

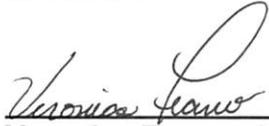
Resource Committee Meeting

March 19, 2024

9:00 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, February 20, 2024
(EXHIBIT R-1)
- IV. **CONSIDER AND RECOMMEND ACTION**
 - A. Approve FY'24 Year-to-Date Budget Report-February
(EXHIBIT R-2 Wayne Young)
 - B. March 2024 Interlocal Agreements
(EXHIBIT R-3 Belinda Stude)
 - C. March 2024 Amendments Over 250K
(EXHIBIT R-4 Belinda Stude)
 - D. Facilities Capital Update Q1 FY24
(EXHIBIT R-5 Todd McCorquodale)
- 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. March 2024 Amendments 100k-250k
(EXHIBIT R-6)
 - B. March 2024 New Contracts Under 100K
(EXHIBIT R-7)
 - C. March 2024 Contract Amendments Under 100K
(EXHIBIT R-8)
 - D. March 2024 Contract Renewals Under 100K
(EXHIBIT R-9)
 - E. March 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT R-10)

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, FEBRUARY 20, 2024
MINUTES**

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:11 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

Committee Member Absent:.

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

1. CALL TO ORDER

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

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Dr. Moore as a voting member of the committee.

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

Public Comments were made by Seth Hutchinson and Sheronica Watson, regarding the desire of some Harris Center employees requesting a 7% cost of living raise for all Harris Center employees.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday November 7, 2023.

MOTION: MOORE SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 7, 2023, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'24 Year-to-Date Budget Report-January

MOTION: LYKES SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED FY'24 Year-to-Date Budget Report-January, is approved and recommended to the Full Board.

B. February 2024 Contract Amendments Over 250K

MOTION: LYKES SECOND: GEARING

With unanimous affirmative votes,

BE IT RESOLVED February 2024 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. February 2024 Interlocal Agreements

MOTION: LYKES SECOND: MILLER

With unanimous affirmative votes,

BE IT RESOLVED February 2024 Interlocal Agreements, under Exhibit R- 4 are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

A. Cost of Living Compensation Increase presented to the Resource Committee.

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: GEARING SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:02 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

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
February 29, 2024**

Fiscal year 2024

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 departments.

We believe the statements, as presented, are materially accurate and are 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 was prepared to reflect budget basis reporting and has not been audited by an independent auditor.

Vanessa McKeown
Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
February 29, 2024
unaudited/budget-basis reporting

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 171,719,006	\$ 169,964,095	\$ (1,754,911)
Expenditures	171,219,006	168,561,813	2,657,192
Change in net assets, operations	\$ 500,000	\$ 1,402,282	\$ 902,282
Debt payment	\$ (500,000)	\$ -	\$ 500,000
Capital		(1,820,124)	(1,820,124)
Other sources and uses		59,317	59,317
	<u>\$ 0</u>	<u>\$ (358,525)</u>	<u>\$ (358,525)</u>

ACTUAL

CONTRACTUAL SUPPORTED UNITS

Revenues	40,202,766
Expenditures	(39,575,786)
net	626,980

NON CONTRACTUAL UNITS

Revenues	129,761,329
Expenditures	(128,986,027)
net	775,302

\$ 1,402,282

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
February 29, 2024
Non-GAAP / Budget-Basis reporting

	For the Month of				Fiscal Year to Date			
	Budget	Actual	Variance \$	%	Budget	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 10,145,271	\$ 10,196,005	\$ 50,734	1%	\$ 60,871,628	\$ 61,307,725	\$ 436,097	1%
Harris County and Local	5,420,027	5,258,667	(161,360)	-3%	32,520,164	31,460,179	(1,059,985)	-3% A
Federal Contracts and Grants	4,034,513	4,615,003	580,490	14%	24,207,077	23,122,193	(1,084,885)	-4% B
State Contract and Grants	1,128,277	1,571,017	442,740	39%	6,769,665	5,119,234	(1,650,430)	-24% C
Third Party Billing	2,766,500	2,983,380	216,880	8%	16,599,003	17,946,829	1,347,826	8% D
Charity Care Pool	3,340,350	3,340,350	(0)	0%	20,042,102	20,042,104	2	0%
Directed Payment Programs	726,250	(94,050)	(820,300)	-113%	4,357,500	4,361,126	3,626	0%
PAP	833,578	842,678	9,100	1%	5,001,468	4,978,634	(22,833)	0%
Interest Income	225,067	189,033	(36,034)	-16%	1,350,400	1,626,072	275,672	20% E
Operating Revenue, total	\$ 28,619,834	\$ 28,902,083	\$ 282,249	1%	\$ 171,719,006	\$ 169,964,095	\$ (1,754,911)	-1%
Operating expenditures								
Salaries and Fringe Benefits	\$ 19,926,501	\$ 19,390,250	\$ 536,251	3%	\$ 119,559,006	\$ 120,566,759	\$ (1,007,753)	-1% F
Contracts and Consultants	2,089,012	1,787,801	301,211	14%	12,534,072	8,527,666	4,006,405	32% G
Contracts and Consultants-HPC	2,322,735	2,306,650	16,085	1%	13,936,408	13,839,900	96,508	1%
Supplies and Drugs	1,531,755	2,155,074	(623,319)	-41%	9,190,529	12,675,191	(3,484,662)	-38% H
Purchases, Repairs and Maintenance of:								
Equipment	597,697	291,067	306,630	51%	3,586,183	2,678,925	907,258	25% I
Building	538,158	185,577	352,581	66%	3,228,950	1,006,168	2,222,782	69% J
Vehicle	86,436	68,979	17,457	20%	518,617	453,550	65,066	13%
Telephone and Utilities	318,221	480,729	(162,509)	-51%	1,909,323	1,680,735	228,588	12%
Insurance, Legal and Audit	166,175	150,069	16,106	10%	997,052	950,843	46,209	5%
Travel	194,028	190,582	3,446	2%	1,164,171	879,453	284,718	24%
Other	765,783	1,079,115	(313,332)	-41%	4,594,696	5,302,624	(707,928)	-15% K
Operating Expenditures, total	\$ 28,536,501	\$ 28,085,893	\$ 450,608	2%	\$ 171,219,006	\$ 168,561,813	\$ 2,657,192	
Change in Net Assets, before Other Sources	\$ 83,333	\$ 816,190	\$ 732,857		\$ 500,000	\$ 1,402,282	\$ 902,282	
Other Sources								
Debt payment	\$ (83,333)	\$ -	\$ (83,333)		\$ (500,000)	\$ -	\$ (500,000)	
Capital outlay	-	(395,682)	395,682		-	(1,820,124)	(1,820,124)	
Insurance proceeds	-	5,375	(5,375)		-	35,187	35,187	
Proceeds from Sale of Assets	-	14,860	(14,860)		-	24,130	24,130	
Change in Net Assets, all Sources	\$ 0	\$ 440,743	\$ 440,743		\$ 0	\$ (358,525)	\$ (358,525)	

The Harris Center for Mental Health and IDD
Balance Sheet
February 29, 2024
Non-GAAP / Budget-Basis reporting

	January-24	February-24	Change	
ASSETS				
Current Assets				
Cash and Cash Equivalents				
Cash and Petty Cash	\$ 9,057,902	\$ 17,985,270	8,927,368	
Cash Equivalents	52,802,562	20,170,803	(32,631,758)	
Cash and Cash Equivalents, total	\$ 61,860,464	\$ 38,156,073	\$ (23,704,391)	AA
Inventory and Prepaid	\$ 7,551,859	\$ 10,001,062	\$ 2,449,203	BB
Accounts Receivable:				
Other	59,994,177	69,128,140	9,133,963	CC
Patient, net of allowance	2,672,395	3,313,169	640,775	
Current Assets, total	\$ 132,078,895	\$ 120,598,444	\$ (11,480,451)	
Capital Assets				
Land	\$ 12,694,280	\$ 12,694,280	\$ -	
Building and Building Improvements	46,595,256	46,595,256	-	
Furniture, Equipment and Vehicles	9,952,470	9,952,470	-	
Construction in Progress	24,267,898	24,267,898	-	
Capital Assets, total	\$ 93,509,904	\$ 93,509,904	\$ -	
Total Assets	\$ 225,588,798	\$ 214,108,347	\$ (11,480,451)	
LIABILITIES AND NET ASSETS				
Unearned Income	\$ 27,672,552	\$ 17,237,899	\$ (10,434,653)	DD
Accounts Payable and Accrued Liabilities	26,399,281	24,887,244	(1,512,037)	EE
Long term Liabilities	790,013	815,510	25,497	
Liabilities, total	\$ 54,861,846	\$ 42,940,653	\$ (11,921,193)	
NET ASSET				
Inventory and Capital Assets	\$ 93,091,377	\$ 93,395,791	\$ 304,414	
Assigned	66,514,014	66,514,014	-	
Unassigned	11,920,828	11,616,415	(304,414)	
Change in net assets	(799,268)	(358,525)	440,743	
Net Assets, Total	\$ 170,726,951	\$ 171,167,694	\$ 440,743	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budget-Basis reporting

February 29, 2024

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

Harris County and Local Revenue has a net unfavorable budget variance due to several program's actual revenue differing from budgeted amounts as of February.

	Variance
403025 LOCAL HARRIS SB292/HCJD FY21	\$ 433,783
403026 LOCAL HARRIS SB292/CMHG FY21	(161,132)
403023 LOCAL HARRIS COUNTY COURT ADMI	(209,085)
403010 LOCAL HARRIS COUNTY JUV PROB	(229,640)
403016 LOCAL HARRIS COUNTY CSCD	(276,404)
403011 LOCAL HARRIS COUNTY SHERIFF DP	(676,521)
contracts < \$100K variance	59,014
	<u>\$ (1,059,986)</u>

B Federal Contract and grants

Federal Contracts and Grants Revenue has a net unfavorable budget variance due to several program's actual revenue differing from budgeted amounts as of February.

	Variance
428000 OTHER STATE ECI	\$ 943,463
434059 FEDERAL MH BLOCK GR - HOMELESS	117,253
new 435056 FEDERAL SAMHSA PRSP-C	115,908
435033 FEDERAL SAMHSA-BCM BE WELL	113,182
435043 FEDERAL COH CDBG-CV	(132,574)
435071 FEDERAL ARPA COUNTY YDC	(149,279)
435064 FEDERAL ARPA COH-CIRT HPD	(196,514)
435048 FEDERAL OUTPNT CAP EXPANS - HR133	(318,178)
435062 FEDERAL ARPA COH - MCOT RR	(318,576)
435060 FEDERAL ARPA HARRIS COUNTY	(578,892)
435049 FED TPWD YTH AND FAM WELL CTR	(908,783)
contracts < \$100K variance	228,106
	<u>\$ (1,084,884)</u>

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budget-Basis reporting

February 29, 2024

C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to timing of expenditures for building costs for Healthy Community Collaborative, i.e. 6168 apartments.

	Variance
425095 OTHER STATE HEALTHY COMMUNITY	\$ (1,585,660)

D Third party billing

Third party billing exceeds anticipated budget, in total, due to revenue generated in our pharmacies. However, we are seeing some areas under budget and are reviewing the cause.

	Budget	Actual	Variance
Pharmacy	\$ 1,823,942	\$ 6,026,433	\$ 4,202,491
all others	14,775,061	11,920,396	(2,854,665)
	\$ 16,599,003	\$ 17,946,829	\$ 1,347,826

E Interest

Interest revenue continues to exceed budget estimates.

F Salaries/Wages and Fringe Benefits

The primary driver of the net unfavorable variance in Salaries and Benefits is due to a slight increase in benefit percent costs; our vacancy allowance is roughly 2% higher than actual amounts as of January. We anticipate this to correct itself as we move through the calendar year.

G Contracts and consultants

The primary drivers of the positive contracts and consultants variance are savings in contract labor costs and timing of payments as programs get established.

H Supplies

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases. Please note, revenue earned exceeds the original budget as well.

	Budget	Actual	Variance
Other supplies	\$ 1,671,322	\$ 762,818	\$ 908,504
Drug:			
Pharmacy	1,674,216	5,756,782	(4,082,566)
Non pharmacy	843,523	1,176,955	(333,432)
PAP program	5,001,468	4,978,635	22,833
	\$ 9,190,529	\$ 12,675,190	\$ (3,484,661)

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budget-Basis reporting

February 29, 2024

I Equipment

The primary driver of the favorable variance in equipment is desktop/laptop purchases are under budget by \$609K.

J Building

The primary driver of the net favorable variance in building costs is timing of building remodel costs budgeted for 6168 apartments, \$1.4M.

K Other

The primary driver of the net unfavorable variance in other is due to dues and subscriptions (\$468K) and short term housing (\$241K) coming in over budget.

Balance sheet

AA Cash and Investments

The decline in cash and cash equivalents declines as we approach quarter end and will increase once we receive the third qtr revenue from HHSC, the annual county allocation, and the annual charity care program revenue. (anticipated in March).

BB Inventory and Prepaid

Inventory and Prepaid balances increased due to remittance of 1st and 2nd Qtr amounts to HCPC.

CC Accounts receivable, other

The primary driver of the increase in Accounts Receivable, other is the recognition of amounts owed from the County for the annual allocation and the Charity Care program.

DD Unearned income

Unearned income has declined due to the recognition of revenue received for the performance contract award from HHSCH.

EE Accounts Payable and Accrued Liabilities

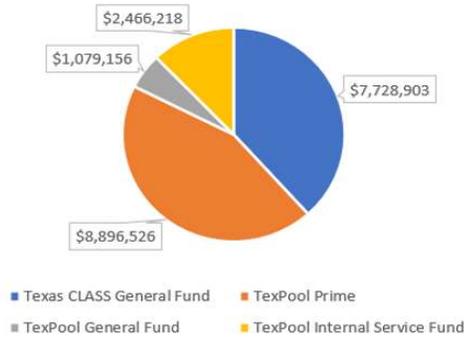
Accounts Payable and Accrued Liabilities has increased due to timing of payroll and related liabilities: Blue Cross Blue Shield owed as of February was remitted in March, \$2.4M.

The Harris Center for Mental Health and IDD
Investment Portfolio
February 29, 2024

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Interest Rate
Texas CLASS							
Texas CLASS General Fund	\$ 7,695,394	\$ -	\$ -	\$ 33,509	\$ 7,728,903	38.32%	5.48%
TexPool							
TexPool Prime	41,576,730	-	(32,800,000)	119,796	8,896,526	44.11%	5.33%
TexPool General Fund	1,074,610	-	-	4,547	1,079,157	5.35%	5.50%
TexPool Internal Service Fund	2,455,828	-	-	10,390	2,466,218	12.23%	5.50%
TexPool Sub-Total	45,107,168	-	(32,800,000)	134,733	12,441,901	61.68%	
Total Investments	\$ 52,802,562	\$ -	\$ (32,800,000)	\$ 168,242	\$ 20,170,803	100%	
Additional Interest-Checking Accounts				20,792			
Total Interest Earned				<u>\$ 189,033</u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.51%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.30%
Interest Rate - Chase Hybrid Checking	3.70%
ECR - Chase	3.80%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of January 31, 2024 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:
Michael T. Hooper Jr

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
February 29, 2024

Vendor	Description	Monthly Not-To-Exceed*	Feb-24	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,909,324	\$12,146,711
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$12,253,798
UNUM	Life Insurance	\$300,000	\$404,857	\$1,026,747

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

Notes: LFG Includes both 1B & 2A payments

Notes: Unum Includes both November & December invoice payments

EXHIBIT R-3

MARCH 2024
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Baylor College of Medicine

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

The Harris Center and Baylor College of Medicine

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 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"/> |

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*

\$ 148,875.00

Increase Not to Exceed*

\$ 4,395.00

Revised Total Not to Exceed (NTE)*

\$ 153,270.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 153,270.00

Funding Source*

State Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

Reimbursement funds for Baylor resident/fellow supervision.

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

agency has several contracts with BCM

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

PIA 2024-054 Agreement BCM_Goodman - Harris Center_Muzquiz-
Drummond 59676-C3 1692.1 CPWE.pdf

7.15MB

Vendor/Contractor Contact Person



Name*

Wayne Goodman

Address *

Street Address

Baylor College of Medicine

Address Line 2

One Baylor Plaza, MS: BCM350

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

United States

Phone Number *

713-798-4945

Email *

wayne.goodman@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2405	\$ 153,270.00	000000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Evans, Danyalle

Submission Date

2/28/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

2/29/2024

Contract Owner Approval

Approved by

Sylvia Muzquiz

Approval Date

2/29/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Interlocal

Current Fiscal Year

2024

Contract ID# *

N/A

Contractor Name *

Baylor College of Medicine

Renewal Term Start Date

1/4/2024

Renewal Term End Date

1/4/2025

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 FYI for the Board about the Forensic Psychiatry Fellowship

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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Danyalle Evans

Contract Owner*

Dr. Muzquiz

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract? *

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

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

Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

Renewal Determination 

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

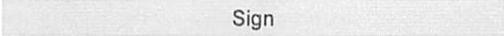
Yes No

Please Explain *

New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

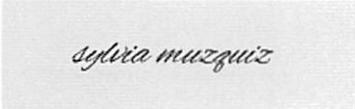
Budget Manager Approval(s) 

Approved by

 Sign

Contract Owner Approval 

Approved by

 *Sylvia Muzquiz*

Contracts Approval 

Approved by

Belinda Stude

Approval Date

2/8/2024

Final Board Report Comments



Service Provided (?)

Psychiatric services at the Harris County Jail

Product/Service Description

New Program Letter Agreement.

Revised Comments For Board Report*

New Program Letter Agreement for Psychiatric services at the Harris County Jail as part of the academic program requirements for the Forensic fellowship.

Exclude this Renewal from Board Report?*

- Yes
- No



Executive Contract Summary

Contract Section



Contractor*

Baylor College of Medicine

Contract ID #*

2024-0851

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

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

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$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 checked="" type="checkbox"/> Other Federal Funded Grant |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

12/31/2024

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

N/A

Fiscal Year* (?)

2024

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Federal funded grant award by the National Institute of Mental Health for the purpose of Baylor College of Medicine and The Harris Center for Mental Health and IDD to illustrate the feasibility, preliminary effectiveness and sustainability of a Cognitive Behavioral Therapy (CBT) programs for youths with Autism and Anxiety through providing CBT interventions and the Community-Based Anxiety Program Tailored for Autism (CAPTA) clinician training protocols in community mental health clinic.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

The Harris Center has various contractual agreements with Baylor College of Medicine for revenue, affiliations, and professional agreements.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Baylor College of Medicine

Supporting Documentation Upload (?)

BCM Harris Center.pdf 464.03KB

Vendor/Contractor Contact Person

Name*

Eric Storch, Ph.D. Principal Investigator

Address*

Street Address

One Baylor Plaza, MS BCM 320

Address Line 2

City

Houston

Postal / Zip Code

77030-3411

State / Province / Region

Texas

Country

USA

Phone Number*

7137894945

Email*

storch@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3647	\$ 0.00	N/A

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4647	\$ 0.00	N/A

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

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

2/14/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

2/14/2024

Approved by

Janai Lynette Smith

Approval Date

2/14/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

2/14/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/15/2024



Executive Contract Summary

Contract Section



Contractor*

Baylor College of Medicine

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

The Harris Center and Baylor College of Medicine

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 Revenue Contract

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* (?)

\$ 174,677.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Reimbursement funds for Baylor resident/fellow supervision

Contract Owner*

Dr. Muzquiz

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

agency has several contracts with BCM

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

Yes No Unknown

Please provide an explanation*

agency has several contracts with BCM

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

PIA 2024-054 GME Agreement BCM_Goodman - Harris	9.09MB
Center_Muzquiz-Drummond 59676-C3 1700.1 GME.pdf	

Vendor/Contractor Contact Person ⬆

Name*

Wayne Goodman

Address*

Street Address

Baylor College of Medicine

Address Line 2

One Baylor Plaza, MS: BCM350

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

United States

Phone Number*

7137984945

Email*

wayne.goodman@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2405	\$ 174,677.00	000000
Budget Manager Shelby, Debbie	Secondary Budget Manager Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name Evans, Danyalle	Submission Date 2/28/2024
--	-------------------------------------

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

2/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sylvia Muzquiz

Approval Date

3/1/2024

Contracts Approval

Approve*

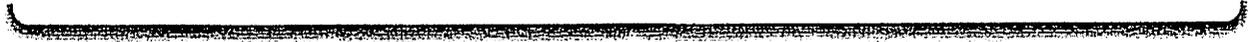
- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

3/1/2024





Executive Contract Summary

Contract Section



Contractor*

Harris County (Department of Economic Equality and Opportunity)

Contract ID #*

2024-0845

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/27/2024

Contract Term End Date* (?)

2/28/2026

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 3,891,457.17

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

The purpose of the contracted grant is to mitigate and respond to the negative impacts incurred by the COVID-19 pandemic by partnering with the Department to expand access of Interventional and Transitional Services for Children and Families and promote healthy childhood environments through the RISE Program. The RISE Program, will support children with intellectual and developmental disabilities and their families, enhance early intervention services for children, and provide evidence-based therapies for children with autism and developmental delays to children and families most impacted by the COVID-19 pandemic that meet the age requirements for the Program and have expressed an interest in participating in the services offered.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

The Harris Center has various contractual agreements with Harris County (i.e., ARPA funding) for revenue, affiliations, and professional agreements.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County/ARPA - RISE

Supporting Documentation Upload (?)

24GEN0022_The Harris Center_RISE ARPA ILA_v4.docx	442.13KB
---	----------

Vendor/Contractor Contact Person

Name*

Don Titcombe, Department of Economic Equity and Opportunity

Address *

Street Address

1001 Preston St, Suite 670

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77027

Country

USA

Phone Number *

713-755-5000

Email *

don.titcombe@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3530	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attachment.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

2/13/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

2/13/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

2/13/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*

2/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6186

Contractor Name*

City of Houston

Service Provided* (?)

City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas.

Renewal Term Start Date*

2/5/2024

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

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

\$ 3,076.20

Rate(s)/Rate(s) Description

Unit(s) Served*

0000 and 4736

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT142775/CT143323

Contract Requestor*

Cheksha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 3,076.20	126006

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

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

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

Fiscal Year* (?) 2024	Amount* (?) \$ 126,006.00
---------------------------------	-------------------------------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)

Approved by

Janae Lynnette Smith

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/8/2024



Executive Contract Summary

Contract Section



Contractor*

Harris County Hospital District d/b/a Harris Health

Contract ID #*

7731

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Harris Health and The Harris Center

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 2,327,727.00

Increase Not to Exceed*

\$ 263,192.00

Revised Total Not to Exceed (NTE)*

\$ 2,590,919.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 2,650,101.00

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* (?)

Additional Resources at Harris Health to align with ongoing resources, upgrades, and support for EPIC.

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

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Kari McMichael

Address*

Street Address

4800 Fournace Place

Address Line 2

City

Bellaire

Postal / Zip Code

77401-2324

State / Province / Region

TX

Country

US

Phone Number*

713-526-4243

Email*

invoices@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 263,192.00	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/7/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/7/2024

Contract Owner Approval

Approved by

[Signature]

Approval Date

3/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/7/2024

EXHIBIT R-4

MARCH 2024
AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor*

UKG Kronos Systems, LLC

Contract ID #*

6685

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

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*

\$ 304,000.00

Increase Not to Exceed*

\$ 10,560.00

Revised Total Not to Exceed (NTE)*

\$ 314,560.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,560.00

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* (?)

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.

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

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	\$ 10,560.00	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

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.08

Requester Name

Jones, Anthony

Submission Date

2/29/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

2/29/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Coshinwala

Approval Date

2/29/2024

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

2/29/2024



Executive Contract Summary

Contract Section



Contractor*

Vaco LLC d/b/a Pivot Point Consulting

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Pivot Point and The Harris Center

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*

\$ 96,000.00

Increase Not to Exceed*

\$ 200,000.00

Revised Total Not to Exceed (NTE)*

\$ 296,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 296,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The funds will be used for Epic form building, video development, and Telehealth on demand.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2021 - FY2024

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paul Meyer

Address*

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027-7680

State / Province / Region

TN

Country

US

Phone Number*

2817052368

Email*

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 200,000.00	542000
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Up to \$160/hour

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

2/16/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

2/20/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

2/20/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

2/22/2024



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*

3/19/2024

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* (?)

3/1/2024

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 3,245,902.51

Increase Not to Exceed*

\$ 1,216,950.00

Revised Total Not to Exceed (NTE)*

\$ 4,462,852.51

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,216,950.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Amendment to extend the term with an increase for Community Inpatient Psychiatric Hospital Beds to fiscal year end (i.e. 08/31/2024). Current contract is set at an NTE of \$3,245,902.51 with new rate of \$700 per day per bed for 9.5 beds for 183 days from March 1st, 2024 to August 31, 2024 which equates to an increase of \$1,216,950. Revised NTE is now \$4,462,852.51.

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

Postal / Zip Code

77074-5008

State / Province / Region

TX

Country

US

Phone Number*

7137785210

Email*

mandy.westerman@uhsinc.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 1,216,950.00	543044
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

\$700 per bed day

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

2/28/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

2/28/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

2/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/28/2024

EXHIBIT R-5

Facilities Capital Project Update Q1-FY24

Todd McCorquodale, Director of Facilities Services

Capital Project Updates – Multi-Year

Multi-Year Capital Projects

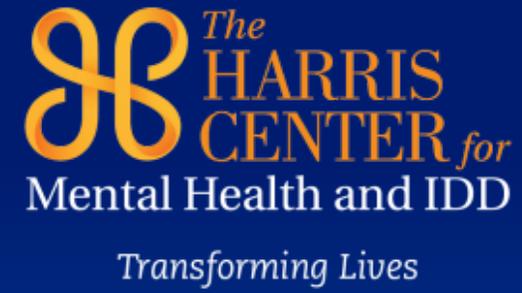
Location	Project	Project Number	Total Budget	FY24 Budget	Completion Project	Progress Overall	Facility Services Status	\$ Total Project Budget		
NPC	Renovations	FM21.1126.02	\$ 6,200,000.00	\$3,481,093.00	FY2024 Q2	80%		\$ 6,200,000.00		
South Loop East RRR (6168)	Apartment Design & Build	FM21.1126.23	\$ 12,117,509.00	\$11,236,472.00	FY2025 Q3	67%	Phase	No. days	Percentage	\$ 12,117,509.00
							I	14	2%	
							II	258	33%	
							III	180	23%	
							IV	173	22%	
V	153	20%								
Northeast Clinic (New)	Clinic Design & Build	FM21.1126.18	\$ 22,600,000.00	\$3,000,000.00	FY2025 Q4	5%		\$ 1,461,782.00		
Bristow	Renovations	FM24.1126.01	\$ 5,000,000.00	\$1,000,000.00	FY2028 Q4	9%	Fire Panel Replaced / In Design	\$ 1,000,000.00		
Center for Pursuit*	Coffee House 2 Center for Pursuit	FM23.1126.02	\$ 600,000.00	\$ 600,000.00	TBD	33%	Awaiting design decision	\$ 110,000.00		

Capital Project Updates – FY 24 Strategic Goal

Location	Project	Project Number	Total Budget	FY24 Balance	Completion Project	Progress Overall	Facility Services Status	\$ Total Project Budget
Dennis St	Elevator Modernization	FM23.1126.09	\$75,000.00	\$1,145.02	FY2024 Q2	100%	Complete	\$ 75,000.00
SW Garage	Garage Assessment	FM23.1126.10	\$12,000.00	\$0.00	FY2024 Q1	100%	Complete	\$ 12,000.00
Southwest 9401	Loading Dock Foundation Repair	FM24.1126.02	\$500,000.00		FY2024 Q2	50%	Quotes Received, in Review	\$ 500,000.00
6160 RRR	Roof Repair/Completion	FM24.1126.03	\$60,000.00		FY2024 Q3	67%	Scheduling, WX dependent	\$ 60,000.00
Westbury House	Kitchen Remodel update	FM24.1126.04	\$60,000.00		FY2024 Q4	17%	In Design	\$ 60,000.00
9401 Garage	Exit Gate Improvements	FM24.1126.05	\$60,000.00		FY2024 Q3	67%	In Procurement phase	\$ 60,000.00
Dennis St. / IL	Kitchen Update	FM24.1126.06	\$12,000.00		FY2024 Q3	3%	HVAC replaced / Self Performed work scheduled	\$ 12,000.00
Bristow	Elevator Modernization	FM24.1126.01	\$84,582.50	\$47,807.50	FY2024 Q3	67%	Waiting on Parts to be delivered	\$84,582.50
Southwest	Sign Replacement **	FM24.1126.07	\$160,000.00		FY2024 Q3	63%	Quotes Received, in Review	\$ 160,000.00

Request to Capitalize

Non-Capitalized Projects Completed in FY24					
Location	Project	Project Number	FY24 Expense	Completion Project	Progress Overall
SE Clinic	Sewer Line replacement	ERFY24-001	\$ 19,960.00	Q1	100%
RRR	Kitchen Sewer Repair	ERFY24-002	\$ 6,185.00	Q1	67%
RRR	Freezer Repair	ERFY24-003	\$ 1,199.00	Q1	100%
Dennis Street	Fire Panel Replacement - Obsolete	ERFY24-005	\$ 13,100.00	Q1	100%
SW Clinic	2nd Floor Sensory Room	ERFY24-007	\$ 23,000.00	Q1	100%
Barbarella	Fire Panel Replacement	ERFY24-009	\$ 3,100.00	Q1	100%
9401 SWF	Emergency Lighting Insp/Repairs	ERFY24-011	\$ 24,500.00	Q2	100%
Humble	Fire Panel Replacement - Obsolete	ERFY24-013	\$ 5,800.00	Q2	100%
Dennis Street	Emergency Lighting Insp/Repairs - Occupancy Permit	ERFY24-014	\$ 4,850.00	Q2	100%
Southeast	unit 2 replacement	ERFY24-015	\$ 25,378.00	Q2	100%
Southeast	unit 3 replacement	ERFY24-016	\$ 18,458.00	Q2	100%
Northwest	unit 10 replacement	ERFY24-017	\$ 16,407.00	Q2	100%
SE Clinic	unit 6 replacement	ERFY24-018	\$ 49,000.00	Q3	
			\$ 210,937.00		



Thank You

EXHIBIT R-6

MARCH 2024
AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section



Contractor*

ReKruiters/VC5

Contract ID #*

7356

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/26/2024

Parties* (?)

VC5 and The Harris Center

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 |

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*

\$ 100,000.00

Increase Not to Exceed*

\$ 43,000.00

Revised Total Not to Exceed (NTE)*

\$ 143,000.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 143,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

IT Staff Augmentation for Crisis Line and Call Center Support. Developing tools and applications for faster recovery processes.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2020 - FY2024

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Gabe Quintanilla

Address*

Street Address

11111 Katy Freeway

Address Line 2

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

United States

Phone Number*

8322434000

Email*

support@rekruters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 43,000.00	542000
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Up to \$160 per hour

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

2/16/2024

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

2/20/2024

Contract Owner Approval

Approved by

[Signature]

Approval Date

2/20/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/20/2024

EXHIBIT R-7

MARCH 2024
NEW CONTRACTS
UNDER 100k



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Defensive Driver Online LTD

Contract ID # *

2024-0849

Presented To *

- Resource Committee
- Full Board

Date Presented *

3/19/2024

Parties * (?)

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

9/1/2023

Contract Term End Date * (?)

8/31/2024

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

Fiscal Year * (?)

2024

Amount * (?)

\$ 9,000.00

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

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 to current. Providing online defensive driving course for staff that drive on behalf of the Agency.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Candice Robinson

Address*

Street Address

11 Greenway Plaza

Address Line 2

City

Houston

Postal / Zip Code

77046-1100

State / Province / Region

TX

Country

US

Phone Number*

713-488-4004

Email*

candicer@defensivedriving.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 30.00	549005
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 180.00	549005
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2177	\$ 150.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 180.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 210.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 420.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 150.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 1,140.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2424	\$ 180.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 120.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 120.00	5490005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 120.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 120.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 120.00	549005
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 210.00	549005
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 210.00	549005
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Adams, Betty	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 720.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,290.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 630.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 360.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9402	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9404	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9406	\$ 120.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 90.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9504	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 270.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9829	\$ 60.00	549005
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Soto, Jessica

Submission Date

1/17/2024

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

1/17/2024

Approved by

Erica Brown

Approval Date

1/18/2024

Approved by

Debbie Chambers Shelby

Approval Date

1/18/2024

Approved by

Jodel Oshtman

Approval Date

1/18/2024

Approved by

Mamie Adams Austin

Approval Date

1/18/2024

Approved by

Janae Lynnette Smith

Approval Date

1/18/2024

Approved by

Priscilla M. Ramirez

Approval Date

1/19/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date

1/22/2024

Contracts Approval



Approved by

Belinda Stude

Approval Date

2/12/2024

Final Board Report Comments



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

Online Defensive Driving Course for staff who will be driving on behalf of the Agency.

Product/Service Description

Agency-Wide Online Defensive Driving Courses for Staff.



Executive Contract Summary

Contract Section

**Contractor***

Hampton Inn Houston/Stafford

Contract ID #*

2024-0848

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

The Hampton Inn Houston/Stafford 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

- 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* (?)

2/7/2024

Contract Term End Date* (?)

5/1/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 3,600.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Required travel arrangements for grant mandated training opportunity for Zero Suicide region one

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 (?)

TheHarrisCenter-Hampton Inn Houston-Stafford GroupAgreement v.1.docx	77.96KB
--	---------

Vendor/Contractor Contact Person 

Name*

Greeni Shura

Address*

Street Address

4717 Techniplex Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477

State / Province / Region

TX

Country

US

Phone Number*

281-565-0559

Email*

hamptonhouston@ogihotels.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 3,600.00	545002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

72/night
up to 10 single rooms
5 nights per room

Project WBS (Work Breakdown Structure)* (?)

see attached documentation

Requester Name	Submission Date
Bittner, Tiffany	2/7/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
2/7/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date
2/8/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
2/9/2024



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

LivingWorks Education USA Inc.

Contract ID # *

2024-0846

Presented To *

- Resource Committee
- Full Board

Date Presented *

2/20/2024

Parties * (?)

The Harris Center for Mental Health and IDD and LivingWorks Education USA Inc.

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 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 * (?)

2/1/2024

Contract Term End Date * (?)

1/31/2025

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

Fiscal Year * (?)

2024

Amount * (?)

\$ 48,000.00

Funding Source *

State Grant

Contract Description / Type* (?)

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

Contract Owner *

Trudy Leidich

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

unknown, contract exp in 2023

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health and IDD LW ASIST T4T April 8 2024 00000355.pdf 366.22KB

Vendor/Contractor Contact Person

Name *

Mike Kinzel

Address *

Street Address

P.O. Box 9607

Address Line 2

City

Fayetteville

Postal / Zip Code

28311

State / Province / Region

North Carolina

Country

USA

Phone Number *

587-482-2029

Email *

mike.kinzel@livingworks.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 48,000.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)
See attached scope of service

5 Day in person workshop
15 participants
4/8/2024-4/12/2024
All needed materials

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

Requester Name	Submission Date
Bittner, Tiffany	1/23/2024

Budget Manager Approval(s) 

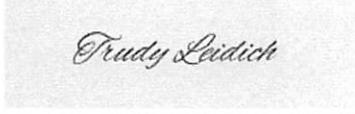
Approved by	Approval Date
	1/23/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	1/23/2024

Contract Owner Approval 

Approved by	Approval Date
	1/31/2024

Contracts Approval 

Approved by	Approval Date
	2/7/2024

Final Board Report Comments 

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

LivingWorks will provide grant required ASIST train the trainer suicide prevention training

Product/Service Description

Consultant Training Services



Executive Contract Summary

Contract Section



Contractor*

Toni Falco Drysdale, Dietitian Services, LLC

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Toni Falco Drysdale, Dietitian Services, 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

- 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* (?)

4/1/2024

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 8,000.00

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

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

For the purpose of providing nutrition assessments and diagnosis, nutrition counseling, and in-service and education, compliance to special diets as ordered by the physician, food safety and sanitation, menu planning and revision as needed and requested by the program facility.

Contract Owner*

Dr. Evanthe Collins

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*

Toni Falco Drysdale, Dietitian Services, LLC

Supporting Documentation Upload (?)

2023-2024 and 2022-2023 PROF LIAB INS TFD LLC (1).pdf	750.01KB
2024 LD DRYSDALE 2024-2026 certificate.pdf	249.98KB
2024 2-19-2024 Proposed Dietitian Consultant Toni Falco Drysdale.doc	50.5KB

Vendor/Contractor Contact Person

Name*

Toni Falco Drysdale, MA, RD, LD, FADA

Address*

Street Address

P.O. Box 420

Address Line 2

City

Pinehurst

Postal / Zip Code

77362

State / Province / Region

Texas

Country

USA

Phone Number*

713-818-8671 (mobile), 281-259-2828 (fax)

Email*

tdrysdale3732@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3390	\$ 8,000.00	540500
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
\$70.00 per hour for all nutritional and dietitian services.

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

Requester Name	Submission Date
Childs, Margo	2/19/2024

Budget Manager Approval(s)

Approved by	Approval Date
<i>Mamie Adams-Austin</i>	2/19/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

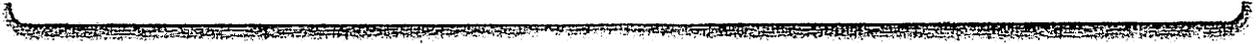
Contract Owner Approval

Approved by	Approval Date
<i>Evanthe Collins</i>	2/19/2024

Contracts Approval

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

Approved by*	Approval Date*
<i>Belinda Stude</i>	2/26/2024





Executive Contract Summary

Contract Section



Contractor*

Peoples United Summit

Contract ID #*

2024-0852

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Peoples United Summit 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 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* (?)

2/26/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 60,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Peoples United Summit will provide community engagement and intensive behavioral health services.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Allen Provost

Address*

Street Address

P.O. Box 23332

Address Line 2

City

Houston

Postal / Zip Code

77228-3332

State / Province / Region

TX

Country

USA

Phone Number*

832-423-3999

Email*

Aprovost19@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 60,000.00	000000

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

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

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

Requester Name	Submission Date
Bowser, Mohagony	1/31/2024

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date
2/16/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Effianis Ann Williams-Brooks

Approval Date
2/19/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
2/19/2024

EXHIBIT R-8

MARCH 2024
AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section



Contractor*

Healing Species of Texas

Contract ID #*

2023-0691

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

The Harris Center for Mental Health and IDD and Healing Species

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 Amendment |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/6/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 15,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 35,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 35,000.00

Funding Source*

Private Grant

Contract Description / Type* (?)

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

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

Increasing amount of dollars available to use for services with Healing Species and will be adding another funding unit as well

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

See above

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Joy Southard

Address*

Street Address

unknown

Address Line 2

City

unknown

State / Province / Region

unknown

Postal / Zip Code

unknown

Country

unknown

Phone Number*

unknown

Email*

healingspeciastexas@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1192	\$ 20,000.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

same as previous

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

2/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

2/20/2024

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date

2/21/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/22/2024

EXHIBIT R-9

MARCH 2024
RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7353

Contractor Name*

Audimation Services, Inc.

Service Provided* (?)

Support services for IDEA software license agreement to provide comprehensive review of business data to detect possible duplicate transactions.

Renewal Term Start Date*

3/1/2024

Renewal Term End Date*

2/28/2025

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* (?)

\$ 2,260.00

Rate(s)/Rate(s) Description

IDEA License Renewal \$650.00. (Annual Quote and Payment.)

Unit(s) Served*

1101

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

CT142747

Contract Requestor*

David Fojtik

Contract Owner*

David Fojtik

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

David W Fojtik

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/26/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Administration

Current Fiscal Year

2024

Contract ID# *

2020-0036

Contractor Name *

Health Mart Atlas, LLC

Renewal Term Start Date

3/25/2024

Renewal Term End Date

3/24/2025

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* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

\$200.00 per pharmacy x (4) per month = \$800

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

Pending

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 9,600.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable (?)

\$200.00 per pharmacy per month

Project WBS (Work Breakdown Structure) (?)

\$200.00 per pharmacy per month

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA PABIN

Contracts Approval



Approved by

Belinda Stude

Approval Date

2/28/2024

Final Board Report Comments



Service Provided (?)

Pharmacy Services Administrative Organization PBM Contracting Services.

Product/Service Description

Pharmacy Services Administrative Organization

Revised Comments For Board Report*

Annual renewal for Pharmacy Services Administrative Organization (PBM) Agreement for 3rd party billing.

Exclude this Renewal from Board Report?*

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0376

Contractor Name*

Set Solutions, Inc. (Illumio)

Service Provided* (?)

Illumio Core Visibility and Segmentation SaaS - Micro-segmentation is a security technique that breaks data centers and cloud environments into segments down to the individual workload level.

Renewal Term Start Date*

5/23/2024

Renewal Term End Date*

5/22/2025

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* (?)

\$ 79,001.10

Rate(s)/Rate(s) Description

See executed Quote.

Unit(s) Served*

1147 (IT21_1147_13)

G/L Code(s)*

900022

Current Fiscal Year Purchase Order Number*

FY23 PO CT142776

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Set Solutions - ID 2022-0376 - Illumio 3 Year Quote and Agreement - Fully Executed.pdf 1.41MB

Evaluation of Current Fiscal Year Performance ^

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

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information 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	\$ 79,001.10	574000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

See attached

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 79,001.10

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 (?)

The Harris Center for Mental Health Illumio ARR Year 3.pdf 250.19KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

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*

2/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6536

Contractor Name*

Teladoc Health, Inc. f/k/a MyStrength, Inc.

Service Provided* (?)

Mental Health Web Based Mobile Application Software for a Consumer behavioral health and wellness program.

Renewal Term Start Date*

4/1/2024

Renewal Term End Date*

3/31/2025

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* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2212

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 PO CT142606

Contract Requestor*

Cheksha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 2,000.00	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 40,000.00	553002

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
-------------------------	--------------------

2024	\$ 42,000.00
------	--------------

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

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/8/2024

EXHIBIT R-10

MARCH 2024
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section

Contractor*

New Hope Home Health Services

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

3/19/2024

Parties* (?)

The Harris Center for Mental Health and IDD & New Hope Home Health Services.

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 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/26/2024

Contract Term End Date* (?)

8/31/2024

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

NA

Fiscal Year* (?)

2024

Funding Source*

State

Contract Description / Type* (?)

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

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

New Hope Home Health Services desires to contract with our agency to provide both on-site and off-site ISS services.

Contract Owner*

Dr. Evanthe Collins

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*

Elizabeth Osorio

Address*

Street Address

6161 Savoy Drive Suite 1150

Address Line 2

City

Houston

Postal / Zip Code

77036-3308

State / Province / Region

TX

Country

US

Phone Number*

713.489.8073

Email*

info@newhopehcs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

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

Provide Rate and Rate Descriptions if applicable* (?)
Rates for both on-site and offsite ISS services will be billed based on the LON of each individual served.

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

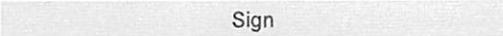
Requester Name	Submission Date
Wills, Thomas	1/26/2024

Budget Manager Approval(s) 

Approved by	Approval Date
	1/30/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	2/5/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	2/7/2024