / 543009

Current Fiscal Year Purchase Order Number*

CT142295

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 8,390.00	543005
Budget Manager * Adams-Austin, Mamie		Secondary Budget Manager * Kerlegon, Charles

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 20,800.00	543009
Budget Manager * Adams-Austin, Mamie		Secondary Budget Manager * Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2024	\$ 29,190.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

29,190.00

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

Dr. Evanthe Collins

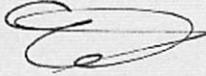
Budget Manager Approval(s)

Approved by

Mamie L Adams-Austin

Contract Owner Approval

Approved by



Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2023-0658

Contractor Name*

Partners Pharmacy of Texas, LLC

Service Provided* (?)

Provide pharmacy services to Youth 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* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

6500

G/L Code(s)*

547003

Current Fiscal Year Purchase Order Number*

CT142889

Contract Requestor*

Angela Babin

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.*
6500	\$ 15,000.00	547003

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Adams, Betty

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 15,000.00

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

Please Explain*

If automation is legally approved for residential settings, may update contract.

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shenita Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/3/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7739

Contractor Name*

Tejas Behavioral Health Management Association

Service Provided* (?)

MCO Managed Care Generator - Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations. Provider Credentialing Software and Subscription 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* (?)

\$ 132,070.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1147, 2200

G/L Code(s)*

Multiple

Current Fiscal Year Purchase Order Number*

FY23 CT142334

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. *
2200	\$ 7,500.00	553003

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 12,000.00	551002

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

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 19,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

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*

7/12/2023

EXHIBIT R-13

AUGUST 2023 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
LESS THAN \$100,000

AUGUST 2023
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Pet Partners	Animal therapy, Education and Activities Program	\$2,500.00	\$7,500.00	\$10,000.00	8/1/2023 - 7/31/2024	General Revenue (GR)		Amendment to increase NTE and expand scope of services to include Premier Facility designation and recruitment strategies from vendor as well as site visit.
2	Pitney Bowes	Mail Room Postage Machine Lease Agreement (The SendPro P3000)	\$9,233.88	\$968.94	\$10,202.82	9/1/2022 - 8/31/2023	General Revenue (GR)	Tag-On	Amendment to increase the NTE to cover pending invoice for the remaining fiscal year.
3	Skillsoft Corportation	Skillsoft Percipio Software	\$14,330.00	\$859.80	\$15,189.80	9/6/2023 - 9/5/2024	General Revenue (GR)	Tag-On	Amendment to increase the FY24 renewal rate. [Tag-on to DIR TSO-3899]
4	The McLean Hospital Corporation	Software License Agreement (Perceptions of Care Webscore)		\$2,900.00	\$2,900.00	9/1/2022 - 8/31/2023	Private Pay Source		The agreement is off cycle and will be renewed prior to December 31, 2023. However, the annual invoice is for FY24 services has to be paid in advance from FY23 budget. This Amendment is to increase FY23 budget to pay that invoice can be paid before end of August.
5	The McLean Hospital Corporation	Software License Agreement (Basis 24)	\$4,580.00	\$4,580.00	\$9,160.00	9/1/2022 - 8/31/2023	Private Pay Source		The agreement is off cycle and will be renewed prior to December 31, 2023. However, the annual invoice is for FY24 services has to be paid in advance from FY23 budget. This Amendment is to increase FY23 budget to pay that invoice can be paid before end of August.
	CPEP/CRISIS SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	FORENSICS								
	LEASES								
	MENTAL HEALTH								



Executive Contract Summary

Contract Section

Contractor*

Pet Partners

Contract ID #*

2023-0706

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/17/2023

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/1/2023

Contract Term End Date* (?)

7/31/2024

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

Current Contract Amount*

\$ 2,500.00

Increase Not to Exceed*

\$ 7,500.00

Revised Total Not to Exceed (NTE)*

\$ 10,000.00

Fiscal Year* (?)
2023

Amount* (?)
\$ 10,000.00

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* (?)

Increase NTE and expand scope of services to include Premier Facility designation and recruitment strategies from vendor as well as site visit

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 (?)

Harris Center Premier Facility Partner Partnership Agreement 2023
7.10.23 v2.pdf 220.39KB

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

unknown

Phone Number*

425-679-5527

Email*

lisah@petpartners.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1179	\$ 10,000.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

10,000/year Premier Facility designation

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

7/17/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/17/2023

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date

7/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/20/2023



Executive Contract Summary

Contract Section


Contractor*

Pitney Bowes

Contract ID #*

2021-0211

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/25/2023

Parties* (?)

The Harris Center and Pitney Bowes

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <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*

\$ 9,233.88

Increase Not to Exceed*

\$ 968.94

Revised Total Not to Exceed (NTE)*

\$ 10,202.82

Fiscal Year* (?) 2023 **Amount* (?)** \$ 10,202.82

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

A remaining invoice for FY23 is pending. Additional funds are needed to cover that expense which exceeds the current contract amount.

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Ongoing multiple years

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Pitney Bowes Invoice 6-29-2023 signed.pdf 53.04KB

Vendor/Contractor Contact Person

Name*

Pitney Bowes

Address*

Street Address

27 Waterview Drive

Address Line 2

City

Shelton

Postal / Zip Code

06484

State / Province / Region

CT

Country

USA

Phone Number*

8442566444

Email*

transactional@emails.pitneybowes.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 968.94	577000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

None

Requester Name

Lievsay, Nicole

Submission Date

7/10/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/10/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Approval Date

7/10/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/10/2023



Executive Contract Summary

Contract Section


Contractor*

The McLean Hospital Corporation

Contract ID #*

6791

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/17/2023

Parties* (?)

The Harris Center and The McLean Hospital Corporation

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 2,900.00

Revised Total Not to Exceed (NTE)*

\$ 2,900.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,900.00

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* (?)

The agreement is off cycle and will be renewed prior to December 31, 2023. However, the annual invoice is for FY24 services has to be paid in advance from FY23 budget. This Amendment is to increase FY23 budget to pay that invoice can be paid before end of August.

Contract Owner*

Frederic Edgar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2022 Perceptions of Care (POC) Webscore

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

Postal / Zip Code

02478-1064

State / Province / Region

MA

Country

US

Phone Number*

617552190

Email*

ctaylor@mclean.harvard.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 2,900.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

POC - IP/RP License: \$0

POC- IP/ RP Web: \$0

POC-IP/ RP PMS Quarterly Report: \$2,9000

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Leonpacher, Carrianna

Submission Date

7/17/2023

Budget Manager Approval(s)

Approved by

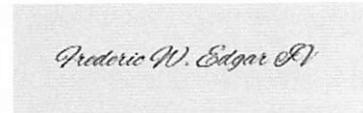


Approval Date

7/17/2023

Contract Owner Approval

Approved by



Approval Date

7/26/2023

Contracts Approval

Approve*

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

Approved by*



Approval Date*

7/26/2023



Executive Contract Summary

Contract Section

Contractor*

The McLean Hospital Corporation

Contract ID #*

6759

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

The McLean Hospital Corporation and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 4,580.00

Increase Not to Exceed*

\$ 4,580.00

Revised Total Not to Exceed (NTE)*

\$ 9,160.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 9,160.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

The agreement is off cycle and will be renewed prior to December 31, 2023. However, the annual invoice is for FY24 services and must be paid in advance from the FY23 budget. This amendment is to increase the FY23 budget so the invoice can be paid before the end of August.

Contract Owner*

Frederic Edgar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY22 Basis-24 End-User License

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

Postal / Zip Code

02478-1064

State / Province / Region

MA

Country

US

Phone Number*

16178552190

Email*

ctaylor@mclean.harvard.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1173	\$ 4,580.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

\$95.00 per license B24 - License \$680.00
 (\$395.00 + 3 more sites X \$95) B24 - Web \$0 B24
 -PMS Quarterly Report \$3,900.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Leonpacher, Carrianna

Submission Date

7/17/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/18/2023

Contract Owner Approval

Approved by

Frederic W. Edgar IV

Approval Date

7/26/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/26/2023



Executive Contract Summary

Contract Section

Contractor*

Skillssoft Corporation

Contract ID #*

2022-0510

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/15/2023

Parties* (?)

The Harris Center and Skillssoft Corp

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

9/6/2023

Contract Term End Date* (?)

9/5/2024

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

Current Contract Amount*

\$ 14,330.00

Increase Not to Exceed*

\$ 859.80

Revised Total Not to Exceed (NTE)*

\$ 15,189.80

Fiscal Year* (?)

2024

Amount* (?)

\$ 15,189.80

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 Amending July FY24 Renewal

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

Updating to Reflect Current Renewal Rate for FY24 per 3 year contract.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY22, FY23, IT Training

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Torsten Gotz

Address*

Street Address

300 Innovative Way

Address Line 2

City

Nashua

State / Province / Region

NH

Postal / Zip Code

03062-5746

Country

US

Phone Number*

4803154238

Email *

torsten.gotz@skillsoft.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 859.80	553002
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

7/24/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

7/25/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Coruhwala

Approval Date

7/25/2023

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

7/26/2023

EXHIBIT R-14

AUGUST 2023
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section



Contractor*

Pentecostal Theological Seminary

Contract ID #*

2023-003

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

Pentecostal Theological Seminary

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

7/19/2023

Contract Term End Date* (?)

7/31/2028

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

Fiscal Year* (?)

2023

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 in Pentecostal Theological Seminary to complete clinical field placements 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

Specify Name*

Pentecostal Theological Seminary

Supporting Documentation Upload (?)

Lackey Kimone Clinical Practicum Supervision Orientation Letter-Blank.pdf 138.49KB

Vendor/Contractor Contact Person ▲

Name*

Linda J. Storms

Address*

Street Address

Pentecostal Theological Seminary

Address Line 2

900 Walker Street NE

City

Cleveland

Postal / Zip Code

37311

State / Province / Region

TN

Country

US

Phone Number*

423-478-7716

Email*

lstorms@ptseminary.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name Daswani, Bianca	Submission Date 7/19/2023
--	-------------------------------------

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

7/19/2023

Contracts Approval

Approve*

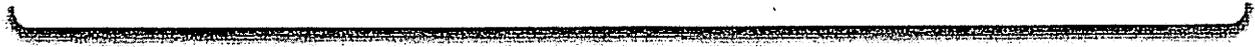
- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

7/20/2023





Executive Contract Summary

Contract Section



Contractor*

Texas Woman's University School of Occupational Therapy

Contract ID #*

2023-020

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/26/2023

Parties* (?)

Texas Woman's University School of Occupational Therapy and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/26/2023

Contract Term End Date* (?)

7/31/2028

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

Fiscal Year* (?)

2023

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 in Texas Woman's University School of Occupational Therapy to complete clinical field placements 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

Specify Name*

Texas Woman's University School of Occupational Therapy

Supporting Documentation Upload (?)

eOTD Curriculum Sequence V.3.pdf	77.19KB
OT6441SU23.pdf	256.53KB

Vendor/Contractor Contact Person

Name*

Ada Simpson

Address*

Street Address

1314 N Bell Ave. Suite 810

Address Line 2

City

Denton

Postal / Zip Code

76209

State / Province / Region

TX

Country

US

Phone Number*

940-898-2805

Email*

asimpson10@twu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

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

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

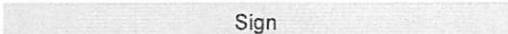
Requester Name Daswani, Bianca	Submission Date 7/26/2023
--	-------------------------------------

Budget Manager Approval(s)

Approved by 	Approval Date 7/27/2023
---	-----------------------------------

Procurement Approval

File Upload (?)

Approved by 	Approval Date
---	----------------------

Contract Owner Approval

Approved by 	Approval Date 7/31/2023
---	-----------------------------------

Contracts Approval

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

Approved by* 	Approval Date* 8/1/2023
--	-----------------------------------



Executive Contract Summary

Contract Section

Contractor*

UMass Global School of Arts & Sciences

Contract ID #*

2003-010

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/19/2023

Parties* (?)

The Harris Center for Mental Health and IDD and UMass Global School of Arts & Sciences

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

2023

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 in UMass Global School of Arts & Sciences to complete clinical field placements 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

Specify Name*

UMass Global School of Arts & Sciences

Supporting Documentation Upload (?)

Practicum Guide.pdf 1.39MB

Vendor/Contractor Contact Person

Name*

Martha L. Morgan

Address*

Street Address

16355 Laguna Canyon Rd #3

Address Line 2

City

Irvine

State / Province / Region

CA

Postal / Zip Code

92618

Country

US

Phone Number*

(855) 231-9710

Email*

Martha.morgan@umassglobal.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	7/19/2023

Budget Manager Approval(s) 

Approved by

Erica Brown

Approval Date
7/20/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Ninfa Escobar

Approval Date
7/20/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/1/2023



Executive Contract Summary

Contract Section

Contractor*

WILKES UNIVERSITY PASSAN SCHOOL OF NURSING

Contract ID #*

2003-005

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/19/2023

Parties* (?)

The Harris Center for Mental Health and IDD & WILKES UNIVERSITY PASSAN SCHOOL OF NURSING

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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 in WILKES UNIVERSITY PASSAN SCHOOL OF NURSING to complete clinical field placements 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

Specify Name*

WILKES UNIVERSITY PASSAN SCHOOL OF NURSING

Supporting Documentation Upload (?)

Wilkes - Nursing Affiliation Agreement 2023.pdf 736.03KB

Vendor/Contractor Contact Person

Name*

Sarah Warzecha

Address*

Street Address

84 West South St.

Address Line 2

City

Wilkes-Barre

Postal / Zip Code

18766

State / Province / Region

PA

Country

US

Phone Number*

224-642-1054

Email*

Sarah.Warzecha@keypathedu.com

Budget Section



Executive Contract Summary

Contract Section ▲

Contractor*

Gulf Coast Community Services Association

Contract ID #*

2022-0526

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

Gulf Coast Community Services Association and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input style="width: 200px;" type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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 ECI Head Start Services.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kathy L. Johnson

Address*

Street Address

9320 Kirby Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-2515

State / Province / Region

TX

Country

US

Phone Number*

713-393-4734

Email*

Johnsonk@gccsa.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 0.00	0.00

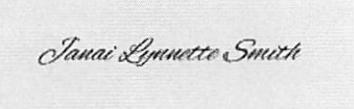
Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

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

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

Requester Name	Submission Date
Bowser, Mohagony	7/6/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	7/6/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	7/16/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/17/2023



Executive Contract Summary

Contract Section

**Contractor***

Houston Food Bank

Contract ID #*

New

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

Houston Food Bank and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For: * (?)

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

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* (?)

\$ 0.00

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* (?)

ECS is for Memorandum of Understanding (MOU) with Houston Food Bank (HFB) Mobile Market Trailer and Food Prescription (Food Rx) programs where Harris Center clients with health concerns, poverty, and poor access to nutritious meals will receive twice a month 30lbs of nutritious foods delivered by HFB mobile food pantry to four of our main clinic sites. Harris Center clients will also receive Food Rx education which may include chronic disease management classes; exercise classes; and/or nutrition classes, all of which have targeted and tracked health outcomes.

Contract Owner*

Stanley Williams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center_2023 FFC Program_Master MOU 7.15.23.pdf 781.01KB

Vendor/Contractor Contact Person

Name*

Danielle Sanders, MPH, RDN, LD, CHES

Address*

Street Address

535 Portwall Street

Address Line 2

City

Houston

Postal / Zip Code

77029-1332

State / Province / Region

TX

Country

US

Phone Number*

832-369-9260

Email*

dsanders@houstonfoodbank.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000

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

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

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

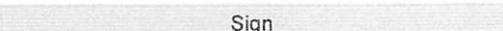
Requester Name	Submission Date
Shelby, Debbie	7/20/2023

Budget Manager Approval(s)

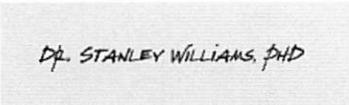
Approved by	Approval Date
	7/20/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	7/20/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/26/2023



Executive Contract Summary

Contract Section



Contractor*

SERJobs

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

SERJobs and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

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)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- 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 SERJobs to collaborate with SUDOP and Harris Center by allowing SUDOP to provide outreach and engagement service to individuals with a substance use disorders or alcohol use disorder problems that will help clients maintain retention in recovery. SERJobs will assist with the COC by providing job training and readiness to clients after treatment Along with job coaching and placement. SUDOP will also provide Mental Health services and referrals to medical care on an as needed basis.

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*

SERJobs

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Roberto Howard Director of Financial Services

Address*

Street Address

1710 Telephone Road

Address Line 2

City

Houston

Postal / Zip Code

77023-3764

State / Province / Region

TX

Country

US

Phone Number*

281-883-7940

Email*

rhoward@serjobs.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Singh, Patricia	7/3/2023

Budget Manager Approval(s) 

Approved by

Jodel Oshman

Approval Date

7/3/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Amber Pastuszek, MD

Approval Date

7/3/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/5/2023



Executive Contract Summary

Contract Section **Contractor***

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., (Severally and together, the "Corporation")

Contract ID #*

N/A

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/22/2023

Parties* (?)

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., (Severally and together, the "Corporation") (811 Board: Neal Sarahan, President; Mark Smith, Vice President; Bob Buthorn, Treasurer)
 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 Contract to provide maintenance services to the four properties

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request 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 Preventative Maintenance Services |

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* (?)

\$ 202,011.00

Funding Source *

Private Pay Source

Contract Description / Type* (?)

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

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

The Harris Center's Facility Department will be providing preventative maintenance and capital repairs to the four 811 properties, VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., by contracting with the 811 Board to provide these services.

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 *

Neal Sarahan, President

Address *

Street Address

9401 SOUTHWEST FREEWAY

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

Harris

Phone Number *

713-870-0015

Email *

nealsarahan@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1876	\$ 37,200.00	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1876	\$ 13,302.75	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1865	\$ 37,200.00	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1865	\$ 13,302.75	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1866	\$ 37,200.00	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1866	\$ 13,302.75	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1857	\$ 37,200.00	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1857	\$ 13,302.75	414003

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Unknown, pending work requirement estimates.

Project WBS (Work Breakdown Structure)* (?)

Based on request needs and preventative maintenance requirements

Requester Name
Richardson, Maria

Submission Date
7/12/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
7/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Carrie Taylor Rys

Approval Date
8/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
8/7/2023