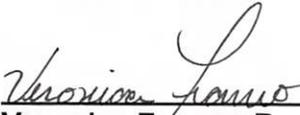


**Resource Committee Meeting**  
September 19, 2023  
8:30 am

- 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, August 15, 2023  
(EXHIBIT R-1)
- IV. CONSIDER AND RECOMMEND ACTION**
  - A. Approve FY'23 Year-to-Date Budget Report- August  
(EXHIBIT R-2 Vanessa McKeown)
  - B. September 2023 Contracts Amendments Over 250K  
(EXHIBIT R-3 Belinda Stude)
  - C. September 2023 Interlocal Agreements  
(EXHIBIT R-4 Belinda Stude)
- V. REVIEW AND COMMENT**
  - A. September 2023 New Contracts 250K and less  
(EXHIBIT R-5)
  - B. September 2023 Renewals 250K and Less  
(EXHIBIT R-6)
  - C. September 2023 Amendments 250K and Less  
(EXHIBIT R-7)
- VI. EXECUTIVE SESSION-**
  - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
- VII. RECONVENE INTO OPEN SESSION**
- VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- IX. INFORMATION ONLY**
  - A. September 2023 Affiliation, Agreements, Grants, MOU's and Revenues Information Only  
(EXHIBIT R-8)
- X. ADJOURN**

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



# **EXHIBIT R-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
RESOURCE COMMITTEE MEETING  
TUESDAY, AUGUST 15, 2023  
MINUTES**

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

**RECORD OF ATTENDANCE**

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

Committee Member Absent: None

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

**1. CALL TO ORDER**

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

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

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

**3. DECLARATION OF QUORUM**

Mr. Womack declared a quorum was present.

**4. PUBLIC COMMENTS**

There were no Public Comments.

**5. MINUTES**

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

**MOTION:      GEARING                      SECOND:      LYKES**

**With unanimous affirmative votes,**

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

**6. CONSIDER AND RECOMMEND ACTION**

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

**MOTION:      ZAKARIA                      SECOND:      LYKES**

**With unanimous affirmative votes,**

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

B. August 2023 New Contracts Over 100K

**MOTION: SANTOS**

**SECOND: ZAKARIA**

**With unanimous affirmative votes,**

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

C. August 2023 Contract Renewals Over 100K

**MOTION: SANTOS**

**SECOND: ZAKARIA**

**With unanimous affirmative votes,**

**BE IT RESOLVED** August 2023 Contracts Renewals Over 100K, under Exhibit R-4 are approved and recommended to the Full Board.

D. August 2023 Contract Amendments Over 100K

**MOTION: SANTOS**

**SECOND: ZAKARIA**

**With unanimous affirmative votes,**

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

E. August 2023 Interlocal Agreements

**MOTION: MOORE**

**Dr. Moore moved to approve items Interlocal Agreements 1-7, 10-14**

**SECOND: ZAKARIA and amended the motion to approve all August 2023 Interlocal Agreements**

**Dr. Gearing recused himself from discussion on voting on the Interlocal Agreements:**

**INTERLOCAL AGREEMENT #8:** University of Houston Graduate College of Social Work (GCSW)

**INTERLOCAL AGREEMENT #9:** University of Houston-College of Medicine.

**INTERLOCAL AGREEMENT #12:** University of Houston-School of Social Work.

**Dr. Santos recused himself from discussion on voting on the Interlocal Agreements:**

**INTERLOCAL AGREEMENTS #10:** University of Texas Health Science Center at Houston.

**INTERLOCAL AGREEMENTS #13:** University of Texas Health Science Center at Health Science Center of Houston

**INTERLOCAL AGREEMENTS #14:** University of Texas Health Science Center at Houston McGovern Medical School.

**With unanimous affirmative votes,**

**BE IT RESOLVED August 2023** Interlocal Agreements are approved.

F. 2023-2024 Commercial Insurance Program

**MOTION: ZAKARIA                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** 2023-2024 Commercial Insurance Program, under Exhibit R-7 are approved and recommended to the Full Board.

G. Learning Management System Software RFP

**MOTION: ZAKARIA                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** The recommendation to award the contract for the Learning Management System Software RFP, under Exhibit R-8 is approved and recommended to the Full Board.

H. Life Safety Systems/Inspection Services RFP

**MOTION: ZAKARIA                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** the recommendation to award the contract for the Life Safety Systems/Inspection Services RFP, under Exhibit R-9 is approved and recommended to the Full Board.

I. 6168 S. Loop East Apartments CSP

**MOTION: ZAKARIA                      SECOND: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** The contract award recommendation for the 6168 S. Loop East Apartments CSP, under Exhibit R-10 is approved contingent upon the City Council’s approval. The agenda item will be recommended to the Full Board.

J. Fiscal Year 2024 Budget

**MOTION: ZAKARIA**

Mr. Zakaria moved to defer the approval of the Fiscal Year 2024 Budget to the Full Board meeting to allow the CFO to review options for the Paid Time Off sale for employees.

**SECOND: MILLER**

**With unanimous affirmative votes,**

**BE IT RESOLVED**, the approval of the Fiscal Year 2024 budget was deferred to the Full Board meeting to allow the CFO an opportunity to review options for the Paid Time Off sale for employees.

K. Capital 2024 Budget

**MOTION: ZAKARIA      SECOND: GEARING**

**With unanimous affirmative votes,**

**BE IT RESOLVED** the Capital 2024 Budget, is approved and recommended to the Full Board.

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

**MOTION: ZAKARIA      SECOND: MOORE**

**With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:12am.**

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

# **EXHIBIT R-2**

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

**Results of Financial Operations and Comparison to Budget  
As of August 30, 2023  
PERIOD 12  
Fiscal year 2023**

# The Harris Center for Mental Health and IDD

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

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

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

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



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Vanessa McKeown  
Chief Financial Officer

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

**For the Month**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 26,119,256	\$ 30,355,739	\$ 4,236,483
Expenditures	27,151,470	33,024,140	(5,872,670)
<b>Change in net assets</b>	<b>\$ (1,032,214)</b>	<b>\$ (2,668,401)</b>	<b>\$ (1,636,187)</b>
<b>Use of prior year balances</b>	<b>\$ 483,963</b>	<b>\$ 483,963</b>	<b>\$</b>
Capital, net		(12,545)	(12,545)
Other sources		121,519	121,519
	<u>\$ (548,251)</u>	<u>\$ (2,075,464)</u>	<u>\$ (1,527,213)</u>

**Fiscal Year to Date**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 317,740,441	\$ 331,215,020	\$ 13,474,579
Expenditures	323,540,441	335,407,538	(11,867,097)
<b>Change in net assets, operations</b>	<b>\$ (5,800,000)</b>	<b>\$ (4,192,518)</b>	<b>\$ 1,607,482</b>
<b>Prior period correction</b>	<b>\$</b>	<b>\$ (1,129,990)</b>	<b>\$ (1,129,990)</b>
<b>Use of prior year balances</b>	<b>\$ 5,800,000</b>	<b>\$ 5,800,000</b>	<b>\$</b>
Capital, net		(231,177)	(231,177)
Other sources		249,016	249,016
	<u>\$ (0)</u>	<u>\$ 495,331</u>	<u>\$ 495,331</u>

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**As of August 30, 2023**

*unaudited/budget-basis reporting*

	For the Month				Fiscal Year to Date			
	ORGBUD	Actual	Variance \$	%	orgbud	Actual	Variance \$	%
<b>Operating Revenue</b>								
State General Revenue	\$ 9,507,109	\$ 10,686,787	\$ 1,179,678	12%	\$ 114,084,392	\$ 114,835,738	\$ 751,346	1%
Harris County and Local	5,008,835	4,256,725	(752,110)	-15%	60,140,905	62,031,782	1,890,877	3% <b>A</b>
Federal Contracts and Grants	3,117,551	5,128,515	2,010,963	65%	40,771,437	44,089,110	3,317,673	8% <b>B</b>
State Contract and Grants	1,260,636	910,795	(349,841)	-28%	15,127,136	13,274,650	(1,852,486)	-12% <b>C</b>
Third Party Billing	2,510,955	3,129,071	618,116	25%	29,846,621	29,133,293	(713,328)	-2%
Charity Care Pool	3,366,382	4,158,427	792,045	24%	40,396,584	45,148,863	4,752,279	12% <b>E</b>
Directed Payment Programs	817,841	817,835	(6)	0%	9,814,081	9,814,077	(4)	0%
PAP	400,000	902,196	502,196	126%	6,000,000	9,945,947	3,945,947	66% <b>F</b>
Interest Income	129,947	365,388	235,441	181%	1,559,285	2,941,559	1,382,274	89% <b>G</b>
<b>Operating Revenue, total</b>	<b>\$ 26,119,256</b>	<b>\$ 30,355,739</b>	<b>\$ 4,236,483</b>	<b>16%</b>	<b>\$ 317,740,441</b>	<b>\$ 331,215,020</b>	<b>\$ 13,474,579</b>	<b>4%</b>
<b>Operating expenditures</b>								
Salaries and Fringe Benefits	\$ 18,881,130	\$ 24,258,824	\$ (5,377,694)	-28%	\$ 229,250,089	\$ 241,466,326	\$ (12,216,238)	-5% <b>H</b>
Contracts and Consultants	2,040,697	2,346,929	(306,232)	-15%	24,331,478	23,359,501	971,977	4% <b>I</b>
HPCPC Contract	2,322,742	2,329,483	(6,741)	0%	27,872,816	27,903,063	(30,247)	0%
Supplies and Drugs	1,101,644	1,989,290	(887,646)	-81%	13,049,117	17,213,725	(4,164,608)	-32% <b>J</b>
Purchases, Repairs and Maintenance of:								
Equipment	839,976	421,125	418,851	50%	6,587,708	5,582,005	1,005,703	15% <b>K</b>
Building	497,107	285,485	211,622	43%	5,942,435	3,817,220	2,125,215	36% <b>L</b>
Vehicle	88,497	99,990	(11,493)	-13%	1,028,799	1,107,944	(79,145)	-8%
Telephone and Utilities	287,237	337,720	(50,483)	-18%	3,446,123	3,786,939	(340,816)	-10%
Insurance, Legal and Audit	194,388	159,377	35,011	18%	2,127,363	2,052,744	74,618	4%
Travel	184,884	207,651	(22,767)	-12%	1,851,129	2,035,282	(184,153)	-10%
Other	713,168	588,266	124,902	18%	8,053,381	8,212,778	(159,397)	-2%
<b>Operating Expenditures, total</b>	<b>\$ 27,151,470</b>	<b>\$ 33,024,140</b>	<b>\$ (5,872,670)</b>	<b>-22%</b>	<b>\$ 323,540,441</b>	<b>\$ 336,537,528</b>	<b>\$ (12,997,091)</b>	<b>-4%</b>
<b>Change in Net Assets, before Other Sources</b>	<b>\$ (1,032,214)</b>	<b>\$ (2,668,401)</b>	<b>\$ (1,636,187)</b>	<b>159%</b>	<b>\$ (5,800,000)</b>	<b>\$ (5,322,508)</b>	<b>\$ 477,492</b>	<b>-8%</b>
<b>Other Sources</b>								
Use of Net Assets, capital	\$	\$ 963,273	\$ 963,273		\$	\$ 5,481,041	5,481,041	
Capital Outlay		975,818	(975,818)			5,712,218	(5,712,218)	
<b>Capital Expenditures, net</b>		<b>(12,545)</b>	<b>(12,545)</b>			<b>(231,177)</b>	<b>(231,177)</b>	
DSRIP	483,963	483,963		0%	5,800,000	5,800,000		0%
Covid reserve						-		
<b>Use of prior year balances</b>	<b>483,963</b>	<b>483,963</b>	<b>-</b>		<b>5,800,000</b>	<b>5,800,000</b>		
Insurance proceeds		18,160	18,160			112,731	112,731	
Proceeds from Sale of Assets		103,359	103,359			136,286	136,286	
<b>Change in Net Assets, all Sources</b>	<b>\$ (548,251)</b>	<b>\$ (2,075,464)</b>	<b>\$ (1,527,213)</b>		<b>\$ (0)</b>	<b>\$ 495,331</b>	<b>\$ 495,331</b>	

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

	July-23	August-23	Change
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Petty Cash	\$ 35,620,463	\$ 10,485,753	\$ (25,134,710) <b>AA</b>
Investments	68,645,185	64,953,497	(3,691,688) <b>AA</b>
Inventory and Prepaid	6,050,211	5,069,274	(980,937) <b>BB</b>
Accounts Receivable			
Other	23,873,204	26,357,145	2,483,941 <b>CC</b>
Patient, net of allowance	8,338,071	5,919,600	(2,418,471)
<b>Current Assets, Total</b>	<b>\$ 142,527,132</b>	<b>\$ 112,785,268</b>	<b>\$ (29,741,864)</b>
<b>Capital Assets</b>			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,595,256	46,595,256	-
Furniture, Equipment and Vehicles	10,076,111	9,912,523	(163,588)
Construction in Progress	24,174,821	26,090,643	1,915,822 <b>DD</b>
<b>Capital Assets, Total</b>	<b>\$ 93,539,971</b>	<b>\$ 95,292,205</b>	<b>\$ 1,752,234</b>
<b>Total Assets</b>	<b>\$ 236,067,103</b>	<b>\$ 208,077,473</b>	<b>\$ (27,989,630)</b>
<b>LIABILITIES AND NET ASSETS</b>			
Unearned Income	\$ 35,727,869	\$ 2,724,850	\$ (33,003,019) <b>EE</b>
Accounts Payable and Accrued Liabilities	17,713,128	22,815,441	5,102,314 <b>FF</b>
Long term Liabilities	911,096	910,315	(782)
<b>Liabilities, Total</b>	<b>\$ 54,352,093</b>	<b>\$ 26,450,606</b>	<b>\$ (27,901,487)</b>
<b>NET POSITION</b>			
Inventory and Capital Assets	93,931,668	95,669,052	1,737,384
Assigned (see notes for designated balances)	88,309,742	85,462,484	(2,847,257)
Change in net assets, <i>budgetary basis</i>	(526,400)	495,331	1,021,731
<b>Net Assets, Total</b>	<b>\$ 181,715,010</b>	<b>\$ 181,626,867</b>	<b>\$ 2,759,115</b>

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

**A Harris County and Local Revenue**

The primary drivers of the net favorable variance in Harris County and Local Revenue is the receipt of unbudgeted Value Based Care revenue (\$1.3M).

**B Federal Contract and grants**

The primary driver of the net favorable variance in Federal Contract and grants is related to billings for Outpatient Capacity Expansion (\$3.2M).

**C State Contract and Grants**

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

**E Charity care pool**

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

**F PAP**

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

**G Interest**

Interest revenue continues to exceed budget estimates.

**H Salaries/Wages and Fringe Benefits**

The variance presented is a net variance of favorable for benefit costs and unfavorable for compensation. The estimated variance factor was higher than actual amounts and other compensation exceeds budget. In addition, amounts presented have \$1.1M in correction of prior period retirement amounts that were not expensed.

I **Contracts and consultants**

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

J **Supplies**

The primary driver of the net unfavorable variance in supplies is the increase in PAP drugs that must be expensed to offset the gift in kind revenue of \$9.9N, compared to a budget of \$6M.

	Original Budget	Actual	Variance
Drug purchases	4,103,845	4,433,634	(329,789)
PAP drug program	6,000,000	9,945,947	(3,945,947)
All other supplies	2,945,272	2,834,144	111,128
	<u>13,049,117</u>	<u>17,213,725</u>	<u>(4,164,608)</u>

K **Equipment**

Equipment costs have a favorable variances due to lower than anticipated software maintenance agreements.

L **Building**

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

**Balance sheet**

AA **Cash and Investments**

Cash and investment balances decreased in August approximately \$28M as August is the last month of the quarter. We anticipate levels increasing once our State revenue for the first quarter of 2024 arrives in September.

BB **Inventory and Prepaid**

Inventory and Prepaid balances decreased in June primarily due to decline in DPP IGT balances.

**CC      Accounts receivable, other**

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

**DD      Construction in Progress**

The correction needed for Construction in Progress is still pending.

**EE      Unearned income**

Unearned income decreased in August due to the recognition of deferred general revenue.

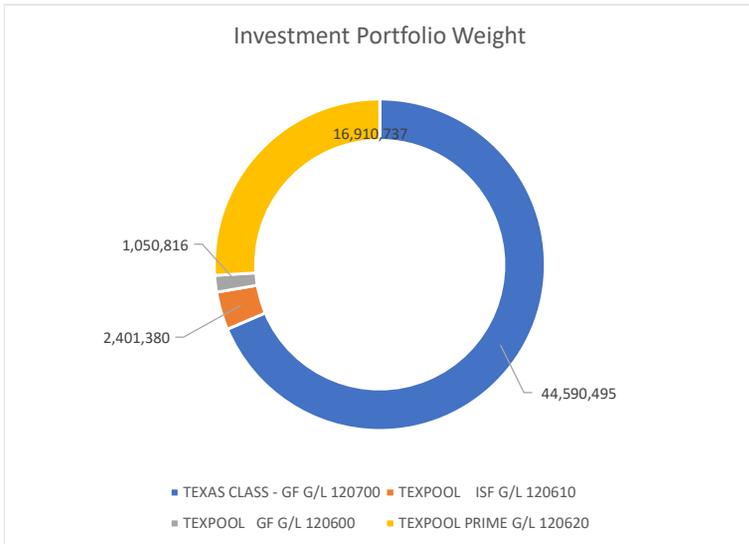
**FF      Accounts Payable and Accrued Liabilities**

The primary driver in the increase in accounts payable and accrued liabilities is due to the fluctuation in salary accruals.

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

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<b>Texas CLASS</b>							
Texas CLASS General Fund	\$ 40,684,201	\$ 3,700,000	\$ -	\$ 206,294	\$ 44,590,495	68.6%	5.563%
<b>TexPool</b>							
TexPool Prime	30,853,739	-	(14,060,000)	116,998	16,910,737	26.0%	4.801%
TexPool General Fund	1,046,102	-	-	4,713	1,050,816	1.6%	4.611%
TexPool Internal Service Fun	2,390,679	-	-	10,701	2,401,380	3.7%	4.611%
<b>TexPool Sub-Total</b>	<b>34,290,520</b>	<b>-</b>	<b>(14,060,000)</b>	<b>132,412</b>	<b>20,362,932</b>	<b>31.4%</b>	<b>4.768%</b>
<b>Total Investments</b>	<b>\$ 74,974,721</b>	<b>\$ 3,700,000</b>	<b>\$ (14,060,000)</b>	<b>\$ 338,706</b>	<b>\$ 64,953,427</b>	<b>100%</b>	<b>5.314%</b>
Additional Interest-Checking Accounts				704,024			
<b>Total Interest Earned</b>				<b>1,042,729</b>			



<b>3 Month Weighted Average Maturity (Days)</b>	<b>1.00</b>
<b>3 Month Weighted Average Yield of The Harris Center Investment Portfolio</b>	<b>5.489%</b>
<b>3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)</b>	<b>5.210%</b>
<b>Interest Rate - Chase Hybrid Checking</b>	<b>3.15%</b>
<b>ECR - Chase</b>	<b>3.25%</b>

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of August 30, 2023 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

  
Hayden Hernandez, Accounting and Treasury Manager

**The Harris Center for Mental Health and IDD**  
**Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits**  
**As of August 30, 2023**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed*</b>	<b>August</b>	<b>YTD Total Through August</b>
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,844,324	\$22,048,195
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$4,952,431	\$29,379,275
UNUM	Life Insurance	\$300,000	\$0	\$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.

Notes:

Non-employee portion of August payments of Liabilities for Employee Benefits = 15.4% of Expenditures.

BCBS total paid this month exceeded board resolution limit. Second payment remitted signed by authorized board member to exceed monthly not to exceed limit.

# **EXHIBIT R-3**

# **SEPTEMBER 2023 AMENDMENTS OVER 250k**





# Executive Contract Summary

## Contract Section



**Contractor \***

Ultra Medical Cleaning and Environmental Services, Inc.

**Contract ID # \***

2022-0559

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

9/18/2023

**Parties \* (?)**

Ultra Medical Cleaning and Environmental Services, Inc. and The Harris Center for MH & 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 \* (?)**

11/1/2022

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

8/31/2023

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

No

**Current Contract Amount \***

\$ 781,080.44

**Increase Not to Exceed \***

\$ 15,000.00

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

\$ 796,080.44

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 796,080.44

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

Amend Contract to pay remaining FY2023 Invoices.

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

2010 to present

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

Yes  No  Unknown

Please provide the HUB status\*

MWBE - Minority or Women owned business enterprise.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Victor Gonzalez

Address\*

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

United States

Phone Number\*

2813250666

Email\*

vgonzalez@ultrabuildingsvc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 15,000.00	569002

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

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

No Change

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

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

8/14/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

8/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

8/16/2023

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

8/16/2023

# **EXHIBIT R-4**

# **SEPTEMBER 2023 INTERLOCAL AGREEMENTS**





# Executive Contract Summary

## Contract Section



**Contractor\***

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

**Contract ID #\***

2023-0739

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

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

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

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

9/1/2023

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

8/31/2024

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 1,008,684.81

**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 will be combining the current contract with Harris Health System for Security, Janitorial and Nutrition services at the NeuroPsychiatric Center.

Security: \$329,100.61

Janitorial: \$331,869.45

Nutrition: \$347,714.75

**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\***

Monica Carbajal

**Address\***

Street Address

4800 Fournace Place

Address Line 2

City

Bellaire

Postal / Zip Code

77401-2324

State / Province / Region

TX

Country

US

**Phone Number\***

346.426.1519

**Email\***

Monica.Carbajal@harrishealth.org

**Budget Section**

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 263,280.48	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 19,746.04	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

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

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

8/4/2023

Budget Manager Approval(s) 

Approved by

*Jodel Oshman*

Approval Date

8/4/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

*KIM KORNMEYER*

Approval Date

8/10/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/11/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Current Fiscal Year

2024

### Contract ID#\*

7085

### Contractor Name\*

City of El Lago

### Service Provided\* (?)

Space Room Rental for the Coffee House Autism program to meet one day a week.

### Renewal Term Start Date\*

9/1/2023

### Renewal Term End Date\*

8/31/2024

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

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

Check all 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\* (?)**

\$ 9,600.00

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

N/A

**Unit(s) Served\***

0000

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

126006

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

CT142286

**Contract Requestor\***

Margo Childs

**Contract Owner\***

Dr. Evanthe Collins

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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 9,600.00	126006

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

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

Space Room Rental for the Coffee House Autism program to meet one day a week.

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

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source\*

State

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

#### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Dr. Evanthe Collins

#### Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Contract Owner Approval



Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/22/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

The University of Texas at El Paso

**Contract ID #\***

2023-0754

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/23/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD and The University of Texas at El Paso College of Nursing

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

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

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On   |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**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 The University of Texas at El Paso College of Nursing to complete clinical field placements as part of their nursing 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\***

The University of Texas at El Paso College of Nursing

**Supporting Documentation Upload (?)**

Traditional-BSN-Information-Packet-Spring-2023.cleaned (1).pdf 6.23MB

**Vendor/Contractor Contact Person**

**Name\***

Dr. Sondra Skory

**Address\***

Street Address  
500 W. University Ave.

Address Line 2

City

El Paso

Postal / Zip Code

79968

State / Province / Region

TX

Country

US

**Phone Number\***

915-747-6608

**Email\***

ssavila@utep.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	8/23/2023

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

8/23/2023

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

8/24/2023

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/29/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

### Current Fiscal Year

2023

### Contract ID#\*

6139

### Contractor Name\*

Harris County Community Supervision and Corrections Department

### Service Provided\* (?)

Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. (PJ144171)

### Renewal Term Start Date\*

9/1/2023

### Renewal Term End Date\*

8/31/2024

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

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

Check all that Apply

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

### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 5,153,107.00

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\*

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	\$ 5,951,331.00	na
<b>Budget Manager*</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager*</b> Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable\* (?)  
n/a

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,951,331.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

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

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

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

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

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

File Upload (?)

#### Contract Owner

Contract Owner\* (?)  
Please Select Contract Owner  
Monalisa Jiles

#### Budget Manager Approval(s)

Approved by

*Shermie Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Files*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/31/2023

# **EXHIBIT R-5**

**SEPTEMBER 2023**

**NEW CONTRACTS 250k AND LESS**





## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Healthcare for Special Populations d/b/a Patient Care Intervention Center

**Contract ID #\***

2023-0750

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

The Harris Center and PCIC

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal  |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source   |
| <input type="checkbox"/> Request for Application                         | <input type="checkbox"/> Request for Qualification   |
| <input type="checkbox"/> Request for Quote                               | <input type="checkbox"/> Tag-On  |
| <input type="checkbox"/> Interlocal                                      | <input type="checkbox"/> Consumer Driven   |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <span style="background-color: #e0e0e0; padding: 2px;">PCIC Unified Care Data Exchange Platform</span> |

**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\* (?)**

\$ 21,794.00

**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 support outcome evaluation focused on medical and non-medical determinants of health and to understand the community-wide service use patterns of patients of The Harris Center. Outcomes of Jail Diversion programs will be examined. PCIC Unified Care Data Exchange Platform

**Contract Owner\***

Dr. Scott Hickey

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

Yes  No  Unknown

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

Same 9/1/18-8/31/23

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Kallol Mahata, Pateint Care Intervention Center

**Address\***

Street Address

3701 Kirby Drive, Suite 1133

Address Line 2

City

Houston

Postal / Zip Code

77098

State / Province / Region

Texas

Country

United States

**Phone Number\***

281 221 1899

**Email\***

kmahata@pcictx.org

**Budget Section**



# Executive Contract Summary

## Contract Section



**Contractor\***

Texas Hospital Association Foundation

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/1/2023

**Parties\* (?)**

THAF and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

8/7/2023

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

8/7/2024

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 3,000.00

**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\* (?)**

More affordable Peer Review Network system

**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 (?)**

Complete_with_DocuSign_THAF_Peer_Review_Cont.pdf	873.53KB
--	----------

**Vendor/Contractor Contact Person**

**Name\***

Karen Kendrick

**Address\***

Street Address

1108 Lavaca Street

Address Line 2

Suite 700

City

Austin

Postal / Zip Code

78701-2172

State / Province / Region

TX

Country

US

**Phone Number\***

5124651095

**Email\***

kkendrick@tha.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1101	\$ 3,000.00	551003
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Keeme-Sayre, Reyes Tristan	8/8/2023

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**  
8/8/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

*Sharon Brauner*

**Approval Date**  
8/8/2023

**Contract Owner Approval**

**Approved by**

*Trudy Leidich*

**Approval Date**  
8/8/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
8/31/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

Norris Conference Center at City Centre

**Contract ID #\***

New

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

Norris Conference Center at City Centre

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

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

**Funding Information\***

- New Contract
- Amendment

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

8/25/2023

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

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 1,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

The Harris Center for Mental Health and IDD Executive Retreat

**Contract Owner\***

Carrie Rys

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

- Yes
- No
- Unknown

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

03/21/2023

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Day Meeting Contract - 2022\_2023Jul24\_111803.pdf 296.16KB

**Vendor/Contractor Contact Person**

**Name\***

Norris Conference Center

**Address\***

Street Address

816 Town and Country Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77024

Country

US

**Phone Number\***

7135900950

**Email\***

s.cousins@norriscenters.com

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1101	\$ 1,000.00	549005

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

**Provide Rate and Rate Descriptions if applicable\* (?)**  
n/a

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

<b>Requester Name</b>	<b>Submission Date</b>
Franco, Veronica	7/24/2023

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**  
7/25/2023

**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

# **EXHIBIT R-6**

**SEPTEMBER 2023**  
**RENEWALS 250k AND LESS**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
LESS THAN \$250,000

SEPTEMBER 2023  
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>ADMINISTRATION</b>							
1	Otis Elevator Company	Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX Location	\$66,000.00	\$66,000.00	11/1/2023 - 10/31/2024	General Revenue (GR)	By assignment-9401 SW property acquisition.	Annual renewal of Agreement for Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX property.
2	RAM Telecom LLC	Perimeter Fence at 6160 South Loop East	\$262,237.00	\$5,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to add on walk-in gates needed to the new perimeter fence at 6160 S Loop East so grounds keeping/lawn maintenance can be done to keep new growth from growing between new perimeter fence and the property line/old fence line.
3	Right Now Termite & Pest Control, Inc.	Agency-Wide Pest Control and Bed Bug Treatment	\$133,000.00	\$165,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency-Wide Pest Control and Bed Bug Treatment services. Final year renewal option.
	<b>CPEP/CRISIS SERVICES</b>							
4	Svanaco, Inc. d/b/a Americaneagle.com	Website and Brand Design	\$32,825.00	\$32,825.00	9/1/2022 - 11/30/2024	Federal Grant	Request for Proposal	Annual renewal funding of Agreement for Website and brand design firm being contracted to work with digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
	<b>FORENSICS</b>							
	<b>LEASES</b>							
	<b>MENTAL HEALTH</b>							



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2024

**Contract ID#\***

6093

**Contractor Name\***

Otis Elevator Company

**Service Provided\* (?)**

Elevator Maintenance and Services for the 9401 Southwest Freeway, Houston, TX property.

**Renewal Term Start Date\***

11/1/2023

**Renewal Term End Date\***

10/31/2024

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

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

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

**Procurement Method(s)\***

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other By assignment-9401 SW property acquisition.

**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\* (?)

\$ 66,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1817

G/L Code(s)\*

569009

Current Fiscal Year Purchase Order Number\*

CT142602

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.*
1817	\$ 66,000.00	569009

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

Provide Rate and Rate Descriptions if applicable\* (?)  
 Not sure if the monthly rate will change. Contracts needs to contact Otis elevator for updated rates.

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 66,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
 General Revenue (GR)

#### Contract Content Changes

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

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

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

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

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

File Upload (?)

#### Contract Owner

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

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd McCorquodale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/21/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2024

**Contract ID#\***

2022-0432

**Contractor Name\***

RAM Telecom LLC

**Service Provided\* (?)**

adding walk-in gates to the new perimeter fence at 6160 S Loop East so grounds keeping/lawn maintenance can be done to keep new growth from growing between new perimeter fence and the property line/old fence line

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

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

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

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

**Procurement Method(s)\***

Check all 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 checked="" type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA                                 | <input type="checkbox"/> IT/Software License Agreement  |
| <input type="checkbox"/> Pooled Contract                         | <input type="checkbox"/> Lease                          |
| <input 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\* (?)**

\$ 262,237.00

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

1869

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

557001

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

CT142603

**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.*
1869	\$ 5,000.00	557001
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Brown, Erica	Campbell, Ricardo	

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

we are renewing the contract for business continuity purposes, and issues with fence currently on site, and if additional fence needs to be added due to apartments

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

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\*

8/11/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2024

**Contract ID#\***

7786

**Contractor Name\***

Right Now Termite & Pest Control, Inc.

**Service Provided\* (?)**

Agency-Wide Pest Control and Bed Bug Treatment

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

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

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE\* (?)

\$ 133,000.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1899

G/L Code(s)\*

569005

Current Fiscal Year Purchase Order Number\*

CT142474

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	\$ 165,000.00	569005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Brown, Erica	Campbell, Ricardo	

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

\$133,000 from FY23 - adding \$32,000.00 to now include the HUD 811 Apartment properties - see attached quote for \$31,700.00 plus a \$300 contingency.

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

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 165,000.00

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 (?)

Right Now HUD 2023-08-17\_150739.pdf

1.57MB

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 \*

8/23/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2024

**Contract ID#\***

2022-0445

**Contractor Name\***

Svanaco, Inc. d/b/a Americaneagle.com

**Service Provided\* (?)**

Website and brand design firm being contracted to work with digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant. Total budgeted amount NTE \$565,650.00 over the life of the contract which spans across 3 fiscal years from execution (FY 2023) through FY 2025. Services to be provided are as outlined in the RFP.

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

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

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

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

\$ 32,825.00

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

**Unit(s) Served\***

7008

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

542000

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

CT142369

**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	\$ 32,825.00	542000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

N/A

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

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 32,825.00

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

*Jennifer Battle*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

8/21/2023

# **EXHIBIT R-7**

**SEPTEMBER 2023**  
**AMENDMENTS 250k AND LESS**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
LESS THAN \$250,000

SEPTEMBER 2023  
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ADMINISTRATION</b>									
1	American Business Forms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes	\$21,117.50	\$576.00	\$21,693.50	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the FY23 NTE to cover payment for August invoice.
2	BMC Software, Inc.	Track-IT Support Software	\$23,889.72	\$3,574.76	\$27,464.48	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE due to vendor's corrected quote received.
3	Everbridge, Inc.	Agency's Mass Notification Incident Management Service and Safety Connection Base Services	\$45,000.00	\$714.37	\$45,714.37	8/31/2023 - 8/30/2024	General Revenue (GR)	Tag-On	Amendment to increase the FY24 NTE due to the quote came in higher than what was originally budgeted.
4	Johnson Controls Fire Protection, LP	Life Safety Systems/Inspections Services Agency Wide	\$160,000.00	\$6,000.00	\$166,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE needed to pay for remaining FY23 invoices.
5	NFS Hospitality Corporation, Inc.	Rendezvous Workspace Meeting Room Booking Software	\$6,000.00	\$6,641.36	\$12,641.36	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to FY24 NTE to change to SaaS (Software as a Service) model instead of hosting on site. This is for Agency's meeting room scheduling solution.
6	Rainbow Health	Sustaining of Website for MCOT Rapid Response/s Web Portal and Mobile Applications	\$5,000.00	\$43,000.00	\$48,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to increased maintenance costs for FY24.
7	The Warring Group	PR/Marketing Services	\$72,000.00	\$12,000.00	\$84,000.00	9/1/2023 - 8/31/2024	State	Consultant	Amendment to increase the FY24 NTE amount as agreed with Contractor. Original NTE amount was incorrect.
8	Vertiv Corporation	9401 Data Center-Liebert UPS Power and Battery Maintenance and Support Services	\$12,000.00	\$1,140.00	\$13,140.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Amendment to increase the FY24 NTE as a result of actual quote from vendor to correct the amount needed for FY24.
<b>CPEP/CRISIS SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>FORENSICS</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH</b>									
9	Tejas Behavioral Health Management Association	MCO Managed Care Generator Software- Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations.	\$19,500.00	\$11,500.00	\$31,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Amendment needed to increase the FY24 NTE after reassessing quotes received from vendor.



# Executive Contract Summary

## Contract Section



**Contractor\***

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

**Contract ID #\***

7800

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

American Business Forms, Inc dba American Solutions for Business

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2022

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

8/31/2023

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

**Current Contract Amount\***

\$ 21,117.50

**Increase Not to Exceed\***

\$ 576.00

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

\$ 21,693.50

Fiscal Year\* (?) 2023 Amount\* (?) \$ 21,693.50

Funding Source\* General Revenue (GR)

Contract Description / Type\* (?)

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

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

Increase to cover August invoice

Contract Owner\*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor\*

Yes No Unknown

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

NA

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

Yes No Unknown

Community Partnership\* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Amer Sol Bus Invoice 6-31-2023 signed.pdf 582.85KB

Vendor/Contractor Contact Person

Name\*

Anita Treichel

Address\*

Street Address 8479 Solution Center Address Line 2 City Chicago Postal / Zip Code 60677-8004

State / Province / Region Illinois Country USA

Phone Number\*

3206345471

Email \*

atreichel@americanbus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1107	\$ 576.00	596001
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Brown, Erica

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

NA

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

NA

Requester Name

Lievsay, Nicole

Submission Date

8/31/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

9/1/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Nicole Lievsay*

Approval Date

9/1/2023

Contracts Approval

Approve \*

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

Approved by\*

*Belinda Stude*

Approval Date\*

9/1/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

BMC Software, Inc.,

**Contract ID #\***

6132

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

BMC 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 type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" 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\***

\$ 23,889.72

**Increase Not to Exceed\***

\$ 3,574.76

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

\$ 27,464.48

Fiscal Year\* (?)

2024

Amount\* (?)

\$ 27,464.48

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\* (?)

Received actual quote from vendor, and this is to increase PO by correct amount for FY24.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY16-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 (?)

BMC-Trackit\_FY24.pdf

896.58KB

Vendor/Contractor Contact Person



Name\*

Derek Haupt

Address\*

Street Address

2103 CityWest Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77042

State / Province / Region

TX

Country

US

Phone Number\*

N/A

Email\*

derek\_haupt@bmc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 27,464.48	553002
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Brown, Erica

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

N/A

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

N/A

Requester Name

Hurst, Richard

Submission Date

8/16/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/16/2023

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

8/16/2023

Contracts Approval

Approve\*

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

Approved by\*

*Bolinda Stude*

Approval Date\*

8/16/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Everbridge, Inc.

**Contract ID #\***

7807

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

Everbridge, Inc. and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

8/31/2023

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

8/30/2024

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

**Current Contract Amount\***

\$ 45,000.00

**Increase Not to Exceed\***

\$ 714.37

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

\$ 45,714.37

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 45,714.37

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\* (?)

Quote came in higher than budgeted

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY20-FY23

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Andrew Meacham

Address\*

Street Address

155 North Lake Avenue

Address Line 2

City

Pasadena

Postal / Zip Code

91101-1835

State / Province / Region

CA

Country

US

Phone Number\*

181-230-9700

Email \*

andrew.meacham@everbridge.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 714.37	553002
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Brown, Erica

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

N/A

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

N/A

Requester Name

Hurst, Richard

Submission Date

8/22/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/22/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

8/23/2023

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

8/23/2023



## Executive Contract Summary

### Contract Section


**Contractor\***

Johnson Controls Fire Protection, LP

**Contract ID #\***

7213

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

9/18/2023

**Parties\* (?)**

Johnson Controls Fire Protection, LP and The Harris Center for MH & IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2022

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

8/31/2023

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

No

**Current Contract Amount\***

\$ 160,000.00

**Increase Not to Exceed\***

\$ 6,000.00

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

\$ 166,000.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 166,000.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

To pay remaining FY23 Invoices

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

2023 to present.

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

Yes  No  Unknown

Please provide an explanation\*

Does not meet requirements

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Rachael Kundts, Johnson Controls

Address\*

Street Address

8323 North Eldridge Parkway, STE 120

Address Line 2

City

Houston

Postal / Zip Code

77041

State / Province / Region

TX

Country

United States

Phone Number\*

3462299471

Email\*

Rachael.kundts@jci.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 6,000.00	569010
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

No change

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

N/A

Requester Name

Cantu-Espinoza, Lisa

Submission Date

8/29/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

8/29/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

8/30/2023

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

8/30/2023



# Executive Contract Summary

## Contract Section

**Contractor\***

NFS Hospitality Corporation, Inc.

**Contract ID #\***

6665

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

NFS Hospitality 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 type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" 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\***

\$ 6,000.00

**Increase Not to Exceed\***

\$ 6,641.36

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

\$ 12,641.36

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 12,641.36

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\* (?)

Amending amount due to change to SaaS (Software as a Service) model instead of hosting on site. This is for our meeting room scheduling solution.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY21, FY22, FY23

Software Support for Rendezvous software

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Harris Center - Rendezvous Workspace\_FY24.pdf

110.35KB

Vendor/Contractor Contact Person

Name\*

Natalie

Address\*

Street Address

628 Ellen Drive

Address Line 2

City

Winter Park

Postal / Zip Code

32789-2902

State / Province / Region

FL

Country

US

Phone Number\*

6024413525

Email\*

natalie@nfs-hospitality.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 6,641.36	553002
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Campbell, Ricardo		Brown, Erica

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

- \$7,500/year – SaaS/Hosting Fee (in Dedicated Instance in MS Azure)
- Professional Services for Migration: \$1,500
- \$3,641.36/year – Current Support for Existing Licenses

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

n/a

Requester Name	Submission Date
Hurst, Richard	8/11/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/11/2023

Contract Owner Approval

Approved by

*Mustafa Cochunwala*

Approval Date

8/15/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/15/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Rainbow Health

**Contract ID #\***

2022-0553

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

Rainbow Health and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

9/1/2023

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

8/31/2024

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

**Current Contract Amount\***

\$ 5,000.00

**Increase Not to Exceed\***

\$ 43,000.00

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

\$ 48,000.00

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 48,000.00

**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 type="checkbox"/> Amendment to Existing Contract              |
| <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 Amending July FY24 Renewal |

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

Received updated maintenance costs for FY24 from vendor.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY23

Development of MCOT RR App

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Ayushi Patel

**Address\***

Street Address

77 Sugar Creek Center Blvd

Address Line 2

Ste 600

City

Sugar Land

State / Province / Region

TX

Postal / Zip Code

77478-3580

Country

US

**Phone Number\***

7136788016

Email\*

ayushi@rainbow.health

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 48,000.00	553002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Brown, Erica	

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

N/A

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

N/A

Requester Name	Submission Date
Hurst, Richard	8/24/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/24/2023

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

8/25/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/25/2023



# Executive Contract Summary

## Contract Section



### Select Header For This Contract \*

Administration

### Contractor \*

The Warring Group

### Contract ID # \*

2022-0422

### Presented To \*

- Resource Committee
- Full Board

### Date Presented \*

9/19/2023

### Parties \* (?)

The Harris Center for Mental Health & IDD and The Warring Group

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

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

### Procurement Method(s) \*

Check all that Apply

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

### Funding Information \*

- New Contract
- Amendment

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

9/1/2023

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

8/31/2024

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

### Current Contract Amount \*

\$ 72,000.00

### Increase Not to Exceed \*

\$ 12,000.00

Revised Total Not to Exceed (NTE) \*

\$ 84,000.00

Fiscal Year\* (?)

2024

Amount\* (?)

\$ 84,000.00

Funding Source \*

State

Contract Description / Type\* (?)

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

Contract Owner\*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

9/1/2022 - 8/31/2023

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Christy Warring

Address\*

Street Address

9007 Avebury Stone Circle

Address Line 2

City

Missouri City

Postal / Zip Code

77459

State / Province / Region

TX

Country

US

Phone Number\*

2816843184

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	\$ 84,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

Monthly Retainer

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

NA

Requester Name

Lievsay, Nicole

Submission Date

8/14/2023

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

8/14/2023

Contract Owner Approval

Approved by

*Nicole Lievsay*

Approval Date

8/14/2023

Contracts Approval

Approved by

*Belinda Stude*

Approval Date

8/14/2023

Final Board Report Comments

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

Increase the NTE for FY24 to the amount agreed upon.

Product/Service Description

PR/Marketing Services

Revised Comments For Board Report\*

Amendment to increase the FY24 NTE amount as agreed with Contractor. Original NTE amount was incorrect.

**Exclude this ECS from Board Report?\***

Yes  No



# Executive Contract Summary

## Contract Section



**Contractor \***

Vertiv Corp

**Contract ID # \***

7664

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

9/19/2023

**Parties \* (?)**

Veriv Corp and The Harris Center

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

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

9/1/2023

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

8/31/2024

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

**Current Contract Amount \***

\$ 12,000.00

**Increase Not to Exceed \***

\$ 1,140.00

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

\$ 13,140.00

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 13,140.00

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\* (?)

Received actual quote from vendor, and this is to increase PO by correct amount for FY24.

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  
Datacenter UPS service and maintenance

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vertiv\_FY24.pdf 464.4KB

Vendor/Contractor Contact Person

Name\*

Vertiv Corp

Address\*

Street Address  
1050 Dearborn Drive  
Address Line 2

City

Columbus

Postal / Zip Code

43085-1544

State / Province / Region

OH

Country

US

Phone Number\*

7136645462

Email \*

carlyhalik@bgasales.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 13,140.00	553001
<b>Budget Manager</b> Campbell, Ricardo	<b>Secondary Budget Manager</b> Brown, Erica	

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

\$13,140 for 1 Annual and 1 Semi-Annual Preventive Maintenance Services,

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

N/A

Requester Name

Hurst, Richard

Submission Date

8/11/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/11/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochunwala*

Approval Date

8/15/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/15/2023



# Executive Contract Summary

## Contract Section



**Contractor \***

Tejas Behavioral Health Management Association

**Contract ID # \***

7739

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

9/19/2023

**Parties \* (?)**

Tejas Behavioral Health Management Association and The Harris Center

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

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

9/1/2023

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

8/31/2024

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

**Current Contract Amount \***

\$ 19,500.00

**Increase Not to Exceed \***

\$ 11,500.00

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

\$ 31,000.00

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

**Amount\* (?)**  
\$ 31,000.00

**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 type="checkbox"/> Amendment to Existing Contract                     |
| <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 <b>Amending July FY24 Renewal</b> |

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

Reassessed amounts from quotes from vendor, and this is need to increase PO to correct amount for FY24.

**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  
MCO Generator software and Credentialing Software

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name \***

Paige Morris

**Address \***

Street Address

801 S Hwy 183

Address Line 2

#2354

City

Leander

Postal / Zip Code

78641

State / Province / Region

TX

Country

US

Phone Number\*

512-705-0565

Email\*

paige.morris@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 11,500.00	553002
<b>Budget Manager</b> Campbell, Ricardo		<b>Secondary Budget Manager</b> Brown, Erica

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

N/A

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

N/A

Requester Name

Hurst, Richard

Submission Date

8/22/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/22/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

8/23/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/23/2023

# **EXHIBIT R-8**

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





# Executive Contract Summary

## Contract Section

**Contractor\***

Grace College & Theological Seminary

**Contract ID #\***

2023-090

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/3/2023

**Parties\* (?)**

Grace College & Seminary and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

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

9/1/2023

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

8/31/2028

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 0.00

**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 Grace College & Seminary to complete clinical field placements as part of their counseling in mental health 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\***

Grace College & Seminary

**Supporting Documentation Upload (?)**

Site Supervisor Interest Letter.pdf	132.74KB
Site Supervisor Quick Reference.pdf	954.42KB

**Vendor/Contractor Contact Person**

**Name\***

Rebecca Belton LPC

**Address\***

Street Address

1 Lancer Wy

Address Line 2

City

Winona Lake

Postal / Zip Code

46590

State / Province / Region

IN

Country

US

**Phone Number\***

574-372-5100 ext. 6065

**Email\***

clinicalcoordinator@grace.edu

**Budget Section**

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

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

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

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

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

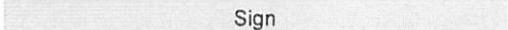
<b>Requester Name</b>	<b>Submission Date</b>
Daswani, Bianca	8/3/2023

#### Budget Manager Approval(s)

<b>Approved by</b>	<b>Approval Date</b>
	8/3/2023

#### Procurement Approval

File Upload (?)

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

#### Contract Owner Approval

<b>Approved by</b>	<b>Approval Date</b>
	8/3/2023

#### Contracts Approval

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	8/29/2023



## Executive Contract Summary

### Contract Section ▲

**Contractor \***

Indiana Wesleyan University

**Contract ID # \***

2023-0751

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

9/19/2023

**Parties \* (?)**

Indiana Wesleyan University's College of Adult and Professional Studies

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

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

**Procurement Method(s) \***

Check all 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 \***

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 Indiana Wesleyan University's College of Adult and Professional Studies 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

**Please provide an explanation\***

NA

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Indiana Wesleyan University's College of Adult and Professional Studies

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Jessie Pablo

**Address\***

Street Address

1900 WEST 50TH STREET

Address Line 2

City

MARION

State / Province / Region

INDIANA

Postal / Zip Code

46953-4974

Country

US

**Phone Number\***

765-661-1391

**Email\***

jessie.pablo@indwes.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
<b>Budget Manager</b> Brown, Erica	<b>Secondary Budget Manager</b> Campbell, Ricardo	

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

NA

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

NA

<b>Requester Name</b> Daswani, Bianca	<b>Submission Date</b> 8/19/2023
--	-------------------------------------

Budget Manager Approval(s)

Approved by

*Erica Brown*

**Approval Date**  
8/21/2023

Procurement Approval

File Upload (?)

Approved by

Sign

**Approval Date**

Contract Owner Approval

Approved by

*Ninfa Escobar*

**Approval Date**  
8/21/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

**Approval Date\***  
8/29/2023



## Executive Contract Summary

### Contract Section



**Contractor\***

Pepperdine University School of Education & Psychology

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/23/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Pepperdine University School of Education & Psychology

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

8/1/2023

**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 Pepperdine University School of Education & Psychology 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\***

Pepperdine University School of Education & Psychology

**Supporting Documentation Upload (?)**

psy\_662\_syllabus (2) (3).pdf 475.7KB

**Vendor/Contractor Contact Person**

**Name\***

Amy R. Tuttle, Ph.D., LMFT

**Address\***

Street Address

6100 Center Drive

Address Line 2

City

Los Angeles

Postal / Zip Code

90045

State / Province / Region

CA

Country

US

**Phone Number\***

(949) 223-2523

**Email\***

amy.tuttle@pepperdine.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

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

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

NA

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

NA

<b>Requester Name</b> Daswani, Bianca	<b>Submission Date</b> 8/23/2023
--	-------------------------------------

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

8/24/2023

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Mirya Escobar*

Approval Date

8/24/2023

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/30/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

Kinghaven Counseling Group

#### Contract ID #\*

NA

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

9/19/2023

#### Parties\* (?)

Kinghaven Counseling 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

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

8/31/2028

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 **Care Coordination Agreement**

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

The care coordination agreement serves to confirm that mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Kinghaven Counseling Group.

Director: Sarah Strang

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Lauren Pryor

**Address\***

Street Address

6315 Gulfton Street Suite 100

Address Line 2

City

Houston

Postal / Zip Code

77081-1107

State / Province / Region

TX

Country

US

**Phone Number\***

713-457-4372 or 832-392-5144

**Email\***

lpryor@kinghavencounseling.com

**Budget Section**

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

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

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

NA

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

NA

<b>Requester Name</b> Singh, Patricia	<b>Submission Date</b> 8/9/2023
--	------------------------------------

**Budget Manager Approval(s)**

**Approved by**

*Jodel oshman*

**Approval Date**  
8/9/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*KIM KORNMEYER*

**Approval Date**  
8/10/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
8/23/2023



## Executive Contract Summary

### Contract Section



**Contractor \***

The Council on Recovery

**Contract ID # \***

7694

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

8/15/2023

**Parties \* (?)**

The Council on Recovery and The Harris Center for Mental Health and IDD Services

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

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

**Procurement Method(s) \***

Check all that Apply

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

State

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

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

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

COPSD: Co-Occurring Psychiatric Substance Use Disorder  
 Community Programs throughout the Greater Houston area provides prevention, education and counseling services in schools, workplaces, community centers and mental health facilities.

**Contract Owner\***

Lance Britt

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

Yes  No  Unknown

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

09-01-2022 to 08-31-2023

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

The Council on Recovery

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

Mary H. Beck, LMSW, CAI

**Address\***

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

Postal / Zip Code

77007-7407

State / Province / Region

TX

Country

US

**Phone Number\***

(713) 942-4100

**Email\***

mbeck@councilonrecovery.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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Shelby, Debbie	8/3/2023

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

8/3/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Lance Britt*

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