

Resource Committee Meeting

November 07, 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, October 17, 2023
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report-October
(Vanessa McKeown)
- B. November 2023 Contracts Amendments Over 250K
(EXHIBIT R-2 Belinda Stude)
- C. November 2023 Interlocal Agreements
(EXHIBIT R-3 Belinda Stude)

V. EXECUTIVE SESSION-

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

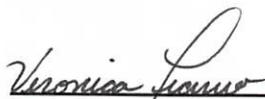
VI. RECONVENE INTO OPEN SESSION

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

VIII. INFORMATION ONLY

- A. November 2023 Contract Renewals 100K-250K
(EXHIBIT R-4)
- B. November 2023 Contract Renewals Under 100K
(EXHIBIT R-5)
- C. November 2023 Contract Amendments Under 100K
(EXHIBIT R-6)
- D. TMC - LAZ Parking
(EXHIBIT R-7)

IX. ADJOURN



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



EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, OCTOBER 17, 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, Mr. J. Lykes

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

Other Board Member Present: Mr. S. Zakaria, Mrs. B. Hellums, Dr. R. Gearing

1. CALL TO ORDER

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

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Mrs. B. Hellums and Dr. 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 September 19, 2023.

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, September 19, 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-September

MOTION: SANTOS SECOND: HELLUMS

With unanimous affirmative votes,

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

B. October 2023 Contract Amendments Over 250K

MOTION: SANTOS

SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED October 2023 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. October 2023 Interlocal Agreements

MOTION: SANTOS

SECOND: LYKES

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

INTERLOCAL AGREEMENT #8: University of Houston Social Work (MH-RITES)

INTERLOCAL AGREEMENT #9: University of Houston-Clear Lake

Mr. Zakaria abstain himself from discussion on voting on the Interlocal Agreements:

With unanimous affirmative votes,

BE IT RESOLVED October 2023 Interlocal Agreements are approved.

D. Foreign and Sign Language Translation/Interpretation Services

MOTION: SANTOS

SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED Foreign and Sign Language Translation/Interpretation Services, under Exhibit R-5 are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

A. Clinical/Financial KPI Review-Ms. McKeown presented Clinical/Financial KPI Review to the Resource Committee

B. October 2023 New Contracts 100K-250K-Ms. Stude presented the October 2023 New Contracts 100K-250K to the Resource Committee

C. October 2023 Amendments 100K-250K-Ms. Stude presented the October 2023 Amendments 100K-250K

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: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 9:15 am.

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

DRAFT

EXHIBIT R-2

**NOVEMBER 2023
AMENDMENTS OVER 250k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
10/6/2023

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
MORE THAN \$250,000

NOVEMBER 2023
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION									
1	Translation and Interpretation Master Pool Contract	Agency Wide Translation and Interpretation Services	\$732,130.39	\$65,384.00	\$797,514.39	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE for funding to cover interpretation services for various departments.
2	UKG Kronos Systems, LLC	HRMS Software Agency Wide including Time and Attendance	\$300,000.00	\$4,000.00	\$304,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE for additional professional services to assist with creating a SFTP for mass ingestion of documents from non-HRIS system into UKG Pro Document Manager.
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
MENTAL HEALTH									
CPEP/CRISIS SERVICES									
3	Texas West Oaks Hospital, LP d/b/a West Oaks Hospital	Community Inpatient Psychiatric Hospital Beds.	\$2,885,246.67	\$360,655.84	\$3,245,902.51	9/1/2023 - 2/29/2024	General Revenue (GR)	Request for Proposal	Amendment to extend the term and increase the NTE to allow additional time needed to complete the RFP process.
LEASES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									



Executive Contract Summary

Contract Section



Contractor*

Translation and Interpretation Master Pool Contract

Contract ID #*

7212

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center, Language Line, Nightingale, Visual LP, Universe Technical Translation, Crabtree/Globo

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 95,439.43

Increase Not to Exceed*

\$ 65,384.00

Revised Total Not to Exceed (NTE)*

\$ 160,823.43

Fiscal Year* (?)

Amount* (?)

2024

\$ 160,823.43

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* (?)

Funding needs to be increased to cover interpretation services for units listed below under PO CT143163

Units Increase By

3360 \$41,384

6601 \$3,000

4325 1,000

4913 10,000

4323 10,000

Total \$65,384

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

interpretation services provided by multiple vendors for the past 4+ year

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Daniel Poma

Address *

Street Address

1 Lower Ragsdale Drive

Address Line 2

City

Monterey

Postal / Zip Code

93940-5749

State / Province / Region

CA

Country

US

Phone Number *

831-648-5404

Email *

DPoma@languageline.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1102	\$ 50.00	543018

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 50.00	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 7,132.89	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2213	\$ 1,542.71	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 5,172.73	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2215	\$ 19,547.20	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 522.20	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 1,832.69	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 119.54	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 10.09	543018
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 11,809.56	543018
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 60,960.19	543018
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 19,851.21	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 2,091.75	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 3,644.70	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 10,831.42	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 359.25	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 274.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 1,557.50	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 650.40	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 334.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6601	\$ 3,863.72	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 3,606.11	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 1,117.14	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 1,015.38	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 2,385.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 5.61	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 50.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 50.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 304.81	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9505	\$ 60.00	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puate, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 21.63	543018
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puate, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

Rates remain the same as FY23 until the new contract is drafted. See rates below:

In-Person – 2 hr. minimum - \$90

In-Person – Intake 4 hrs. - \$180

Over the Phone Interpretation – per min – Spanish \$0.70

Over the Phone Interpretation–per min–Other Languages

\$1.24

Video – 1 hr. minimum - \$47

See contract for additional rates for sign language

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

MacKinney, Egla

Submission Date

10/10/2023

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date
10/11/2023

Approved by

Debbie Chambers-Shelby

Approval Date
10/11/2023

Approved by

Ricardo Campbell

Approval Date
10/11/2023

Approved by

Mamie Adams-Austin

Approval Date
10/11/2023

Approved by

Janae Lynnette Smith

Approval Date
10/11/2023

Approved by

Priscilla M. Ramirez

Approval Date
10/12/2023

Approved by

Jodel Oshman

Approval Date
10/12/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Kendra Thomas

Approval Date
10/18/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

10/18/2023



Executive Contract Summary

Contract Section



Contractor*

UKG Kronos Systems, LLC

Contract ID #*

6685

Presented To*

- Resource Committee
- Full Board

Date Presented*

11/21/2023

Parties* (?)

UKG Kronos Systems, LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 300,000.00

Increase Not to Exceed*

\$ 14,560.00

Revised Total Not to Exceed (NTE)*

\$ 314,560.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 14,560.00

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 intent of the amendment is to increase the existing contract by \$10,560.00 for professional services a UKG consultant to conduct an assessment to review the requirements of Business Structure Modifications, position changes, manager changes, cost center changes, transfers (can be initiated by releasing or receiving manager), Terminations-Voluntary (e.g. voluntary resignations, retirement, promotions and current system to confirm understanding.

Assist with creating a SFTP transfer for mass ingestion of documents from non-HRIS system into UKG Pro Document Manager.

Contract Owner*

Mustafa Cochinwala

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 (?)

ServiceRequestWorkOrderPDF.pdf	14.35KB
KnowledgeLakeDataMigration_SOW.pdf	33.57KB

Vendor/Contractor Contact Person 

Name*

Kevin Bruggeman

Address *

Street Address

900 Chelmsford Street

Address Line 2

City

Lowell

Postal / Zip Code

01851

State / Province / Region

MA

Country

US

Phone Number *

317.558.8630

Email *

kevin.bruggeman@ukg.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 14,560.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

Solution Consultant @ \$220.00 x 40 hrs = \$8,800.00

Project Manager @ \$220.00 x 8 hrs = \$1,760.00

Flat rate of \$4,000.00

Project WBS (Work Breakdown Structure) * (?)

IT21.1147.08

Requester Name

Jones, Anthony

Submission Date

10/16/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

10/17/2023

Procurement Approval

File Upload (?)

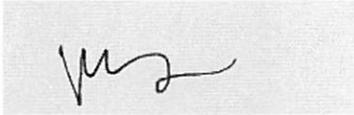
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

10/18/2023

Contracts Approval

Approve *

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

Approved by *



Approval Date *

10/20/2023



Executive Contract Summary

Contract Section



Contractor*

Texas West Oaks Hospital, LP d/b/a West Oaks Hospital

Contract ID #*

7563

Presented To*

- Resource Committee
- Full Board

Date Presented*

11/7/2023

Parties* (?)

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

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

2/29/2024

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

Current Contract Amount*

\$ 2,885,246.67

Increase Not to Exceed*

\$ 360,655.84

Revised Total Not to Exceed (NTE) *

\$ 3,245,902.51

Fiscal Year* (?)	Amount* (?)
2024	\$ 360,655.84

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Amendment to extend the term with an increase for Community Inpatient Psychiatric Hospital Beds.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Mandy Westerman

Address*

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074-5008

Country

US

Phone Number*

7137785210

Email*

mandy.westerman@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 360,655.84	543044
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

10/16/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

10/16/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

10/18/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

10/18/2023

EXHIBIT R-3

NOVEMBER 2023 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Texas A&M School of Public Health

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/13/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Texas A&M School of Public Health

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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* (?)

10/1/2023

Contract Term End Date* (?)

10/31/2029

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 Texas A&M School of Public Health to complete placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Texas A&M School of Public Health

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jack Buckley

Address*

Street Address

212 Adriance Lab Road

Address Line 2

City

College Station

Postal / Zip Code

77845

State / Province / Region

TX

Country

US

Phone Number*

979-436-9432

Email*

buckley@tamu.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

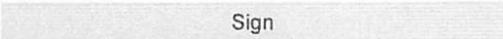
Requester Name	Submission Date
Daswani, Bianca	10/13/2023

Budget Manager Approval(s)

Approved by	Approval Date
	10/13/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	10/13/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	10/19/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0568

Contractor Name*

The University of Texas Health Science Center at San Antonio

Service Provided* (?)

Be Well Texas awarded The Harris Center funding for Medication Assisted Treatment for Alcohol and other Substance Use Disorders (MAT AUD) to be used for The Harris Center clients acquired through outreach engagement, and referral, to assist The Harris Center with linkage and retention in substance use, mental health, and medical services to Texas residents living with a Substance Use Disorder.

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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- 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"/> |

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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9263

G/L Code(s)*

543075

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9263	\$ 0.00	543075
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/12/2023



Executive Contract Summary

Contract Section



Select Header For This Contract *

Interlocal

Contractor *

University of Houston

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

11/7/2023

Parties * (?)

The Harris Center for Mental Health and IDD and University of Houston College of Liberal Arts and Social Sciences, Department of Communication Sciences and Disorders

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

10/16/2023

Contract Term End Date * (?)

9/30/2028

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Houston College of Liberal Arts and Social Sciences

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Janet Eckert

Address*

Street Address

University of Houston Melcher Life Sciences

Address Line 2

3871 Holman St. Room M242

City

Houston

Postal / Zip Code

77204-6018

State / Province / Region

TX

Country

US

Phone Number*

(713) 743-0909

Email*

jfeckert@central.uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	9/19/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/21/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date

10/9/2023

Final Board Report Comments

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

This agreement will allow students enrolled in the University of Houston College of Liberal Arts and Social Sciences, Department of Communication Sciences and Disorders to complete clinical field placements as part of their degree requirements for speech-language pathology. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Product/Service Description

New Affiliation Agreement

Revised Comments For Board Report*

New Affiliation Agreement will allow students enrolled in the University of Houston College of Liberal Arts and Social Sciences, Department of Communication Sciences and Disorders to complete clinical field placements as part of their degree requirements for speech-language pathology.

Exclude this ECS from Board Report?*

Yes No

EXHIBIT R-4

NOVEMBER 2023

RENEWALS 100k - 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0597

Contractor Name*

CyberOne, LLC (Okta)

Service Provided* (?)

Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products) needed to help ensure user and patient data is kept secure.

Renewal Term Start Date*

2/1/2024

Renewal Term End Date*

1/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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* (?)

\$ 211,002.51

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 CT142674

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 215,000.00	553002

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

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

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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/18/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7356

Contractor Name*

VC5 Partners dba Rekruters

Service Provided* (?)

Temporary IT Recruitment and Placement Services

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 489,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1158

G/L Code(s)*

900060

Current Fiscal Year Purchase Order Number*

FY23 CT142391

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 100,000.00	542000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

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

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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/10/2023

EXHIBIT R-5

NOVEMBER 2023 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$100,000

NOVEMBER 2023
 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
1	BoardBookIt, Inc. d/b/a Govenda	Board Portal Software	\$10,700.00	\$11,450.00	1/15/2024 - 1/15/2025	General Revenue (GR)	Request for Quote	Annual renewal of the software Agreement to provide electronic access to Board documents for Board members.
2	Doximity, Inc.	Doximity Dialer Pro Subscription Services	\$15,000.00	\$15,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)	Consumer Driven	Annual renewal of Doximity Dialer Pro Subscription Services (Telehealth software used to expand video conferencing options from patients' homes),
3	P-Agency Wide Appraisal Services	Agency Wide Property Appraisal and Valuation Services	\$30,000.00	\$30,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Annual renewal of funding only for the Master Pool of Agency Wide Property Appraisal and Valuation Services.
4	Sun Coast Resources	Generator Maintenance Services	\$20,000.00	\$20,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Generator Maintenance Services at the following locations: 3737 Dacoma 5901 Long Drive and 9401 SW Freeway.
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
MENTAL HEALTH								
CPEP/CRISIS SERVICES								
5	TC Practice Management, LLC	Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD)	\$135,000.00	\$90,000.00	9/1/2023 - 8/31/2024	State Grant	Consumer Driven	Annual renewal of Agreement to provide Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD).
LEASES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0047

Contractor Name*

BoardBookIt, Inc. d/b/a Govenda

Service Provided* (?)

Board Portal to make Board Process easier and materials easily accessible

Renewal Term Start Date*

1/15/2024

Renewal Term End Date*

1/15/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 10,700.00

Rate(s)/Rate(s) Description

7% or less increase for FY24

Unit(s) Served*

1130

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

FY23 PO CT142558

Contract Requestor*

Veronica Franco

Contract Owner*

Wayne Young

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 11,450.00	551003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

7% or less increase for FY24

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 11,450.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

[Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/10/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7805

Contractor Name*

Doximity, Inc.

Service Provided* (?)

Doximity Dialer Pro Subscription Services (Telehealth software used to expand video conferencing options from patients' homes)

Renewal Term Start Date*

1/1/2024

Renewal Term End Date*

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

FY23 CT142559

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 15,000.00	553002

Budget Manager*
Campbell, Ricardo

Secondary Budget Manager*
Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
\$15000 per year

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

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/10/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0404

Contractor Name*

P-Agency Wide Appraisal Services

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1899

G/L Code(s)*

557001

Current Fiscal Year Purchase Order Number*

CT142972

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	557001

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

Provide Rate and Rate Descriptions if applicable* (?)
see RFP info from previous year

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/18/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6475

Contractor Name*

Sun Coast Resources

Service Provided* (?)

Generator Maintenance at the following locations: 3737 Dacoma, 5901 Long Drive and 9401 SW Freeway.

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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1899

G/L Code(s)*

569022

Current Fiscal Year Purchase Order Number*

FY23 CT142336

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	569022
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

10/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0456

Contractor Name*

TC Practice Management, LLC

Service Provided* (?)

Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD).

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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 135,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

9363

G/L Code(s)*

543075

Current Fiscal Year Purchase Order Number*

CT142643

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 9363	Amount Charged to Unit* \$ 90,000.00	Expense/GL Code No.* 543075
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?) 2024	Amount* (?) \$ 90,000.00
---------------------------------	------------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

10/12/2023

EXHIBIT R-6

NOVEMBER 2023 AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section



Contractor*

CAVU Service LLC d/b/a Centigrade Service

Contract ID #*

2022-0391

Presented To*

- Resource Committee
- Full Board

Date Presented*

11/7/2023

Parties* (?)

The Harris Center and Centigrade Service

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 2,953.00

Increase Not to Exceed*

\$ 328.00

Revised Total Not to Exceed (NTE)*

\$ 3,281.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 3,281.00

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* (?)

Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department. Increase due to rate increase by vendor.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY2022-2023 Medical Refrigeration Equipment Preventive Maintenance and Calibration Services for the Pharmacy Department.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Austin Mihalik

Address*

Street Address

8560 Freeland Street

Address Line 2

City

Houston

Postal / Zip Code

77075-1560

State / Province / Region

TX

Country

US

Phone Number*

281-498-8686

Email*

am@centigradeservice.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 3,281.00	553001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

White, Tanya

Submission Date

10/3/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

10/3/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

ANGELA BABIN

Approval Date

10/3/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

10/6/2023



Executive Contract Summary

Contract Section



Contractor*

Tejas Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Tejas and The Harris Center for Mental health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

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*

\$ 63,475.00

Increase Not to Exceed*

\$ 31,000.00

Revised Total Not to Exceed (NTE)*

\$ 94,475.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 31,000.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

This is a carry over from FY23 capital projects # IT23.1147.03. Tajas has support services to assist The Harris Center in the implementation of the provider credentialing software.

Contract Owner*
Mustafa Cochinwala

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*
Scott Trap

Address*
Street Address
893 N Interstate Hwy 35
Address Line 2
City
Round Rock
Postal / Zip Code
78664

State / Province / Region
TX
Country
United States

Phone Number*
512-279-9371

Email*
scott.trapp@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 31,000.00	900022
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$240.0 per hour for 129.17 hours = 31,000.00

Project WBS (Work Breakdown Structure)* (?)

IT23.1147.03

Requester Name

Jones, Anthony

Submission Date

10/2/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

10/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

10/4/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

10/10/2023



EXHIBIT R-7



Authorization to create FY24 Open PO to pay for CPEP/HCPI/Admin Employee Surface Parking at the Texas Medical Center

The Harris Center’s Purchasing Department is requesting approval of an Open PO to cover staff parking fees for a NTE amount of \$240,165.

Vendor	Service Description	FY 2024 NTE \$Amount	Funding	Comments
Texas Medical Center/LAZ	Employee Parking Fees NPC	\$157,265	FY 2024 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206, 9209, 9211
Texas Medical Center/LAZ	MH Admin Employee Parking Fees	\$82,900	FY 2024 Budget	1131, 2180, 1135

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for staff that park at NPC. NPC staff park at the SMITH LANDS Lot and Garage 4.

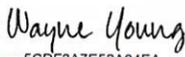
Parking Reimbursement: pays for individuals who work at NPC but choose to get reimbursed for their parking. They may choose to ride the bus or Uber but get reimbursed at the same rate as if the agency paid directly for their parking.

Projected cost includes 10% increase in costs for anticipated rate increase in January.

Submitted By:

DocuSigned by:

 258C3C5A6EF9418...
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

DocuSigned by:

 5C8F2A7E52A04EA...
 Wayne Young
 CEO

Recommended By:

DocuSigned by:

 5163E40913774C8...
 Nina M. Cook, MBA, CTCM, CTCD
 Director of Purchasing

DocuSigned by:

 0405B9FF5CB4CA...
 Vanessa McKeown, CPA
 Chief Financial Officer