

Full Board Meeting

June 27, 2024

8:30 am

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday,
May 28, 2024
(*EXHIBIT F-1*)

IV. BOARD CHAIR'S REPORT

V. CHIEF EXECUTIVE OFFICER'S REPORT

VI. REVIEW AND TAKE ACTION

- A. FY'24 Year-to-Date Budget Report-May
(*EXHIBIT F-2*)
- B. June 2024 Contract Renewals over 250K
(*EXHIBIT F-3*)
- C. June 2024 Contracts Amendments Over 250K
(*EXHIBIT F-4*)
- D. June 2024 Contracts Interlocal Agreements
(*EXHIBIT F-5*)
- E. Award Recommendation-Security and Privacy Risk Management
Services and Platform with Vendor Security Management Services
RFP
(*EXHIBIT F-6 Stanley Adams/Nina Cook*)
- F. **No Changes**
1. Clinical Peer Review
(*EXHIBIT F-7*)
 2. Closed Record Review Committee
(*EXHIBIT F-8*)
 3. Equal Employment Opportunity
(*EXHIBIT F-9*)
 4. Inquiries on Employees
(*EXHIBIT F-10*)
 5. Lactation Breaks
(*EXHIBIT F-11*)
 6. Medical Services
(*EXHIBIT F-12*)
 7. Obligation to Identify individuals or Entities Excluded from
Participation in Federal Healthcare Program
(*EXHIBIT F-13*)

8. Personal Property
(EXHIBIT F-14)
9. Suicide/Homicide Prevention
(EXHIBIT F-15)
10. Termination of General Revenue Contract Providers with Harris
Center-IDD Services
(EXHIBIT F-16)

G. Minor Changes

1. Court-ordered Outpatient Mental Health Services
(EXHIBIT F-17)
2. Pharmacy Peer Review Policy
(EXHIBIT F-18)
3. Resilience in Stressful Event (We Rise) Program
(EXHIBIT F-19)
4. Risk Management Plan
(EXHIBIT F-20)

VII. REVIEW AND COMMENT

- A. Facilities Capital
(EXHIBIT F-21 Todd McCorquodale)

VIII. 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.**

- **In accordance with §551.074 of the Texas government Code, discussion of a personnel matter. Kendra Thomas, General Counsel**

- **In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel**

- **Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality**

IX. RECONVENE INTO OPEN SESSION

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

XI. INFORMATION ONLY

- A. June 2024 New Contracts 100k-250k
(EXHIBIT F-22)
- B. June 2024 Contract Renewals 100k-250k
(EXHIBIT F-23)
- C. June 2024 Contract Amendments 100k-250k
(EXHIBIT F-24)
- D. June 2024 New Contracts Under 100k
(EXHIBIT F-25)
- E. June 2024 Contract Renewals Under 100k
(EXHIBIT F-26)
- F. June 2024 Contract Amendments Under 100k
(EXHIBIT F-27)
- G. June 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT F-28)

XII. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison
Robin Gearing, Ph.D., Chair, Board of Trustees
The Harris Center for Mental Health and IDD



EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING: Conference Room 109
9401 Southwest Freeway
Houston, Texas 77074

TYPE OF MEETING: Regular

DATE: May 28, 2024

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
Dr. L. Moore, Vice Chairperson
Mr. Jim Lykes, Vice Chairperson
Mrs. B. Hellums
Mr. Gerald Womack
Dr. Luis A. Fernandez-Wische
Dr. Max Miller, Jr.
Mrs. Natali Hurtado

TRUSTEES ABSENT: Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:31 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

Zoe Clark and Alma Castillo provided public comment urging the Board Members to reject the Continuing Employee Communication and Engagement Policy. Sheronica Watson was called to speak but did not come forward when called.

III. Approval of Minutes

MOTION BY: MOORE SECOND: LYKES

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, April 23, 2024 as presented under Exhibit F-1, are approved.

IV. Chief Executive Officer's Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. Committee Reports and Action were presented by the respective chairs:

- A. Governance Committee Report and/or Action-J. Lykes
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Audit Committee meeting on May 21, 2024.
- B. Resource Committee Report and/or Action-G. Womack, Chair
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on May 21, 2024.
- C. Quality Committee Report and/or Action-R. Gearing, Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on May 21, 2024.
- D. Program Committee Report and/or Action-B. Hellums, Chair
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Program Committee meeting on May 21, 2024.
- E. Foundation Report and/or Action-N. Hurtado, Chair
Mrs. Hurtado provided an overview of the topics discussed and the decisions made at the Foundation Committee meeting.

VI. Consent Agenda

- A. Approve FY'24 Year-to-Date Budget Report-April
- B. May 2024 Contract Interlocal Agreements
- C. May 2024 Amendments Over 250K
- D. Continuing Employee Communication and Engagement
- E. Dressing and Grooming Policy
- F. Delegation in the Absence of the Chief Executive Officer (CEO)
- G. Delegation and Supervision of Certain Nursing Acts
- H. Employment
- I. Employee Performance Evaluations
- J. Family and Medical Leave Act (FMLA)
- K. Nursing Staffing Advisory Committee
- L. Personal Relationships in the Workplace
- M. Pharmacy Peer Review Policy
- N. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation
- O. Physician Authority to Delegate Certain Medical Acts
- P. Relief Service Employees
- Q. Section 504 of the Rehabilitation Act ("The Act") and, the American with Disabilities Act ("ADA")(Consumers)
- R. Solicitation of/and Acceptance of Donations (Money, Goods, or Services)
- S. Weapons
- T. Work Force Reduction

MOTION: Mrs. Hurtado moved to approve Consent Agenda items A-C and E-T

SECOND: Mrs. Hellums seconded the motion

With unanimous approval, Consent Agenda items A-C and E-T are approved.

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda item A-C and E-T is approved.

VII. Entered into executive session-Board Chair Dr. Gearing has requested to enter into Executive Session at 8:53 am regarding item D-Continuing Employee Communication and Engagement under Consent Agenda

- 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.

VIII. Reconvene into Open Session

Reconvened into Open Session at 10:02 am

MOTION #1

Dr. Gearing has motioned to table the Continuing Employee Communication and Engagement Policy for one month and requested Mr. Young work with all employee constituents to obtain feedback about the policy.

SECOND: Mr. Womack second the motion

With unanimous support, the motion passed.

MOTION #2

Dr. Gearing moved the Board of Trustees adopt a resolution supporting employees' right to form a union.

SECOND: Mr. Womack second the motion

With unanimous support, the motion passed.

IX. Review and Comment

- A. Wayne Young presented the Disaster Impact Update presentation to the Board of Trustees.
- B. Stan Williams presented the FY 2025 Budget Assumptions to the Board of Trustees.
- C. Kaufman, Hall & Associates, LLC presented the Financial Education presentation to the Board of Trustees.

X. Board Chair's Report

Dr. Gearing provided the Board Chair's report to the Board. Dr. Gearing reported the Committee membership is revised to as follows:

X. Executive Session

Entered into executive session at 11:54 am

- In accordance with §551.074 of the Texas government Code, discussion of a personnel matter.
Kendra Thomas, General Counsel

- In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of personnel matter and contemplated litigation in *Christian Thompson v. The Harris Center for Mental Health & IDD*. Kendra Thomas, General Counsel
- In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel

XI. Reconvene into Open Session

Reconvene into Open Session at 12:47 pm. No action was taken.

XII. ADJOURN

MOTION: HURTADO SECOND: LYKES

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:47 P.M.

Respectfully submitted,

Veronica Franco, Board Liaison
Dr. Robin Gearing, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
May 31, 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 Report on Results of Financial Operations and Comparison to Original Budget submitted herewith was prepared by The Center's Accounting Department. Responsibility for the accuracy, completeness, and fairness of presentation of the presented data rests with The Center, the Chief Financial Officer and the Accounting department.

We believe the Report, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting.

Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles, and has not been audited by an independent auditor.

Stanley Adams

Chief Financial Officer - interim

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
May 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 30,444,801	\$ 1,824,967
Expenditures	28,536,501	30,438,475	(1,901,974)
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 6,326	\$ (77,007)
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(1,064,308)	(1,064,308)
Other Sources (Uses)	-	2,962	2,962
Change in Fund Balance/Net Position	\$ -	\$ (1,055,020)	\$ (1,055,020)

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 257,578,509	\$ 256,051,346	\$ (1,527,163)
Expenditures	256,828,509	255,694,913	1,133,596
Excess (Deficiency) of revenues over expenditures	\$ 750,000	\$ 356,433	\$ (393,567)
Other Sources (Uses)			
Debt payment	\$ (750,000)	\$ -	\$ 750,000
Capital Outlay	-	(4,802,033)	(4,802,033)
Other Sources (Uses)	-	162,964	162,964
Change in Fund Balance/Net Position	\$ -	\$ (4,282,636)	\$ (4,282,636)

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
May 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 10,145,271	\$ 10,150,952	5,681	0%	\$ 91,307,441	\$ 91,307,528	87	0%
Harris County and Local	5,420,027	6,892,019	1,471,992	27%	48,780,246	47,369,191	(1,411,055)	-3% A
Federal Contracts and Grants	4,034,513	6,512,494	2,477,981	61%	36,310,616	35,908,714	(401,902)	-1%
State Contract and Grants	1,128,277	825,456	(302,821)	-27%	10,154,497	8,092,931	(2,061,566)	-20% B
Third Party Billing	2,766,501	3,359,763	593,262	21%	24,898,505	28,064,831	3,166,326	13%
Charity Care Pool	3,340,350	3,340,350	-	0%	30,063,152	30,063,155	3	0%
Directed Payment Programs	726,250	(2,003,439)	(2,729,689)	-376%	6,536,250	4,795,930	(1,740,320)	-27% C
PAP	833,578	981,924	148,346	18%	7,502,202	7,802,121	299,919	4%
Interest Income	225,067	385,282	160,215	71%	2,025,600	2,646,945	621,345	31%
Operating Revenue, total	\$ 28,619,834	\$ 30,444,801	1,824,967	6%	\$ 257,578,509	256,051,346	(1,527,163)	-1%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 19,926,500	\$ 20,963,996	(1,037,496)	-5%	\$ 179,338,506	\$ 180,880,916	(1,542,410)	-1%
Contracts and Consultants	2,089,012	2,060,314	28,698	1%	18,801,107	13,853,489	4,947,618	26%
Contracts and Consultants-HPC	2,322,735	2,333,085	(10,350)	0%	20,904,612	20,902,003	2,609	0%
Supplies and Drugs	1,531,755	2,463,617	(931,862)	-61%	13,785,794	20,151,005	(6,365,211)	-46% D
Purchases, Repairs and Maintenance of:								
Equipment	597,697	212,483	385,214	64%	5,379,275	3,943,609	1,435,666	27%
Building	538,158	580,801	(42,643)	-8%	4,843,425	2,145,155	2,698,270	56%
Vehicle	86,436	70,607	15,829	18%	777,925	680,794	97,131	12%
Telephone and Utilities	317,951	276,744	41,207	13%	2,861,555	2,485,754	375,801	13%
Insurance, Legal and Audit	166,175	253,566	(87,391)	-53%	1,495,579	1,599,940	(104,361)	-7%
Travel	194,299	242,662	(48,363)	-25%	1,748,687	1,528,770	219,917	13%
Other Expenditures	765,783	980,600	(214,817)	-28%	6,892,044	7,523,478	(631,434)	-9% E
Operating Expenditures, total	\$ 28,536,501	\$ 30,438,475	(1,901,974)	-7%	\$ 256,828,509	\$ 255,694,913	\$ 1,133,596	0%
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 6,326	(77,007)		\$ 750,000	\$ 356,433	(393,567)	
Other Sources (Uses)								
Debt payment	\$ (83,333)	\$ -	\$ 83,333		\$ (750,000)	\$ -	\$ 750,000	
Capital outlay	-	(1,064,308)	(1,064,308)		-	(4,802,033)	(4,802,033)	
Insurance proceeds	-	2,962	2,962		-	48,264	48,264	
Proceeds from Sale of Assets	-	-	-		-	114,700	114,700	
Change in Fund Balance/Net Position	\$ -	\$ (1,055,020)	(1,055,020)		\$ -	\$ (4,282,636)	(4,282,636)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
May 31, 2024

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

We have vacancies in certain cost-reimbursable contracts with Harris County totaling \$1.4MM.

B 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 6168 apartments.

C Directed Payment Programs

DPP revenue shortfall is due to updating our accounting records to match the latest annual estimates provided by Texas Council in mid-May. The new annual estimated net revenue is \$6.2MM, \$2.5MM less than the \$8.7MM net revenue estimate published in November 2023. The decrease is driven by decrease in FMAP and reduced DPP-related claim throughput.

D Supplies and Drugs

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$6.6MM and the billing program expense exceeds budget by (\$6.6MM).

E Other Expenditures

The primary driver of the net unfavorable variance in other expenditures is related to dues and subscriptions and IT related spending.

The Harris Center for Mental Health and IDD
Balance Sheet
May 31, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	April - 2024	May - 2024	Change
ASSETS			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 26,830,571	\$ 12,283,279	\$ (14,547,292)
Cash Equivalents	74,866,008	66,054,203	(8,811,805)
Cash and Cash Equivalents, total	101,696,579	78,337,482	(23,359,097) AA
Inventory and Prepaid	9,285,559	4,657,879	(4,627,680)
Accounts Receivable:			-
Other A/R	28,369,346	34,416,706	6,047,360 BB
Patient, net of allowance	1,795,027	2,160,533	365,506
Current Assets, total	\$ 141,146,511	\$ 119,572,600	\$ (21,573,911)
Capital Assets			
Land	13,004,859	13,004,859	-
Building and Building Improvements	52,615,143	52,615,143	-
Furniture, Equipment and Vehicles	11,062,791	10,826,281	(236,510)
Construction in Progress	5,764,164	5,764,164	-
Capital Assets, total	\$ 82,446,957	\$ 82,210,447	\$ (236,510)
Total Assets	\$ 223,593,468	\$ 201,783,047	\$ (21,810,421)
LIABILITIES & FUND BALANCE/NET POSITION			
Unearned Revenues	\$ 43,898,805	\$ 28,472,702	\$ (15,426,103) CC
Accounts Payable and Accrued Liabilities	21,811,077	16,725,569	(5,085,508) DD
Long term Liabilities	821,546	814,265	(7,281)
Liabilities, total	\$ 66,531,428	\$ 46,012,536	\$ (20,518,892)
FUND BALANCE/NET POSITION			
Inventory and Capital Assets	82,647,333	82,907,932	260,599
Assigned	66,514,014	66,514,014	-
Unassigned	11,128,309	10,631,201	(497,108)
Change in fund balance/net position	(3,227,616)	(4,282,636)	(1,055,020)
Fund Balance/Net Position, Total	\$ 157,062,040	\$ 155,770,511	\$ (1,291,529)
Total Liabilities & Fund Balance/Net Position	\$ 223,593,468	\$ 201,783,047	\$ (21,810,421)

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
May 31, 2024

Balance Sheet

AA Cash and Investments

The decrease in cash and cash equivalents is primarily driven by the three pay periods in May, and the timing of when funds are received from the various revenue sources vs when funds are spent. The next quarterly allocation from state revenue is anticipated in June (approx \$21M).

BB Accounts receivable, other

The increase in Accounts Receivable is due to normal fluctuations in billing and collection efforts on outstanding contract invoices.

CC Unearned Revenues

Unearned income has decreased due to recognition of revenue related to allocations.

DD Accounts Payable and Accrued Liabilities

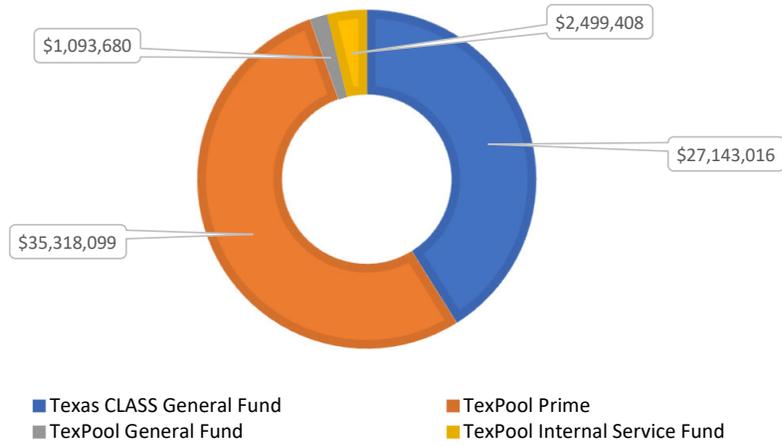
Accounts Payable and Accrued Liabilities has decreased due to timing of payment of salaries.

The Harris Center for Mental Health and IDD
Investment Portfolio
May 31, 2024

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 35,086,185	\$ -	\$ (8,100,000)	\$ 156,831	\$ 27,143,016	41.09%	5.43%
<i>TexPool</i>							
TexPool Prime	36,202,885	-	(1,050,000)	165,214	35,318,099	53.47%	5.45%
TexPool General Fund	1,088,764	-	-	4,916	1,093,680	1.66%	5.32%
TexPool Internal Service Fund	2,488,174	-	-	11,234	2,499,408	3.78%	5.32%
<i>TexPool Sub-Total</i>	<u>39,779,823</u>	<u>-</u>	<u>(1,050,000)</u>	<u>181,364</u>	<u>38,911,187</u>	<u>58.91%</u>	<u>5.44%</u>
Total Investments	\$ 74,866,008	\$ -	\$ (9,150,000)	\$ 338,195	\$ 66,054,203	100.00%	5.44%
Additional Interest on Checking Accounts				<u>47,087</u>			
Total Interest Earned during the current month				<u><u>\$ 385,282</u></u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.28%
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 May 31, 2024, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:
Shania D. Gonzalez
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
May 31, 2024

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	May-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,897,148	\$18,820,504
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,484,726	\$22,319,308
UNUM	Life Insurance	\$300,000	\$207,137	\$1,865,651

Notes:

⁽¹⁾ As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

⁽²⁾ LFG Includes 05A & 05B payments

EXHIBIT F-3

JUNE 2024
RENEWALS OVER 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6115

Contractor Name*

Aptean, Inc.

Service Provided* (?)

Software License, Support & Maintenance for On-line requisition & Approval process (Ross).

Renewal Term Start Date*

10/25/2024

Renewal Term End Date*

10/24/2026

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 Unknown

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 463,533.64

Rate(s)/Rate(s) Description

Unit(s) Served*

1130, 1147

G/L Code(s)*

553002, 900060, 900022

Current Fiscal Year Purchase Order Number*

FY24 PO CT143258

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 352,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 352,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7709

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

Microsoft Azure DraaS- Disaster Recovery as a Service

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 310,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143260

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 420,000.00	574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 420,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7710

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

Microsoft Office 365 Subscription

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 770,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143228

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 770,000.00	574000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 770,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2024-0830

Contractor Name*

ePlus Technology, Inc. (Checkpoint)

Service Provided* (?)

Checkpoint Infinity Protection Software; Tag on to TIPS #230105.

NOTE: Agreed to a 36 month term. Year 2 Rate is fixed. I'm sending the form early so FY25 funds are in place when the invoice is received around 1/2025.

Renewal Term Start Date*

2/1/2025

Renewal Term End Date*

1/31/2026

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* (?)

\$ 282,000.00

Rate(s)/Rate(s) Description

Year 2 Rate.

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143553

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 283,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 283,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0627

Contractor Name*

FreeIT Data Solutions

Service Provided* (?)

Varonis for Windows/NAS + M365 SaaS subscription services. DIR-TSO-4229.

Renewal Term Start Date*

6/24/2024

Renewal Term End Date*

6/23/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 330,789.04

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 PO CT142835

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 330,789.04	574000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 330,789.04

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0224

Contractor Name*

P-Recruitment

Service Provided* (?)

Master Contract for HR recruitment, placement and temporary staffing agency wide.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 539,800.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1108

G/L Code(s)*

540500

Current Fiscal Year Purchase Order Number*

CT143223

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 300,000.00	540500
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 300,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
300,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2022-0594

Contractor Name *

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

Service Provided* (?)

NE Programming and Design

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

WBE - Women owned business.

Contract NTE* (?)

\$ 1,461,782.00

Rate(s)/Rate(s) Description

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

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

CT143180

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 891,113.12	900040
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

as of 5/21/2024 \$891,113.12 is the remaining balance showing on the PO CT#143180, may need to change dollar amount on 9/1/2024 to start new FY as there will be payments made from this amount from FY24

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.18 NE Programming and Design

Fiscal Year* (?)	Amount* (?)
2025	\$ 891,113.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0813

Contractor Name*

Set Solutions, Inc. (Trace3, LLC)

Service Provided* (?)

Crowdstrike Falcon Complete Threat Protection Software and Support Services.

Purchased thru Choice Partners: 21/031KN-55.

Renewal Term Start Date*

12/18/2024

Renewal Term End Date*

12/17/2025

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* (?)

\$ 284,516.27

Rate(s)/Rate(s) Description

Unit(s) Served*

1147

G/L Code(s) *

900022

Current Fiscal Year Purchase Order Number*

FY24 PO CT143476

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

ID 2023-0813 - Trace3 (Set Solutions) - CrowdStrike Threat Protection
Complete Quote.pdf 295.41KB

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	\$ 284,516.27	570000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 284,516.27

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6685

Contractor Name*

UKG Kronos Systems, LLC

Service Provided* (?)

HRMS Software including Time and Attendance.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 314,560.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130, 1147

G/L Code(s)*

553002, 900060

Current Fiscal Year Purchase Order Number*

FY24 PO CT143273

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 350,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 350,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0559

Contractor Name*

Ultra Medical Cleaning and Environmental Services, Inc.

Service Provided* (?)

Agency Wide Janitorial Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 942,492.53

Rate(s)/Rate(s) Description

1899 \$ 856,811.39 569002; 1899 \$ 85,681.14 569002

Unit(s) Served*

1899

G/L Code(s)*

569002

Current Fiscal Year Purchase Order Number*

CT143639

Contract Requestor*

Lisa Cantu-Espinoza

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 877,951.67	569002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 87,795.17	569002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Exhibit A2 (Attached)\$867,559.67 plus cleaning services to Smartpod located in James Driver Park at 10918 Bentley Street, Houston, Texas 77093 (Attached) \$10,392 plus 10% Contingency \$87,795.17. Total FY25 Contract Amount of \$965,746.84.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 965,746.84

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Ultra Medical Pricing Sheet FY25.pdf	146.36KB
Smartpod Cleaning Quote.pdf	176.51KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7849

Contractor Name *

Aramark Correctional Service, LLC

Service Provided* (?)

Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 480,000.00

Rate(s)/Rate(s) Description

See Agreement

Unit(s) Served*

9261, 9264, 9267, 9403, 9407, 9501, 9502

G/L Code(s)*

543013

Current Fiscal Year Purchase Order Number*

FY24 PO CT143178

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 143,530.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 95,687.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 35,882.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 39,870.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 43,856.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 31,896.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 31,896.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 95,687.00	543013

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

Provide Rate and Rate Descriptions if applicable* (?)

As per the attached notification, Aramark expects a 3% CPI (i.e. increase) to their rates.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 518,304.00

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

Please Explain*

The cost per meals has increased; please see the attached table.

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 (?)

Fw_ CPI for new contract year.pdf	243.47KB
-----------------------------------	----------

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6835

Contractor Name*

P-IDD Master Pool

Service Provided* (?)

IDD Consumer Services Master Pool

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,605,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585, 3569, 3568, 3577

G/L Code(s)*

543008, 543005, 543014, 543005, 543010

Current Fiscal Year Purchase Order Number*

FY24 PO CT143202

Contract Requestor*

Margo Childs

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	540503

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

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

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

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

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

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

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

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

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attachments

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,605,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2,605,000.00

Contract Funding Source*

State

Contract Content Changes



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

Yes No

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 (?)

PO_CT143202_638309894172923969.pdf

150.42KB

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/24/2024

EXHIBIT F-4

JUNE 2024

AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor*

Centre Technologies, Inc.

Contract ID #*

7709

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/18/2024

Parties* (?)

The Harris Center and Centre Technologies

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* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 215,000.00

Increase Not to Exceed*

\$ 95,000.00

Revised Total Not to Exceed (NTE)*

\$ 310,000.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 310,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

With move to cloud hosting for servers and databases from on-premise, Disaster Recovery and hosting costs are increasing.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY12 - FY24

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

Yes No Unknown

Please provide an explanation*

They were from FY11 - FY20.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Jamie Schanbachler

Address*

Street Address

480 N. Sam Houston Parkwas

Address Line 2

Suite 310

City

Houston

Postal / Zip Code

77060

State / Province / Region

TX

Country

United States

Phone Number*

281-741-6389

Email*

jschanbachler@centratechnologies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 95,000.00	574000

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name
Hurst, Richard

Submission Date
5/3/2024

Budget Manager Approval(s)

Approved by



Approval Date
5/3/2024

Procurement Approval

File Upload (?)

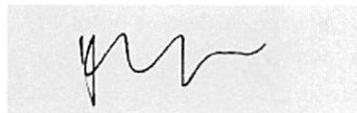
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date
5/3/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

5/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0145

Contractor Name*

Pivot Point Consulting, A Vaco Company

Service Provided* (?)

Consulting and IT Staffing Services. Pivot Point Consulting will provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 640,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1158, 2626, 2426

G/L Code(s)*

542000, 900060

Current Fiscal Year Purchase Order Number*

CT143364

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 100,000.00	900060
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Rates up to \$160.00 per hour

Project WBS (Work Breakdown Structure)* (?)

IT24.1147.04 EPIC Optimization

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Coshinnwala

Contracts Approval

Approve *

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

Approved by *

Belinda Scudo

Approval Date *

5/29/2024

EXHIBIT F-5

JUNE 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALS

JUNE 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine Department of Family and Community Medicine	EKG Interpretation Services	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement for EKG Interpretation Services. [FY25 NTE: \$49,950.00].
2	Baylor College of Medicine Department of Family and Community Medicine	EKG Interpretation Services	Amendment	9/1/2023 - 8/31/2024	General Revenue (GR)	Amendment to increase the NTE funding to add New Start program unit and increase the allocation for the Northeast Clinic. [Revised NTE: \$52,450.00]
3	Baylor College of Medicine Department of Family and Community Medicine	Physical Medical Evaluations	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement for Physical Medical Evaluations. [FY25 NTE: \$100,000.00]
4	Community Health Choice, Inc.	Telephonic Crisis Line Services	Renewal	8/9/2024 - 8/8/2025	Private Pay Source	Annual renewal for telephonic crisis line revenue/ILA on behalf of Community Health Choice for Harris County Hospital District d/b/a Harris Health. [Revenue \$18,000].
5	Harris County Department of Education	Agency Wide Records Management Services	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of ILA and funding for Agency Wide Records Management Services. [FY25 NTE: \$19,902.25].
6	Harris County Hospital District d/b/a Harris Health System	Interlocal Agreement combining the current contracts with Harris Health System for Security, Janitorial and Nutrition services at the NeuroPsychiatric Center. NPC Lease Agreement is Contract ID 2020-0033.	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Interlocal Agreement for Security, Janitorial and Nutrition services provided at the NeuroPsychiatric Center. [FY25 NTE: \$1,026,191.17]
7	Harris County Office of Managed Assigned Counsel	Renewal	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Care Coordination Agreement with the Harris County Office of Managed Assigned Counsel.
8	Harris County Public Health	Interlocal Agreement for Screenings through Mobile Wellness Clinic for Houston Public Health Event	New Contract	5/16/2024 - 12/31/2024	County	New Interlocal Agreement with Harris County Public Health. The Harris Center for Mental Health & IDD is doing outreach to medically underserved communities through the use of the Mobile Wellness Clinic. The Harris Center will be participating in the Wellness on Wheels event hosted by Houston Public Health to conduct mental health screenings via PHQ-2 tool and provide health education.
9	Region 4 Education Service Center (ESC)	Provision of Office for Non-Physician Mental Health Professional	Renewal	9/1/2024 - 8/31/2025	State Grant	Annual renewal to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19. [FY25 NTE: \$7,284.00].
10	The University of Texas Health Science Center of Houston	A joint Providership with McGovern Medical School Office of Continuing Medical Education	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement with McGovern Medical School Office of Continuing Education (OCME) to provide Continuing Medical Education (CME) Activity. [FY25 NTE: \$6,750.00].
11	University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center	Mental Health In-Patient Psychiatric Beds, Inpatient Competency Restoration Services and Voluntary/Involuntary Civic Beds	Amendment	9/1/2023 - 8/31/2024	State	Amendment to increase the NTE to cover the cost for additional in-patient psychiatric beds to increase the bed rate per day. Funding received from HHCS effective September 1, 2024. [Current FY24 NTE: \$36,717,873.80 increased by \$10,745,645.40; Revised FY24 NTE: \$47,463,519.20]



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Interlocal

Current Fiscal Year

2024

Contract ID# *

2023-0727

Contractor Name *

Baylor College of Medicine Department of Family and Community Medicine

Renewal Term Start Date

9/1/2024

Renewal Term End Date

8/31/2025

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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 49,950.00

Rate(s)/Rate(s) Description

\$38.40 PER ROUTINE CONSULTATION \$50.40 PER URGENT CONSULT

Unit(s) Served*

2212, 2213, 2214, 2215, 2301, 9205, 9209, 9210

G/L Code(s)*

543019

Current Fiscal Year Purchase Order Number*

CT143283

Contract Requestor*

Stacy Vincent

Contract Owner*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 4,850.00	543019
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 4,000.00	543019
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 17,500.00	543019
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 13,000.00	543019
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 9,600.00	543019
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 350.00	543019
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 350.00	543019
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 300.00	543019
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable (?)

\$38.40/ROUTINE CONSULTATION; \$50.40/URGENT CONSULTATION; \$

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 49,950.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

49950

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshtman

Contract Owner Approval

Approved by

Kia Donae Walker

Contracts Approval

Approved by

Belinda Stude

Approval Date

5/29/2024

Final Board Report Comments



Service Provided (?)

EKG Interpretation Services

Product/Service Description

EKG Interpretation Services

Revised Comments For Board Report*

Annual renewal of Agreement for EKG Interpretation Services. [FY25 NTE: 49,950.00].

Exclude this Renewal from Board Report? *

- Yes
- No



Executive Contract Summary

Contract Section



Contractor*

Baylor College of Medicine Department of Family and Community Medicine

Contract ID #*

2023-0727

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/18/2024

Parties* (?)

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

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$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 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*

\$ 49,950.00

Increase Not to Exceed*

\$ 2,500.00

Revised Total Not to Exceed (NTE) *

\$ 52,450.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 52,450.00

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* (?)

Requesting an amendment to increase funding on PO CT143283 for invoice processing through August 31, 2024. 1) add New START unit 6302 and \$500 allocation; 2) increase Northeast unit 2213 allocation by \$2000. All other units will remain as originally submitted.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

10+ years to present.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

LINDA TRAN DINH

Address*

Street Address

1 Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030-3411

State / Province / Region

TX

Country

US

Phone Number*

713-798-7777

Email*

LT3@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 500.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 2,000.00	543019

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

5/1/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

5/6/2024

Approved by

Debbie Chambers Shelby

Approval Date

5/6/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Dena Walker

Approval Date

5/9/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/10/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7521

Contractor Name *

Baylor College of Medicine Department of Family and Community Medicine

Service Provided* (?)

Physical Medical Evaluations

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

\$8,333.33 per month for Physical Examination, 2-5
Estimated Physical Examinations per day

Unit(s) Served*

9209

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT143382

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 100,000.00	543011
Budget Manager* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

\$8,333.33 per month for Physical Examination, 2-5
Estimated Physical Examinations per day

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Todd Ostman

Contract Owner Approval



Approved by

KIM KOPNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7535

Contractor Name*

Community Health Choice, Inc.

Service Provided* (?)

Telephonic Crisis Line Services to provide MH and IDD resources and support.

Renewal Term Start Date*

8/9/2024

Renewal Term End Date*

8/8/2025

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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

n/a

G/L Code(s)*

n/a

Current Fiscal Year Purchase Order Number*

n/a

Contract Requestor*

Millie Wong

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 18,000.00	420015
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
Private Pay Source

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJoy

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

5080

Contractor Name *

Harris County Department of Education

Service Provided* (?)

Agency Wide Records Management Services (EVERGREEN)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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* (?)

\$ 27,484.75

Rate(s)/Rate(s) Description

Unit(s) Served*

1101, 1128, 1110, 1119, 1105

G/L Code(s)*

571002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143242

Contract Requestor*

Nina Cook

Contract Owner*

Nina Cook

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 1,655.32	571002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 1,080.52	571002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 2,113.85	571002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1105	\$ 15,052.56	571002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Various based on the number of boxes stored for each unit and unit requirements.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 19,902.25

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

HCDE FY25 BUDGET SUMMARY (LATEST) 5-15-2024.xls	65.5KB
The Harris Center NON-MEMBERSHIP 2024-2025a.doc	70.5KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Nina Cook

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Nina Cook

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0739

Contractor Name*

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

Service Provided* (?)

Interlocal Agreement combining the current contracts with Harris Health System for Security, Janitorial and Nutrition services at the NeuroPsychiatric Center. NPC Lease Agreement is Contract ID 2020-0033.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 1,008,684.72

Rate(s)/Rate(s) Description

Unit(s) Served*

9206, 9209, 9211

G/L Code(s)*

583001, 569002, 543013

Current Fiscal Year Purchase Order Number*

FY24 Po CT143442

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 272,360.49	569002

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 47,663.09	569002

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 20,427.04	569002

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

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

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 270,420.64	583001

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 47,323.61	583001

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9211	\$ 20,281.55	583001

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Janitorial - \$340,450.62

9206 \$272,360.49

9209 \$47,663.09

9211 \$20,427.04

Nutrition - \$347,714.75

9206 \$278,171.80

9209 \$69,542.95

Security - \$338,025.80

9206 \$270,420.64

9209 \$47,323.61

9211 \$20,281.55

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,026,191.17

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshtman

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0700

Contractor Name *

Harris County Office of Managed Assigned Counsel

Service Provided* (?)

This care coordination agreement serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: Harris County Office of Managed Assigned Counsel.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 0.00

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

9208

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?***

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s) 

Approved by

Jodel Oshman

Contract Owner Approval 

Approved by

KIM KORNMAVER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/30/2024



Executive Contract Summary

Contract Section



Contractor*

Harris County Public Health

Contract ID #*

2024-0887

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/18/2024

Parties* (?)

Houston Public Health and The Harris Center for Mental Health & 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* (?)

5/16/2024

Contract Term End Date* (?)

12/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

County

Contract Description / Type* (?)

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

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

The Harris Center for Mental Health & IDD is doing outreach to medically underserved communities through the use of the Mobile Wellness Clinic. The Harris Center will be participating in the Wellness on Wheels event hosted by Houston Public Health to conduct mental health screenings via PHQ-2 tool and provide health education.

Contract Owner*

Janeth Martinez

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*

Houston Public Health

Supporting Documentation Upload (?)

Wellness on Wheels_JUNE_1P_OPI_2024 1.pdf	1.2MB
24GEN1096 - Wellness on Wheels - Harris Center.docx	46.9KB
HC_Planning Questionnaire- The Harris Center-5-8-2024.docx	72.77KB

Vendor/Contractor Contact Person ▲

Name*

Eboni Sutherland

Address*

Street Address

1111 Fannin Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

USA

Phone Number*

713-417-9472

Email*

Eboni.Sutherland@phs.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 0.00	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

Martinez, Janeth

Submission Date

5/16/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

5/16/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Janeth Martinez

Approval Date

5/16/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024





Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7737

Contractor Name*

Region 4 Education Service Center (ESC)

Service Provided* (?)

Interlocal Agreement to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 7,284.00

Rate(s)/Rate(s) Description

Total Cost represents a 119 sq. ft. office space monthly, technical and print shop costs.

Unit(s) Served*

7003

G/L Code(s)*

425086

Current Fiscal Year Purchase Order Number*

CT143236

Contract Requestor*

Jennifer Battle

Contract Owner*

Jennifer Battle

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 7,284.00	595000
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

7,284.00

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,284.00

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

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ileyay

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0361

Contractor Name *

The University of Texas Health Science Center of Houston

Service Provided* (?)

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

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 6,600.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143387

Contract Requestor*

Annette Mayne

Contract Owner*

Luming Li

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 6,750.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 6,750.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Luming Li

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Dr. Leming Li

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/23/2024



Executive Contract Summary

Contract Section

Contractor*

University of Texas Health Science Center @ Houston on behalf of Harris County Psychiatric Center

Contract ID #*

5736

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/27/2024

Parties* (?)

University of Texas Health Science Center @ Houston - HCPC and The Harris Center for Mental Health and IDD 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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 36,717,873.80

Increase Not to Exceed*

\$ 10,745,645.40

Revised Total Not to Exceed (NTE)*

\$ 47,463,519.20

Fiscal Year* (?)

2024

Amount* (?)

\$ 47,463,519.20

Funding Source*

State

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input 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* (?)

Increased cost for bed rate and additional beds. Secured additional funding.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-22 to 08-31-23

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kevin Dillon, COO

Address*

Street Address

DBA Harris County Psychiatric Center

Address Line 2

2800 South McGregor Way

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

USA

Phone Number*

713.741.5000

Email*

Kevin.Dillon@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2186	\$ 6,623,727.40	543002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2221	\$ 1,240,023.00	543069

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2222	\$ 2,332,352.00	543056

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9300	\$ 549,543.00	543056

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name	Submission Date
Shelby, Debbie	6/14/2024

Budget Manager Approval(s)

Approved by



Approval Date

6/14/2024

Contract Owner Approval

Approved by

Lance Britt

Approval Date

6/14/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2024

EXHIBIT F-6

Security and Privacy Risk Management Services and Platform with Vendor Security Management Services

Presented by: Stanley Adams, MBA
June 18, 2024



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Software Tool/Platform	25%
Methodology/Approach	30%
History and References	10%
Cost	10%
	TOTAL
	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	87	70	56	52	35
Evaluator 2	100	58	36	49	18
Evaluator 3	95	53	41	41	22
Average Evaluation Score	94	60.33	43.33	47.33	25

The total possible score is 100 points. The next slide will be the evaluation scores after the demos.

Request for Proposal – Demo Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	86	77
Evaluator 2	82	63
Evaluator 3	95	65
Average Evaluation Score	87.67	68.33



RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Pricing Proposal*	\$750,000.00	\$1,025,000.00	\$2,176,320.00	\$3,437,460.00	\$1,915,000.00

*Pricing is for the full 5-year contract.

Award Recommendation



Award Recommendation Request for Proposal (RFP)

Security and Privacy Risk Management Services and Platform with Vendor Security Management Services

A Proposal Opening for Security and Privacy Risk Management Services and Platform with Vendor Security Management Services RFP was held on Tuesday, April 2, 2024.

Seventy-seven (77) vendors that identified this as an area of interest were notified of this opportunity via our procurement software. Of those, twenty-nine (29) were found in an extensive vendor search by the Buyer. Advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESBID website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Seven (7) proposals were received. Five (5) were deemed responsive and evaluated by the project team. The vendors who submitted a responsive proposal are Carahsoft Technology Corporation, Clearwater Security, Cyber Leadership and Strategy Solutions, LLC, iTrustXForce, and Naya Group, LLC.

The Project Team consisted of the following members: Wes Farris, Information Security and Enterprise Architect, Rita Alford, Privacy and Health Information Management, Mustafa Cochinwala, Chief Information Officer, and Frances Otto, Buyer II

Five (5) areas were evaluated: Overall Program, Software Tool/Platform, Methodology/Approach, History and References, and Cost.

Demos were requested of Clearwater Security and iTrustXForce and held in late April and early May 2024.

Based on the project team's evaluation of responses received, it is recommended to award Clearwater Security. This recommendation is based on the team's belief that Clearwater Security is the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for three (3) base years with two (2) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. The first contract year will begin September 1, 2024, and end on August 31, 2027, subject to budget approval. The initial fiscal year budget requested is \$150,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$750,000.00 funded annually. The Funding Source is Computer Maintenance User Fee (1130).

FY25 NTE: \$150,000.00
FY26 NTE: \$150,000.00
FY27 NTE: \$150,000.00
FY28 NTE: \$150,000.00
FY29 NTE: \$150,000.00

DocuSigned by:
Frances Otto

Frances Otto, CTCD
Buyer II

DocuSigned by:
Nina Cook

Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Stanley Adams

Stanley Adams, MBA
Interim Chief Financial Officer

EXHIBIT F-7

Status **Pending** PolicyStat ID **15838821**

Origination 07/2023

Last Approved N/A

Effective Upon Approval

Last Revised 07/2023

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.16 Clinician Peer Review

1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer-driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

4. RELATED POLICIES/FORMS (for reference only):

[Professional Review Committee Policy](#)

5. PROCEDURES:

[Clinician Peer Review](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas State Board of Examiners of Professional Counselors. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html>

Texas State Board of Psychologists. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html>

Texas State Board of Social Worker Examiners. <https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html>

Licensed Chemical Dependency Counselor Program. <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Initial Assignment	Kendra Thomas: Counsel	05/2024
Initial Assignment	Lance Britt: Dir	05/2024

EXHIBIT F-8

Status **Pending** PolicyStat ID **15783329**

Origination	04/2008
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Gertrude Leidich: Vice President Clinical Transformation and Quality
Area	Medical Services
Document Type	Agency Policy

MED.A.8 - Closed Record Review Committee Policy

1. PURPOSE:

To provide clinical peer review of all deaths of The Harris Center's consumers to ensure against inappropriate clinical care, and one that conforms to the highest quality standard of care and the Harris Center's policies and procedures.

2. POLICY:

It is the policy of the Harris Center to ensure that the deaths of all consumers served in all Harris Center programs, including contracted placements, are peer-reviewed. All contract providers are responsible for adhering to the provisions of this policy and procedures.

The Harris Center's Closed Record Review Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Medical Officer for the improvement of The Harris Center's service delivery system. The Closed Record Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, direct and contracted employees.

4. RELATED POLICIES/FORMS (for reference only):

[Incident Reporting](#)

5. PROCEDURES:

Closed Record Review Committee

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Deaths of Individuals Served by Community Mental Health Centers. Title 25. TEX. ADMIN. CODE. Chapter 405. Subchapter K.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Final Legal Review	Kendra Thomas: Counsel	06/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	05/2024

EXHIBIT F-9

Status **Pending** PolicyStat ID **15738327**

Origination	03/1993	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

HR.A.10 Equal Employment Opportunity

1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

2. POLICY:

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to all terms and conditions of employment including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. As defined by law, sex includes gender identity, sexual orientation, and transgender status. Sexual orientation, gender identity, and transgender status will not have any influence on Harris Center employment decisions or opportunities.

The Harris Center strictly prohibits and does not tolerate discrimination against employees, applicants or any covered person because of the protected classes described above. All Harris Center employees are prohibited from engaging in unlawful discrimination.

Additionally, the Harris Center complies with the Americans with Disability Act (ADA), as amended by the ADA Amendments Act, the Texas Commission on Human Rights Act, and all applicable state and local laws. Consistent with those requirements, The Harris Center will make reasonable accommodations for qualified individuals with a disability if such accommodation would allow the individual to perform the

essential functions of the job, unless doing so would result in an undue hardship to the Harris Center. Also, the Harris Center will, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

4. RELATED POLICIES/FORMS:

Employee Job Descriptions Transfers, Promotions, Demotions
 Personnel Requisition Action Form
 The Harris Center Application for Employment

- Creating a New Position
- Filling a New Position
- Filling a Vacant Position
- Changing a Current Position
- Posting of Vacancies
- Conditions of Employment

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e to 2000e-17
- The Americans with Disabilities Act , as amended by the ADA Amendment Act, 42 U.S.C. §12101-12213
- The Age Discrimination in Employment Act, 29 U.S.C. §§621-634
- The Genetic Information Nondiscrimination Act, 42 U.S.C. §§2000ff-2000ff-11
- Uniformed Services Employment Reemployment Rights Act, 38 U.S.C. §4311
- Section 1981 Civil Rights Act of 1866, 42 U.S.C. §1981
- The Equal Pay Act, 29 U.S.C. §206(d)
- Immigration Reform and Control Act, Pub.L. No. 99-603, 100 Stat. 3359 (1986)
- Texas Commission on Human Rights Act, Tex. Lab. Code Ann. §§21.101, 21.106, 21.051, & 21.402
- Employment Discrimination for Participating in Emergency Evacuation, Tex. Lab. Code Ch. 22
- Texas Worker's Compensation Act. Tex. Lab. Code, Ch. 451
- Texas Military Forces, § 437.204

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

EXHIBIT F-10

Status **Pending** PolicyStat ID **15738323**

Origination 03/2000

Last Approved N/A

Effective Upon Approval

Last Revised 05/2024

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

HR.A.11 Inquiries on Employees

1. PURPOSE:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has a responsibility to maintain a system to protect current and former employees' employment records. The purpose of this policy is to ensure a consistent process throughout the agency concerning the release of employment information.

2. POLICY:

All inquiries regarding the employment information of current and former employees will be referred to an approved third-party vendor for official responses. In the event the third-party vendor is unable to provide the necessary documentation, then the inquiry will be sent to the Human Resources Department for completion. These inquiries include, but are not limited to, reference checks on current or past employment, working hours, salary verifications, credit and collection inquiries, requests pertaining to any solicitation of employees or distribution of material to employees, and all other requests for information that may be part of an employee's employment record. This list is illustrative only and not exhaustive.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

4. RELATED POLICIES/FORMS:

[HIM4A.IT.A.2 Information Security Policy](#)

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- Restrictions on Blacklisting, Texas Labor Code §52.031
- Disclosure by Employer of Information Regarding Certain Employees or Former Employees, Texas Labor Code §103
- Texas Public Information Act, Texas Government Code § 552

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

EXHIBIT F-11

Status **Pending** PolicyStat ID **15738299**

Origination	06/2020	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

HR.A.13 Lactation Breaks

1. PURPOSE:

To ensure employees at The Harris Center for Mental Health and IDD (The Harris Center) have reasonable breaks to express breast milk at the workplace.

2. POLICY:

The Harris Center supports the right of nursing employees to receive break time to express breast milk and a private place, other than the bathroom, to pump at work. Under this policy, nursing employees may take reasonable breaks to express breast milk for up to one year following the birth of the employee's child each time such employee has a need to express breast milk. Employees who telecommute are eligible to take reasonable breaks to express breast milk like other employees.

Employees are encouraged to provide notice to their supervisor of their intent to take lactation breaks. The advance notice will give The Harris Center the time needed to create or designate the required space if the work location does not maintain a permanent space dedicated for use as a lactation room.

The space provided for use to express breast milk will be a quiet place, not a bathroom (even if private), and is shielded from view and free from intrusion from coworkers and the public. The room will be fitted with an electrical outlet for employees who use a pump that must be plugged in. The employee will have access to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment. Employees who telecommute will also be free from observation by any Harris Center provided or required video system, including a computer camera, security camera, or web conferencing platform.

The employee will have access to cool refrigeration for storage of the employee-expressed breast milk.

Employees storing milk in the refrigerator assume all responsibility for the safety of the milk and the risk of harm for any reason, including improper storage, refrigeration, and tampering. If the employee decides to store the milk in their own cooler, they may do so, and the Harris Center will provide a space to store the cooler and their supplies.

Employees are encouraged to reserve the lactation room at their respective program locations with their supervisor. The supervisor will share the information only on an as-needed basis, such as with facilities personnel who may be charged with creating the required space. When an employee is using break time at work to express breast milk, they either must be completely relieved from duty or must be paid for the break time. Employees who are provided paid breaks and use such break times to express breast milk shall be compensated in the same way that other employees are compensated for their break time.

The Harris Center may not suspend, discipline, intimidate, retaliate, or terminate the employment of, or otherwise discriminate, against an employee for requesting or taking lactation breaks or for filing a complaint for violation of this policy. If an employee feels they are subject to any conduct that they believe violates this policy, they should promptly contact the Human Resources Department.

The Human Resource Department is responsible for the administration of this policy. They will ensure that a prompt investigation is conducted and take prompt corrective action, if appropriate.

3. APPLICABILITY/SCOPE:

All The Harris Center employees.

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Fair Labor Standards Act of 1938, 29 U.S.C. §207(r)
- Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of 1978, 42 U.S.C. §2000e
- Right to Express Breast Milk in the Workplace, Texas Government Code Chapter 619
- H.R.3110 - Pump for Nursing Mothers Act. 117th Congress (2021-2022)

Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

EXHIBIT F-12

Status **Pending** PolicyStat ID **15783333**

Origination	10/1992
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2023
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

MED.A.1 Medical Services

1. PURPOSE:

To document The Harris Center's expectations for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

2. POLICY:

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs, PAs, or clinical pharmacy specialists working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Medical Peer Review Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

3. APPLICABILITY/SCOPE:

All Harris Center programs and clinical services.

4. PROCEDURES:

Medical Services

5. RELATED POLICIES/FORMS (for reference only):

<ul style="list-style-type: none"> • Behavior Supports
<ul style="list-style-type: none"> • Abnormal Involuntary Movement Scale
<ul style="list-style-type: none"> • Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) & (Spanish)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part I, Ch. 2, Subchapter G
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, Division 3
- Provider Clinical Responsibilities - Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of the HHSC Psychiatric Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter G

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	06/2024
Final Legal Review	Kendra Thomas: Counsel	06/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Danyalle Evans	05/2024

EXHIBIT F-13

Status **Pending** PolicyStat ID **15738286**

Origination	01/2012	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

HR.A.15 Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program

1. PURPOSE:

The purpose of this policy is to establish guidelines, which prevent The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from federally funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department-Office of Inspector General (HHSC-OIG)

2. POLICY:

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center") to comply with state and federal rules to protect the interests of patients and the Harris Center.

The Harris Center shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

3. APPLICABILITY/SCOPE:

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

4. RELATED POLICIES:

[HR9A Employment](#)

5. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Social Security Act 42 U.S.C.A.1320a-7

Barring Vendor from Participation in State Contracts, Tex. Government Code §2155.077

Debarment, 34 Tex. Admin. Code Ch. 20, Subchapter G

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

EXHIBIT F-14

Status **Pending** PolicyStat ID **15783330**

Origination 02/2022

Last Approved N/A

Effective Upon Approval

Last Revised 06/2023

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.12 Personal Property

1. PURPOSE:

The purpose of this policy is to establish guidelines relating to the handling of excluded or allowable personal items brought into programs by both employees and visitors.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD ("Harris Center") to exclude all weapons, illegal drugs, and tobacco products from the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law. Items, including legal drugs and prescription medications, are allowable based on regulations and laws governing transport and storage.

The Harris Center for Mental Health and IDD will post a list of excluded items in a visible location in all facilities. Storage for items will be provided based on the setting as described in the Personal Property procedure.

Excluded items include:

- A. "Weapon(s)" include handguns, firearms, clubs, location-restricted knives, "prohibited weapons" defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon, or (ii) may be reasonably foreseen or expected to be used as a weapon.
- B. "Illegal drugs" include street drugs, alcohol (if under the legal drinking age), and drug paraphernalia.
- C. "Tobacco products" include cigarettes, cigars, chewing tobacco, and electronic cigarettes.

Allowable items include:

- A. "Legal drugs" include prescription medications, over-the-counter drugs, vitamins, and herbs.

3. APPLICABILITY/SCOPE:

All Harris Center employees, contractors, volunteers, and visitors.

4. RELATED POLICIES/FORMS (for reference only):

[Incident Reporting](#)

Statement of Weapon Confiscation

[Least Restrictive Interventions and Management of Aggressive Behavior](#)

MH Outpatient Property Management Form

Neuropsychiatric Center Patient Property Management Form

5. PROCEDURES:

[Personal Property](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

Texas Penal Code – Sections 46.01, 46.02, 46.03, 46.05, 46.15, 30.06, and 30.07.

License to Carry a Handgun, Texas Government Code -- Chapter 411, Subchapter H

Restrictions on Prohibiting Employee Transportation or Storage of Certain Firearms or Ammunition-

Texas Labor Code – Chapter 52, Sub-chapter G

Texas Controlled Substances ACT- Title 6, Subtitle C, Chapter 481, Sub-chapter A.

CARF: Section 2. Subsection A., General Program Standards

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Lance Britt: Dir	05/2024

EXHIBIT F-15

Status **Pending** PolicyStat ID **15775284**

Origination	11/2002	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2023		
Next Review	1 year after approval		

ACC.A.10 - Suicide/Homicide Prevention

1. PURPOSE:

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high-risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

2. POLICY:

It is the policy of The Harris Center to protect the health, safety, and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in, and respond to patients' threats of harm to self or others or high-risk behaviors.

3. APPLICABILITY/SCOPE:

This policy applies in all Harris Center mental health services, including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities and in other programs serving individuals with intellectual and developmental disabilities.

4. RELATED POLICIES/FORMS (for reference only):

[Incident Reporting](#)

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Policy and Procedure Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Legal Review	Kendra Thomas: Counsel	06/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Keena Pace: Exec	05/2024

EXHIBIT F-16

Status **Pending** PolicyStat ID **15783328**

Origination	05/2005	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

LD.A.9 - Termination of General Revenue Contract Providers with Harris Center-IDD Services

1. PURPOSE:

The purpose of this policy is to protect the interests of The Harris Center and the health and safety of the individuals served.

2. POLICY:

The Harris Center shall ensure that vendors and contractors suspended or debarred by the state or federal government are not awarded contracts with the Harris Center. When a vendor or contractor is suspended or debarred, the Harris Center shall terminate its contracts with debarred vendors and contracts as soon as possible, considering such factors as a need to procure replacement goods and services for an alternate vendor. Suspended or Debarred vendors are prohibited from participating in a procurement process or otherwise make offers to receive a contract or subcontract.

The Harris Center shall remove funded individuals served and suspend referrals to General Revenue ("GR") contractors and vendors who are notified by a licensing entity that they have been recommended for decertification. The Harris Center shall initiate the termination of the general revenue contract. In the event that the appeal is upheld, referrals and consumer choice may be reinstated after review and approval by Vice President of Intellectual and Developmental Disabilities.

3. APPLICABILITY/SCOPE:

This policy applies to all contractors and vendors who sell goods and services to the Harris Center.

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Debarment, 34 Tex. Admin. Code Chapter 20, Subchapter G
- Contract Management for Local Authorities, Title 40 Tex. Admin. Code Chapter 2, Subchapter B
- ICF/ID Programs--Contracting, 40 Tex. Admin. Code Chapter 6, Subchapter B.
- Contracting for Community Services, Title 40 Tex. Admin. Code Chapter 49, Subchapter B

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Initial Assignment	Kendra Thomas: Counsel	05/2024

EXHIBIT F-17

Status **Pending** PolicyStat ID **15009850**



Origination 06/2000
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2024
 Next Review 1 year after approval

Owner Shiela Oquin:
 ExecAsst
 Area Assessment,
 Care & Continuity
 Document Type Agency Policy

ACC.A.1 Court-Ordered Outpatient Mental Health Services

1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

2. POLICY:

It is the policy of The Harris Center that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or risk associated with relapse or re-hospitalization, dangerous behavior, or deterioration.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center, including, both direct and contracted employees.

4. RELATED POLICIES/FORMS ~~(for reference only)~~:

5. PROCEDURES:

Section I: Routes to Court-Ordered Out-Patient Mental Health Services

Section II: Order Following Hearing on Application for Temporary Mental Health Services

Section III: Modification of In-Patient to Out-Patient Commitment

Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment

Section V: Termination of Commitment

Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In-Patient Treatment

Section VII: Treatment Failure

Section VIII: Procedure for Transmitting Documents to Court Staff Training

Section IX: Staff Training

Section X: Review of Policy and Procedure

Section XI: References

Section XII: Forms

Section XIII: Attachments

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574

CARF: Section 1. Subsection E., Legal Requirements

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Shiela Oquin: ExecAsst	05/2024

EXHIBIT F-18

Status **Pending** PolicyStat ID **14784793**

Origination	01/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2024
Next Review	1 year after approval

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

MED.PHA.A.6 Pharmacy Peer Review Policy

1. PURPOSE:

The purpose of this policy is to establish a pharmacy peer review process to evaluate the quality of pharmacy services, the competency of pharmacists, and identify opportunities to enhance patient care through the pharmacy systems.

2. POLICY:

It is the policy of The Harris Center to consistently assess pharmacy operations, the quality of pharmacy-related activities and causal factors underlying quality-related activities or error occurrences to ensure the highest quality of care for all patients of The Harris Center. The deliberations of the pharmacy peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations regarding the confidentiality and privileged nature of pharmacist peer review communications, records, reports, deliberations, and proceedings. The Pharmacy Peer Review Committee is the Professional Review Committee (PRC) subcommittee.

3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed pharmacists.

4. RELATED POLICIES/FORMS ~~(for reference only)~~:

~~Professional Review Committee Policy~~ [Professional Review Committee Policy](#)

5. PROCEDURES:

Pharmacy Peer Review Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Pharmacy Peer Review, Tex. Occ. Code §§564.001-564.006; §§564.101-564.106

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
Legal 1st Review	Obiajulu Enahwo	06/2024
CEO/Board Approval	Wayne Young: Exec	05/2024
Legal 2nd Review	Kendra Thomas: Counsel	04/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	04/2024
Pharmacy Department Review	Tanya White: Mgr	03/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2024
Initial	Tanya White: Mgr	02/2024

EXHIBIT F-19

Status **Pending** PolicyStat ID **15805483**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Evelyn Locklin: Dir
Area	Administrative Directives
Document Type	Agency Policy

ACC.A.21 Resilience In Stressful Events (We RISE) Program Policy

1. PURPOSE:

The Purpose of this Policy is to ensure services and programs are supportive of Caregivers in Distress by integrating a Peer Support System within their own unique environment.

2. POLICY:

The Harris Center will create and maintain the [We RISE](#) Program which will offer free, confidential and timely peer support to any employee who may have encountered a stressful, patient-related event.

3. APPLICABILITY/SCOPE:

The policy is applicable to all Harris Center staff, volunteers, interns and contractors.

4. RELATED POLICIES/FORMS (for reference only)::

N/A

5. PROCEDURE:

[Resilience In Stressful Events \(We RISE\) Program Procedure](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2024
Legal Review	Kendra Thomas: Counsel	05/2024
Departmental Review	Keena Pace: Exec	05/2024
Initial Assignment	Evelyn Locklin: Dir	05/2024

EXHIBIT F-20

Status **Pending** PolicyStat ID **15055290**

Origination 11/2022

Last Approved N/A

Effective Upon Approval

Last Revised 06/2024

Next Review 1 year after approval

Owner Eunice Davis: Dir

Area Environmental Management

Document Type Agency Plan

EM.P.1 Risk Management Plan

1. Purpose

The purpose of the Risk Management Program is to strengthen The Harris Center for Mental Health and IDD's (The Harris Center) mission and vision related to consumer safety, clinical risk, and the safety of visitors, employees, property, and operations.

2. Guiding Principles

The Risk Management Program supports The Harris Center's philosophy that safety and risk management is everyone's responsibility. Employees shall observe safe work practices, rules, policies, and procedures to provide a safe environment for everyone at The Harris Center's facilities or properties. Employees shall assist individuals served at The Harris Center and our visitors in complying with these procedures and activities.

3. Program Goals and Objectives

The Harris Center's goal is to provide employees, consumers, and visitors a safe environment. The Harris Center is committed to continuous improvement of quality of care, safety and minimizing or preventing errors through risk management activities.

The Harris Center's Risk Management Program aims to reduce the frequency of losses and severity of accidents. Root Cause Analyses will guide implementation of appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention is the practice of setting up a self insurance program and Commercial Insurance Program to pay for losses as they occur. Risk transfer is a risk management and control strategy that involves contractually shifting risk, potential loss from an adverse outcome and financial responsibility that may or may not occur to a contractor. The Harris Center uses an Agent of Record to analyze the insurance market on an annual basis and make recommendations for

appropriate coverage of exposures to its programs, personnel, consumers, and assets.

4. Leadership

Following the lead of the Board of Trustees, employees of The Harris Center are committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The responsibilities of the Board of Trustees, executive leadership, directors, managers, supervisors, and employees are established in the Risk Management Program. The Harris Center's executive leadership is committed to the effectiveness of The Harris Center's Risk Management plan and its role in serving the Harris County community.

5. Role of the Risk Management Director

The Risk Management Director is empowered by The Harris Center to implement the functions and activities of the Risk Management Plan. The role of the Risk Management Director is to maintain a proactive Risk Management Program ~~under the guidance of the VP of Enterprise Risk Management~~ that complies with the provisions of federal, state, and local laws and regulations. The Risk Management Director is responsible for creating, implementing, and evaluating the outcomes of the Risk Management Plan. The Risk Management Director shall utilize reports, audits, inspections, and reviews for evidence-based decisions. The Risk Management Director shall serve on the System Quality, Safety and Experience Committee and Safety and Risk Management Committee to provide information and trends learned from the The Harris Center's incident ~~report~~reporting system.

6. Components of the Risk Management Program

The Harris Center Risk Management Program includes the following components:

- A. **Designated Risk Management Director and System Quality, Safety and Experience Committee and Safety and Risk Management Committee shall perform the following responsibilities:**
 1. Demonstrate training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis.
 2. Review, identify, monitor, and minimize risks, and potential risks associated with injury, infectious disease, medication errors, property damage or loss, and harm to individuals being served.
 3. Document all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring, and actions taken to reduce risk.
- B. **Incident Reporting System ("IRS")** is utilized for reporting incidents involving consumers, employees, or property. Employees are required to report all events in The Harris Center Incident Reporting system as outlined in the Harris Center's Incident Reporting policy. Clinical Risk Management reviews are required for incidents that indicate follow-up is necessary. Clinical reviews are conducted by the Professional Review Committee and its subcommittees. Employees are required to complete an incident report training during orientation. The incident report training includes when to complete an incident report, how to complete an incident report, and consequences for failure to report a serious injury or incident.
- C. **Annual Risk Assessment** is conducted annually to help identify and bring attention to the likelihood of a risk event occurring and the potential impact if the risk event occurs. A Risk

Event refers to any unforeseen or unexpected occurrence that can cause losses for the Harris Center. Classifications of the likelihood of risk range from "rare to almost certain", with consequences of likely risks ranging from "insignificant to severe". This type of risk assessment assists the organization's response to certain practices, situations, and policies that may help reduce the risk of harm to consumers, employees, visitors, and property.

- D. **Ongoing Monitoring and Data Analysis** of harm and potential harm to identify and promptly respond to risks.
- E. **Root Cause Analyses:** The Harris Center is committed to the utilization of improvement models, tools, and techniques such as root cause analysis (RCA). Sources of data will include prospective, concurrent, and retrospective reviews of records and events, reports from regulatory and contracting agencies relating to care deficiencies, complaints, grievances, and clinical reviews of sentinel events.
- F. **Life Safety Inspections** are performed annually at each service location owned, ~~rented or leased~~ by The Harris Center. The Facility Services Department oversees that applicable permits required by local government are maintained for fire safety surveys, alarms, fire box keys, intrusion alarms, and sprinkler systems. Rented or leased facilities are governed through risk transfer administered by the Contract Services Department.
- G. **Death Mortality Reviews** of the deaths of consumers served in The Harris Center programs, including consumers served in The Harris Center contracted placements, are conducted by the Closed Records Committee [See MED16A & MED16B Policy and Procedures for Closed Records Committee.] Closed Record reviews are conducted to identify clinically related problems requiring correction and opportunities to improve the quality of care pursuant to requirements of the ~~Texa~~Texas Administrative Code (TAC)[See Community Centers: Clinical Death Review 25 TAC §405.274.]
- H. **Commercial Insurance Program:** The Harris Center carries the following lines of coverage:
- **Workers' Compensation** coverage responds to injuries to center employees who are injured on the job while in the course of their employment. Workers' compensation covers medical bills, rehabilitative, and lost income benefits for center employees.
 - **Liability** coverage includes automobile liability (AL), general liability (GL), medical malpractice for both mental health and primary health care (PL), public official's errors & omissions (E&O) coverage, and Excess Liability (EL) to provide additional limits of insurance of the underlying liability policies.
 - **Property** coverage includes buildings, office contents, computers, contractor's equipment, and vehicles owned by The Harris Center. Basic crime coverage is included within property coverage.
 - **Cyber Liability** coverage includes the response to an incident with forensics, attorneys, notification, and public relations strategies. Coverage is also provided for damage caused by a breach, penalties or fines and injury to the public from a breach.
 - **Flood** coverage provides property coverage to The Harris Center properties that are within federally identified flood zones.
 - The Texas Council Risk Management Fund also provides safety consulting, assistance with auditing processes for determining premiums, leadership training, risk management consulting, claim service, and the ability of The Harris Center to have input in the claim

management and settlement practices.

7. Risk Management in Operational Units

The following risk management elements are in place and support the Risk Management Plan and its reach and mission.

A. Compliance and Financial Risk Management

The Harris Center follows legal and fiscal requirements of all funders and regulatory agencies. Operational units are audited by Internal Audit and Compliance departments.

B. Health and Safety

The Harris Center safety program includes the following:

- System Quality, Safety and Experience Committee and Safety and Risk Management Committee
- Incident Reporting
- Prevention and Management of Aggressive Behavior (PMAB) 25 TAC §417.515
 - The Harris Center uses Handle with Care to comply with this requirement.
- Vehicle and Driver Safety Campaign
- Slips, Trips and Falls Campaign
- Accident Investigation
- Infection Control and Prevention
- Emergency Response and Disaster Preparedness
- Online Training
 - Electrical Safe Practices
 - Hazardous Materials
 - Chair ergonomics and safety
- Security Officers
- Entrapment prevention environment review

C. Risk Management in Clinical Setting

- Physicians and nurses at The Harris Center provide leadership and oversight for medical and nursing practices through continuous monitoring of the quality of care and peer review. Clinic spaces are equipped and staffed for consumer treatment. Medical supplies and pharmaceuticals are secured with access control measures. Clinic spaces are to be cleaned in accordance to the Infection Control and Prevention Plan overseen by the Chief Nursing Officer.

D. Contracting Practices

- The Harris Center contracts shall be reviewed by the Contracts Services Department. Contracts shall contain indemnification language and minimum insurance coverages and amounts that contractors shall carry. The Harris Center Board of Trustees reviews and approves all contracts within its authority.

E. Security of Information including Client Confidentiality

- The Harris Center follows federal and state laws and regulations regarding privacy and consumer information. The Information Security Officer and Health Information Management Department oversee policies and procedures to protect consumer information.

F. Conflict of Interest

- The Harris Center has policies and procedures to protect against conflicts of interests [LD12A Code of Ethics, LD5A Solicitation of/and Acceptance of Donations, FM19B ~~Requisitioning~~ Requisitioning and Purchasing of Goods and/ or Services, MED10B Pharmaceutical Representatives]. All contractors or vendors are surveyed for conflicts of interest and employees on vendor selection committees are required to sign a conflict of interest acknowledgement form. The Harris Center Board of Trustees are required to complete Conflict of Interest Disclosure forms.

G. Employment Practices

- Leadership training is offered to employees online that covers topics such as discrimination, sexual harassment, and retaliation at work.

H. Inter-agency Collaborations or Joint Ventures

- The Harris Center has inter-agency collaborations with city, county, and state public health and emergency management agencies.

I. Public Relations Risk Management

- The Harris Center has policies on Communications (LD2A Communications with the Media and Other Entities) and Social Media (LD13A Social Media Use). Requests for information, interviews, or postings on social media sites shall be forwarded to the Communications Department per policy.

J. Risk Management Monitoring and Metrics

- Incident Reporting assists in monitoring the frequency of events. The incident reporting process at The Harris Center has three main purposes:
 1. Quality Control related to the services and people affected by risk events;
 2. Use data about risk events to revise or modify processes, premises, or services; and
 3. Provide measures of the effectiveness of risk control efforts.

Data is used by Risk Management and Clinical Transformation & Quality to provide improvements at The Harris Center. Internal reporting of incidents and external claims records provided by the Texas Council Risk Management Fund assist in the risk management process. The Harris Center shall conduct an annual Risk Analysis in collaboration with the Texas Council Risk Management Fund to identify risk areas of improvement, progress, actions taken, and department responsibility for operational leaders that shall be incorporated into this plan by reference. The Risk Management Plan shall operate in conjunction with the Infection Control Plan.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2024
Legal Review	Kendra Thomas: Counsel	06/2024
Initial Assignment	Eunice Davis: Dir	06/2024

EXHIBIT F-21

Facilities Capital Project Update Q3-FY24

Todd McCorquodale, Director of Facilities Services

Capital Project Updates – Multi-Year

Multi-Year Capital Projects

Location	Project	Project Number	Total Budget	FY24 Budget	Project Completion	Design	Procurement	Construction	Overall Progress	\$ Total Project Budget
NPC	Renovations	FM21.1126.02	\$ 6,200,000.00	\$ 3,481,093.00	FY2024 Q3	100%	100%	87%	96%	\$ 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	100%	100%	30%	77%	\$ 12,117,509.00
Northeast Clinic (New)	Clinic Design & Build	FM21.1126.18	\$ 22,600,000.00	\$ 3,000,000.00	FY2025 Q4	90%	0%	0%	30%	\$ 1,461,782.00
Bristow	Renovations	FM24.1126.01	\$ 5,000,000.00	\$ 1,000,000.00	FY2028 Q4	25%		2%	9%	\$ 1,000,000.00
Center for Pursuit*	Coffee House 2 Center for Pursuit	FM23.1126.02	\$ 600,000.00	\$ 600,000.00	TBD	90%	0%	0%	30%	\$ 110,000.00
Southwest 9401	Loading Dock Foundation Repair	FM24.1126.02	\$500,000.00	\$487,650.00	FY2024 Q4	100%	50%		75%	\$ 500,000.00


 Project Paused


 Bond Funded

Capital Project Updates – FY 24 Strategic Goal

FY24 Capital Projects

Location	Project	Project Number	Total Budget	FY24 Balance	Project Completion	Design	Procurement	Construction	Overall Progress	\$ Total Project Budget
Dennis St	Elevator Modernization	FM23.1126.09	\$75,000.00	\$1,145.00	FY2024 Q2	100%	100%	100%	100%	\$ 75,000.00
SW Garage	Garage Assessment	FM23.1126.10	\$12,000.00	\$12,000.00	FY2024 Q1	100%	100%	100%	100%	\$ 12,000.00
6160 RRR	Roof Repair/Completion	FM24.1126.03	\$60,000.00	\$10,520.00	FY2024 Q3	100%	100%	100%	100%	\$ 60,000.00
Westbury House	Kitchen Remodel update	FM24.1126.04	\$60,000.00	\$55,000.00	FY2024 Q4	100%			33%	\$ 60,000.00
9401 Garage	Exit Gate Improvements	FM24.1126.05	\$60,000.00	\$59,380.00	FY2024 Q3	100%	100%	100%	100%	\$ 60,000.00
Dennis St. / IL	Kitchen Update	FM24.1126.06	\$12,000.00	\$12,000.00	FY2024 Q3					\$ 12,000.00
Bristow	Elevator Modernization	FM24.1126.01	\$84,582.50	(\$51,047.50)	FY2024 Q3	100%	100%	100%	100%	\$84,582.50
Southwest	Sign Replacement **	FM24.1126.07	\$160,000.00	\$160,000.00	FY2024 Q3	100%	100%	30%	77%	\$ 160,000.00

Number projects	7
Projects Completed	5
Percent Complete	71%

Capital Project Updates – FY 24 Strategic Goal

Capitalized Projects

Southeast	SE Sewerline Replacement	FM24.1126.08	\$19,960.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$19,960.00
Dennis St	Fire panel replacement	FM24.1126.09	\$13,100.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$13,100.00
Barbarella	Fire panel replacement	FM24.1126.10	\$3,100.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$3,100.00
Southwest	Emergency lighting replacement	FM24.1126.11	\$24,500.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$24,500.00
Humble	Fire panel replacement	FM24.1126.12	\$5,800.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$5,800.00
Dennis St	Emergency lighting replacement	FM24.1126.13	\$4,850.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$4,850.00
Southeast	UNIT 2 REPLACEMENT	FM24.1126.14	\$25,378.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$25,378.00
Southeast	UNIT 3 REPLACEMENT	FM24.1126.15	\$18,458.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$18,458.00
Northeast	UNIT 10 REPLACEMENT	FM24.1126.16	\$16,407.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$16,407.00
Southeast	UNIT 6 REPLACEMENT	FM24.1126.17	\$49,000.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$49,000.00
Southeast	Fire panel replacement	FM24.1126.18	\$9,775.00	\$0.00	FY2024 Q2	100%	100%	100%	100%	\$9,775.00

6168 Apartments



6168 Apartments



NPC

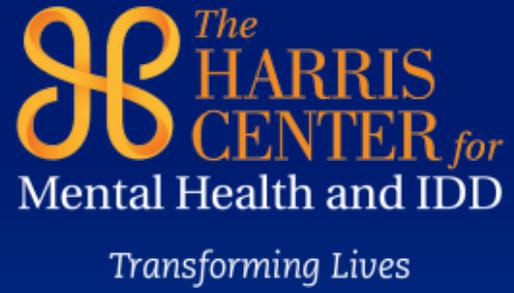


NPC



NPC





Thank You

EXHIBIT F-22

JUNE 2024
NEW CONTRACTS
100k – 250k



Executive Contract Summary

Contract Section ▲

Contractor*

Pursuit Foundation

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/27/2024

Parties* (?)

Pursuit Foundation 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 Lease Agreement |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2024

Contract Term End Date* (?)

8/31/2025

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 100,000.00

Funding Source*

County

Contract Description / Type* (?)

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

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

For the purpose of utilizing the premises of the Wellness Building located at 4430 Harrisburg Blvd, Suite 110, Houston, TX 77011, to provide early childhood services, including counseling and behavioral support for children ages 3 - 8 years of age with autism spectrum disorder and delays in language, motor skills, academic skills, as well as in appropriate classroom behaviors.
See attachment for additional content pertinent to the lease agreement.

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*

An array of service agreements for residential, employment, etc. during fiscal year 2024 (09/01/23 to present).

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Pursuit Foundation

Supporting Documentation Upload (?)

7.1.2024_Harris Center Lease Document_HW LVL 1.pdf 661.52KB

Vendor/Contractor Contact Person

Name*

Charles Njuguna, CEO

Address*

Street Address

4400 Harrisburg Blvd

Address Line 2

City

Houston

Postal / Zip Code

77011

State / Province / Region

TX

Country

US

Phone Number*

713-525-8401

Email *

cnjuguna@thecenterforpursuit.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3530	\$ 100,000.00	126006
Budget Manager	Secondary Budget Manager	
Johnson, Kenyonika	Kerlegon, Charles	

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

6/12/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

6/12/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evantia Collins

Approval Date

6/12/2024

Contracts Approval

Approve *

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

Approved by*

Belinda Stude

Approval Date*

6/12/2024

EXHIBIT F-23

JUNE 2024
RENEWALS 100k - 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0741

Contractor Name*

Absorb Software North America, LLC

Service Provided* (?)

Learning Management System Software for The Harris Center.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 15,275.00

Rate(s)/Rate(s) DescriptionFY24: \$15,275.00 one-time fees. FY25: \$117,750.00 due
Sept. 2024**Unit(s) Served***

1975

G/L Code(s) *

553002

Current Fiscal Year Purchase Order Number*

CT143703

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 117,750.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 117,750.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7611

Contractor Name*

AT&T Corp.

Service Provided* (?)

AT&T Ethernet on Demand Services - Upgrade to AT&T Circuits at 14 Agency Locations and Renew Pricing Schedule

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 None

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 150,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY24 CT143232

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 150,000.00	564004
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7828

Contractor Name *

Cardinal Health Pharmacy Services, LLC

Service Provided* (?)

Remote Order Pharmacy Support Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 132,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143293

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 132,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 132,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Please provide the net days*

30 days

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7802

Contractor Name*

CenturyLink Communications d/b/a Lumen Technologies Group

Service Provided* (?)

Back-up Data Circuits for EPIC

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 106,484.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY24 PO CT143245

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 120,000.00	564004
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 120,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0549

Contractor Name*

Comcast

Service Provided* (?)

Master PO for (4) Comcast Contract IDs:

7696 - Data Circuits for EPIC EHR

6529 - Agency Wide Internet Service; Multiple Sales Orders

7612 - New Data Circuits; Primary & Redundant Circuits at all Agency Clinics

7486 - Network Connectivity for 911 Crisis Diversion Center

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 220,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

FY24 PO CT143259

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 220,000.00	546004
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 220,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0816

Contractor Name*

Creative Financial Staffing, LLC

Service Provided* (?)

Grant Accounting consulting detailed review of grants and oversight of grant process.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 60,000.00

Rate(s)/Rate(s) Description

initial consulting services of 40 hours per week for 3 months and expected to be reduced over time. Bill Rate: \$64.60

Unit(s) Served*

1122

G/L Code(s)*

540500

Current Fiscal Year Purchase Order Number*

CT143529

Contract Requestor*

Rachel Beasley

Contract Owner*

Rachel Beasley

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 100,000.00	540500

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Attached

Project WBS (Work Breakdown Structure)* (?)

Attached

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

Please Explain*

Scope of services to include any accounting and finance staffing not limited to grants - no change in rates

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 (?)

Price List.doc	43KB
Harris Center SOW - Initial.docx	27.69KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Rachel Beasley

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Rachel Beasley

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/10/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0740

Contractor Name*

Dahill Office Technology Corporation d/b/a Xerox Business

Service Provided* (?)

Agency-Wide Multifunctional Device Lease and Service Agreement

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 220,933.08

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

552002

Current Fiscal Year Purchase Order Number*

FY24 Po CT143383

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 220,933.08	552002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 220,933.08

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7718

Contractor Name*

DataVox, Inc.

Service Provided* (?)

Lifesize Audio Conferencing and Cloud Subscription (TIPS). TIPS Tag-On.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 110,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143120

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 125,000.00	574000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 125,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6825

Contractor Name*

Granite Telecommunications, LLC

Service Provided* (?)

POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other none |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 170,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1171

G/L Code(s)*

564000

Current Fiscal Year Purchase Order Number*

CT143249

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 172,000.00	564000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 172,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0194

Contractor Name *

M Strategic Partners

Service Provided* (?)

Project Management Consultant Services for the Northeast Community Clinic Project.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 333,423.75

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY24 CT143296

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 116,953.00	900040
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

amount left of PO as of 5/1/2024, may need to change amount on 9/1/2024 to reflect remaining balance as FY24 invoices are paid

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.18 NE Programming and Design

Fiscal Year* (?)	Amount* (?)
2025	\$ 116,953.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID#*

2021-0171

Contractor Name*

Mobile Communications America (Knight Security)

Service Provided* (?)

Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 148,714.00

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

1817

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY24 CT143590

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 148,714.00	553001
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
same amount as FY2024

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 148,714.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Scude

Approval Date*

5/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2021-0145

Contractor Name *

Pivot Point Consulting, A Vaco Company

Service Provided* (?)

Consulting and IT Staffing Services. Pivot Point Consulting will provide Services on an as needed basis for EPIC EHR Reporting and Data Extraction.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 640,000.00

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

1158, 2626, 2426

G/L Code(s)*

542000, 900060

Current Fiscal Year Purchase Order Number*

CT143364

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 100,000.00	900060
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Rates up to \$160.00 per hour

Project WBS (Work Breakdown Structure)* (?)

IT24.1147.04 EPIC Optimization

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Coshinnwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0309

Contractor Name *

P-Professional Services for RFQ Project

Service Provided* (?)

Master Pooled Contract for Architectural, Engineering, Environmental, Electrical and Plumbing/Mechanical Services.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 300,000.00

Rate(s)/Rate(s) Description

Vary

Unit(s) Served*

1899

G/L Code(s)*

569008, 569015

Current Fiscal Year Purchase Order Number*

CT143132

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 100,000.00	569008

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 75,000.00	569015

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 MASTER POOL for Architects and Engineering services only

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 175,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
 175000.00

Contract Funding Source*
 General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0360

Contractor Name*

Web-head Technologies, Inc. d/b/a Webhead

Service Provided* (?)

Design, Develop and Manage the Agency's new website

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

WBE - Women owned business.

Contract NTE* (?)

\$ 195,595.20

Rate(s)/Rate(s) Description

Unit(s) Served*

1130, 4780

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

FY24 Po CT143254

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 180,000.00	553003
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 180,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024

EXHIBIT F-24

JUNE 2024

AMENDMENTS 100k - 250k

Contract Section **Contractor***

CenturyLink Communications d/b/a Lumen Technologies Group

Contract ID #*

7802

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

Level 3 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 <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*

\$ 71,084.00

Increase Not to Exceed*

\$ 35,400.00

Revised Total Not to Exceed (NTE)*

\$ 106,484.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 106,484.00

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* (?)

Added services to contract last fiscal year, but the actual services did not get implemented until November of FY24

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21-FY24

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*

Time Wise

Address*

Street Address

1025 Eldorado Boulevard

Address Line 2

City

Broomfield

Postal / Zip Code

80021

State / Province / Region

CO

Country

US

Phone Number*

713-395-1161

Email*

tim.wise@lumen.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 35,400.00	564004
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Express Route for Azure, Dedicated Circuits for Epic with Harris Health

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

5/3/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/3/2024

Contract Owner Approval

Approved by

[Signature]

Approval Date

5/3/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/7/2024



Executive Contract Summary

Contract Section


Contractor*

M Strategic Partners

Contract ID #*

2021-0150

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

M Strategic Partners 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 checked="" type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/25/2021

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 147,856.00

Increase Not to Exceed*

\$ 20,832.00

Revised Total Not to Exceed (NTE)*

\$ 168,688.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 168,688.00

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* (?)

FM21.1126.02 NPC Renovations - due to delays, construction timeline has extended another 3 months. Increase of \$20,832.00 is needed to see project to completion thru 8/31/2024. Current amount \$147,856.00, increase \$20,832.00 new NTE is \$168,688.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2021 to current

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

mSP_NPC_ASR-2-R1_Extended_CA_2024.05.16.pdf

223.66KB

Vendor/Contractor Contact Person



Name*

M Strategic Partners / Stephen Cheatham

Address*

Street Address

9977 West Sam Houston Parkway North ste 105

Address Line 2

City

Houston

Postal / Zip Code

77064-7509

State / Province / Region

TX

Country

US

Phone Number*

8324304020

Email*

stephen.cheatham@mstrategicpartners.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 20,832.00	900040
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

increase contract by \$20,832.00, see attached proposal

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.02 NPR Renovations

Requester Name

Harper, Sarah

Submission Date

5/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/20/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

5/20/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Executive Contract Summary

Contract Section

Contractor*

Your Part-Time Controller, LLC

Contract ID #*

2023-0705

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 75,000.00

Increase Not to Exceed*

\$ 75,000.00

Revised Total Not to Exceed (NTE)*

\$ 150,000.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 150,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Financial and Grant Accounting require professionals with a specific skill set. Consultant will provide detailed review of grants and oversight of grant process or general ledger detail review at a near senior level. Turnover has created additional risk in our current process. Pooled vendors were not able to provide qualified candidates.

Contract Owner*

Rachel Beasley

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

same contract

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

- Yes
- No
- Unknown

Please provide an explanation*

Professional Services Corporation

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Ashley Garcia

Address *

Street Address

2603 Augusta, Suite 1075

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77057

Country

United States

Phone Number *

713.351.5295

Email *

ashley.garcia@yptc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1122	\$ 75,000.00	540500
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)
see rate sheet

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

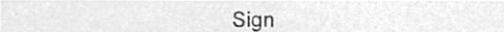
Requester Name	Submission Date
Beasley, Rachel	6/3/2024

Budget Manager Approval(s)

Approved by	Approval Date
	6/3/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

6/3/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/3/2024

EXHIBIT F-25

JUNE 2024
NEW CONTRACTS
UNDER 100k



Executive Contract Summary

Contract Section



Contractor*

KC Acquisition, LLC d/b/a Kaufman, Hall & Associates, LLC

Contract ID #*

2024-0873

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/18/2024

Parties* (?)

Kaufman, Hall & Associates 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 checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/16/2024

Contract Term End Date* (?)

12/31/2024

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

05/16/2024-12/31/2024

Fiscal Year* (?)

2024

Amount* (?)

\$ 9,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Provide financial education to the Harris Center Board

Contract Owner*

Stanley Adams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

NA

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2024-0873_Kaufman Hall-
 HCMH_and_IDD_BOD_and_Mgmt_FY24_Agreement (Fully Executed).pdf 600.41KB

Vendor/Contractor Contact Person

Name*

Amanda Steele

Address*

Street Address

433 West Van Buren Street

Address Line 2

Ste 330

City

Chicago

Postal / Zip Code

60607-3920

State / Province / Region

IL

Country

United States

Phone Number*

6318043405

Email*

ASteele@kaufmanhall.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 9,500.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name Oquin, Shiela	Submission Date 5/21/2024
--	-------------------------------------

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/21/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Stanley Adams

Approval Date

5/23/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/23/2024



**Due Diligence Agency Wide Workers Compensation
Medical Treatment Services RFQ
Request for Quote
Project# FY24-0275**

Purchasing received a request from The Harris Center Risk Management Department to solicit a new vendor for Agency Wide Workers Compensation Medical Treatment Services. The Team consists of Eunice Davis, Director of Risk Management, Dawnna Stemmer, Workers Compensation Administrator, and Egla Mackinney, Executive Secretary.

Two (2) vendor quotes were received:

Items	Quantity Required	Unit Price	Next Level Medical	Unit Price	Concentra (Occupational Health Centers of the Southwest, P.A.)
For Contract Period: 09/01/2024 to 08/31/2025 (3)					
Drug/Alcohol Screens	1	\$ 80		\$ 64	
X-Ray Services	1	\$ 70		\$ 128	
For Contract Period: 09/01/2025 to 08/31/2026 (3)					
Drug/Alcohol Screens	1	\$ 85		\$ 67	
X-Ray Services	1	\$ 72		\$ 134	
For Contract Period: 09/01/2026 to 08/31/2027 (3)					
Drug/Alcohol Screens	1	\$ 85		\$ 70	
X-Ray Services	1	\$ 75		\$ 140	
For Contract Period: 09/01/2027 to 08/31/2028 (3)					
Drug/Alcohol Screens	1	\$ 90		\$ 73	
X-Ray Services	1	\$ 75		\$ 146	
For Contract Period: 09/01/2028 to 08/31/2029 (3)					
Drug/Alcohol Screens	1	\$ 90		\$ 76	
X-Ray Services	1	\$ 80		\$ 152	

The project team for Risk Management recommends Next Level Urgent Care because of their extended hours of operation, number of locations and responsiveness to our concerns during the term of the agreement. Although Concentra is less expensive on its Drug/Alcohol Screenings, its X-RAY services are significantly more expensive, and X-RAYS are frequently required for many physical injuries. If no x-ray is needed, we would be paying between \$14.00 and \$18.00 more per visit at Next Level, but when an x-ray

is required, we would be paying \$58.00 to \$72.00 less at Next Level than we would at Concentra for that procedure.

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

Next Level Medical

The total NTE (Not to Exceed) for five (5) years is \$27,950.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:

- FY2025 - \$5,200.00
- FY2026 - \$5,525.00
- FY2027 - \$5,525.00
- FY2028 - \$5,850.00
- FY2029 - \$5,850.00

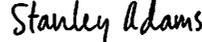
Funding Source: Unit 1117, GL Code 543024

Submitted By:

DocuSigned by:
 5/29/2024
F82CA4A8C5B44F0
 James Blunt, C.P.M.
 Buyer II

Recommended By:

DocuSigned by:
 5/29/2024
258C3C5A8EF9418
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

DocuSigned by:
 5/29/2024
E758EDD65CF04D3
 Stanley Adams, MBA
 Interim Chief Financial Officer



Executive Contract Summary

Contract Section

Contractor*

NLUC, LLC d/b/a Next Level Urgent Care

Contract ID #*

2024-0860

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

NLUC, PLLC (Next Level Urgent Care, PLLC) 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 |

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 (?)

Fiscal Year* (?)

2025

Amount* (?)

\$ 5,200.00

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* (?)

Utilize the vendor for drug/alcohol screens, x-rays and workers compensation treatment when employees are involved in an accident or are injured while on duty.

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

For the past five years Next Level has provided x-rays, alcohol/drug screens and workers compensation treatment.

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 (?)

Pricing Sheet (BT-47FH).xlsx	37.81KB
Due_Diligence_Letter-	
Workers_Compensation_Medical_Treatment_Services_RFQ_SIGNE...	273.13KB

Vendor/Contractor Contact Person

Name*

Allyson Waybright

Address*

Street Address

5718 Westheimer Rd

Address Line 2

Ste. 1800

City

Houston

Postal / Zip Code

77057-5745

State / Province / Region

TX

Country

United States

Phone Number*

9366612061

Email*

awaybright@nlucc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 5,200.00	543024
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Initial Rate for Drug/Alcohol Screens - \$80 and X-Rays \$70. Thereafter, the rate changes for the following 4 renewal years. See attached.

- FY2025 - \$5,200.00
- FY2026 - \$5,525.00
- FY2027 - \$5,525.00
- FY2028 - \$5,850.00
- FY2029 - \$5,850.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
MacKinney, Egla	5/30/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
5/30/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date
5/30/2024

Contract Owner Approval

Approved by

Kendra Thomas

Approval Date
5/31/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/31/2024



Executive Contract Summary

Contract Section

Contractor*

Shave Dental Houston PLLC, d/b/a Believe Dental

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/21/2024

Parties* (?)

Shave Dental Huston PLLC, DBA Believe Dental 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* (?)

5/29/2024

Contract Term End Date* (?)

8/31/2024

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

N/A

Fiscal Year* (?)

2024

Amount* (?)

\$ 20,000.00

Funding Source*

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* (?)

Contracted providers (Believe Dental) will provide an evaluation and comprehensive dental services tailored to meet the unique and specialized needs of individuals at The Harris Center. Contractor will provide services to a minimum of 10 and maximum of 12 clients annually.

See attachments/supporting documentation for service packages and rates of the dental services provider.

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*

Shave Dental Houston, PLLC DBA Believe Dental

Supporting Documentation Upload (?)

Believe Dental Houston Rack Card 2023.10.pdf	360.97KB
Cert of Ins - Shave Dental 2024.11.18.pdf	100.13KB
Discount Price List.pdf	53.82KB
W-9 _ Shave Houston _ Center for Pursuit.pdf	411.51KB
W-9 _ Shave Houston _ FM 1960.pdf	412.99KB

Vendor/Contractor Contact Person ▲

Name*

Jonathan Jardine

Address*

Street Address

14620 Huebner Rd

Address Line 2

City

San Antonio

Postal / Zip Code

78230

State / Province / Region

Texas

Country

USA

Phone Number*

210-697-7377 (office) 602-315-5838 (mobile)

Email*

jonathan@believedental.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 10,000.00	543011
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 10,000.00	543011
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached supporting documentation.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

5/2/2024

Budget Manager Approval(s)

Approved by

Charles Kerlegon

Approval Date

5/3/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

5/3/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/14/2024

EXHIBIT F-26

JUNE 2024

RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000

JUNE 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ACCESS								
1	Charity Logic Corporation	Subscription Services	\$11,881.69	\$11,881.69	9/1/2024 - 8/31/2025	County	Sole Source	Annual renewal of subscription services which includes HIPAA compliance/security for the Crisis Line department.
2	P-MHFA Independent Certified Trainers	Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.	\$5,000.00	\$5,000.00	9/1/2024 - 8/31/2025	State Grant	Training Services.	Annual renewal of Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.
ADMINISTRATION								
3	Affiliated Telephone, Inc.	Agency-Wide Mitel Telephone Equipment, Maintenance & Support Services	\$85,000.00	\$85,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Agency-wide Mitel telephone equipment, maintenance & support services.
4	American Business Forms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.	\$21,117.50	\$21,117.50	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.
5	A-Rocket Moving & Storage, Inc	Agency Wide Moving and Relocation Services	\$70,000.00	\$70,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement for Agency Wide moving and relocation services. [Tag-on to HCDE].
6	Automated Business Systems	Maintenance Services for the Formax fold/insert Machine in Revenue Management.	\$1,075.00	\$1,075.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Maintenance Services Agreement for Formax fold/insert machine in Revenue Management.
7	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance.	\$50,000.00	\$12,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Multi-Facility Building Automation System, Software and Maintenance.
8	Behavioral Tech Institute	Consultant Services to Provide Dialectical Behavior Therapy (DBT) Training to Staff	\$25,510.00	\$25,510.00	9/1/2024 - 8/31/2025	State Grant	Professional Services/Consultant	Annual renewal of Consulting Services to provide Dialectical Behavior Therapy (DBT) training to Agency Staff virtually.
9	Carahsoft Technology Corporation	DocuSignEnterprise Pro Software	\$27,684.79	\$35,000.00	10/2/2024 - 10/1/2025	General Revenue (GR)	Tag-On	Annual renewal of DocuSignEnterprise Pro Software License Agreement.
10	CareFusion Solutions, LLC	Software License, Equipment & Support Services for CPEP Pharmacy Medstations	\$67,058.00	\$77,781.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Software License Agreement, Equipment & Support Services for CPEP Pharmacy Medstations.
11	Centre Technologies, Inc.	Technical Consultant Services	\$30,000.00	\$50,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Technical Consultant Services Agreement. [Tag-on to DIR-TSO-4144].
12	Cerner Corporation	Archiving Services for Agency Wide Anasazi Software, Support & Maintenance	\$15,000.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Archiving Services for Agency Wide Anasazi Software, Support & Maintenance.
13	CU Solutions Group, Inc. d/b/a HR Performance Solutions	HR Performance Management Software to Support Documentation for Employee Performance	\$19,974.00	\$24,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of HR Performance Management Software agreement to support documentation for employee performance.
14	Datix (USA) Inc. d/b/a RL Datix	PolicyStat Software for Document Storage and Management System	\$31,834.69	\$33,426.42	12/1/2024 - 11/30/2025	General Revenue (GR)	Tag-On	Annual renewal of PolicyStat Software Agreement for Document Storage and Management System. [Tag-On]
15	Datix (USA), Inc. d/b/a RLDatix	Risk Incident Reporting System and Site Hosting Services	\$73,322.60	\$75,938.73	11/19/2024 - 11/18/2025	General Revenue (GR)	Tag-On	Annual renewal of Risk Incident Reporting System and Site Hosting Services Agreement.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JUNE 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
16	Dispensary of Hope	A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5).	\$37,500.00	\$37,500.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	Annual renewal of Charitable Pharmaceutical Program Agreement to provide access to medications to Qualified Patients at no charge.
17	Ellen B. Kagen, MSW	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Leadership and Consultant Services for the CEO.
18	Emergent Devices, Inc.	Agency Wide Purchase of Narcan	\$20,000.00	\$20,000.00	10/1/2024 - 9/30/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Agency Wide Purchases of Narcan.
19	ePlus Technology Inc. (formerly Future Com)	Maintenance and Support Services for the Gigamon Ethernet	\$33,782.67	\$50,000.00	10/1/2024 - 9/30/2025	General Revenue (GR)	Tag-On	Annual renewal of Maintenance and Support Services Agreement for the Gigamon Ethernet.
20	ePlus Technology Inc. (Formerly Future Com, LTD)	Digital Defense Assessments	\$27,540.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Digital Defense Assessments [Tag-on to TIPS].
21	ePlus Technology, Inc. (formerly Future Com, Ltd.)	Forescout Maintenance & Support Services	\$43,049.43	\$45,000.00	9/26/2024 - 9/25/2025	General Revenue (GR)	Tag-On	Annual renewal of Forescout software maintenance & support. [Tag-on to DIR contract].
22	Everbridge, Inc.	Agency's Mass Notification Incident Management Services as well as the Safety Connection Base Services	\$45,714.37	\$48,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of the Mass Notification Incident Management Services as well as the Safety Connection Base Service.
23	Feedtrail, Inc.	License Software for Administering and Monitoring for Consumer Satisfaction Survey	\$22,387.00	\$27,387.00	6/1/2023 - 5/31/2024	General Revenue (GR)	Request for Quote	Annual renewal for Consumer Satisfaction Survey Software.
24	FMLASource, Inc.	Agency Wide FMLA Administration and Information Services	\$49,000.00	\$49,000.00	12/1/2024 - 11/30/2025	General Revenue (GR)	RFP through Benefits Broker	Annual renewal of Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.
25	Handle With Care Behavior Management System, Inc.	Behavior Management Instruction, Licensing and Training Services	\$4,300.00	\$4,300.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement to provide Behavior Management on-site training to Agency's staff and IDD Training Instructors on prevention and management of aggressive behavior resulting in instructor certification for selected Agency staff as required by the Texas Administrative Code.
26	Indigo Beam, LLC	Consulting Services for SharePoint	\$30,000.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Consulting Services Agreement for SharePoint [DIR Tag-on].
27	Inmar Rx Solutions, Inc.	Third Party Rx Reconciliation and Analytical Services	\$75,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Third Party Rx Reconciliation and Analytical Services.
28	InstaMed Communications, LLC	Agency Wide Payment Processing Setup for EPIC	\$35,000.00	\$35,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Payment Processing Setup for EPIC Agreement for Epic Agency Wide.
29	Knowledge Lake, Inc.	Sharepoint/HRIS related Software Support and Maintenance	\$43,125.00	\$46,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Sharepoint/HRIS related Software Support and Maintenance Agreement.
30	M Strategic Partners	Project Management Consultant Services for the 6168 South Loop East Apartment Project	\$227,155.00	\$78,139.50	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Project Management Consultant Services Agreement for the 6168 South Loop East Apartment Project.
31	Maptician, Inc.	Office Space Allocation and Management Tool Software	\$5,400.00	\$5,400.00	3/23/2024 - 3/22/2025	General Revenue (GR)	Competitive Proposal	Annual renewal of Office Space Allocation and Management Tool Agreement.
32	MSX Group, LLC	Proprietary Budgeting Software to maintain internal control of Financial Operations	\$5,835.00	\$6,200.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Proprietary budgeting software to maintain internal control of financial operations.
33	NETSPI, LLC	Network Penetration Testing Services	\$36,431.00	\$40,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Network Penetration Testing Services.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000JUNE 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
34	Parata Systems, LLC	Emergency replacement for Parata Max Robot at the NE Clinic	\$12,000.00	\$15,400.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of License and Support Services Agreement of the Parata Robot Pharmacy Equipment - NE Clinic.
35	Parata Systems, LLC	Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location	\$13,000.00	\$15,400.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of License and Support Services Agreement of the Parata Robot Pharmacy Equipment - SW Clinic.
36	Pingboard, Inc.	Organization charting and planning tool selected by The Harris Center's executive team.	\$43,000.00	\$43,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Software Agreement for Organization charting and planning tool selected by The Harris Center's Executive Team.
37	Pinnacle Business Solutions	Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)	\$10,000.00	\$10,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Competitive Bid	Annual renewal of Agreement for Pharmacy Patient Medication Courier Services (Daily Route and On-Demand).
38	Pinnacle Business Solutions, LLC	Agency Wide Courier Services Mail, Pharmaceutical and Medical Records	\$86,434.46	\$86,434.46	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Courier Services Mail, Pharmaceutical and Medical Records.
39	Pitney Bowes	Mail Room Postage Machine Lease Agreement (The SendPro P3000)	\$9,233.88	\$9,233.88	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Mail Room Postage Machine Lease Agreement (The SendPro P3000).
40	P-NURSING II (LVNs, RNs, MAs)	Master Pooled Contract for Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).	\$70,000.00	\$70,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of temporary Nursing Personnel Services LVNs, RNs, MAs, LPNs and CNAs. [Tag-on to Harris County Hospital District (HCHD) d/b/a Harris Health System].
41	P-Pharmacists and Pharmacy Technicians	Temporary Pharmacists and Pharmacy Technicians	\$45,000.00	\$48,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal for master pooled agreement for Temporary Pharmacists and Pharmacy Technicians. First year renewal option.
42	Safeway Inc.	Pharmacy Drug Dispensing Services	\$115,000.00	\$50,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Pharmacy Drug Dispensing Services Agreement. Final renewal option.
43	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy Equipment for the SE Clinic	\$16,000.00	\$12,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Support & Maintenance Software Agreement for pharmacy equipment [SE Clinic].
44	ScriptPro USA, Inc.	Support & Maintenance for Pharmacy equipment at the NW Clinic.	\$11,000.00	\$12,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Support & Maintenance Software Agreement for pharmacy equipment [NE Clinic].
45	Set Solutions, Inc.	CyberArk Privileged Access Management (PAM)	\$102,659.25	\$45,000.00	11/30/2024 - 12/1/2025	General Revenue (GR)	Tag-On	Annual renewal of CyberArk Privileged Access Management (PAM) - [Tag-On through Choice Partners Cooperative #21/031KN-55].
46	Skillssoft Corporation	Skillssoft Percipio Software	\$15,189.80	\$16,000.00	9/6/2022 - 9/5/2025	General Revenue (GR)	Tag-On	Annual renewal of Skillssoft Percipio Software Agreement.
47	Snappy App, Inc.	Gifts for Employees of the Agency Wide for Spot Rewards.	\$42,000.00	\$42,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agreement for Gifts for employees of the Agency for Spot Rewards.
48	Televox, Inc.	Televox Software Subscription Services for Agency Wide Phone Tree	\$72,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Televox Software Subscription Agreement for Agency Wide Phone Tree.
49	Texas Suicide Prevention Collaborative	Training Services	\$39,900.00	\$45,000.00	9/1/2024 - 8/31/2025	State Grant		Annual renewal of Agreement to provide AS+K and CALM Workshop Training services to workshop leaders.
50	the Beck Institute for Cognitive Behavior Therapy	CBT Suicide (virtual) Prevention Training Services	\$12,900.00	\$15,000.00	9/1/2024 - 8/31/2025	State Grant		Annual renewal of agreement for CBT Suicide (virtual) prevention training services.
51	The Healing Species of Texas	Animal Assisted Education Services.	\$35,000.00	\$35,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Animal Assisted Education Services Agreement for consumers.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000

JUNE 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
52	The McMillian Group LLC d/b/a Blue Mesa Group	Executive Coaching for Chief Medical Officer (CMO).	\$20,000.00	\$12,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Consultant Services for executive coaching.
53	Waste Management of Texas, Inc	Agency Wide Trash Collection and Dumpster/Removal Services	\$70,372.00	\$80,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement for Agency wide trash collection and dumpster/removal services. [Tag-on to HCDE/CP].
54	WEX Health Inc. d/b/a WEX	Agency Wide FSA Administration Services	\$35,000.00	\$35,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of FSA Administration Services Agreement.
55	WEX Health, Inc. d/b/a WEX	Agency-Wide COBRA Administration Services	\$25,000.00	\$25,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of Agreement for Agency-wide COBRA Administration Services.
56	Xerox Business Solutions Southwest	Print Shop Production Copiers (2)	\$16,978.05	\$16,978.05	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Agency's Printshop Production Copiers Agreement.
CPEP/CRISIS SERVICES								
57	Autoclear, LLC	Security X-Ray Screening Equipment and Maintenance Services for the NPC	\$4,900.00	\$4,400.00	8/18/2024 - 8/17/2025	General Revenue (GR)		Annual renewal of Agreement for security x-ray screening equipment and maintenance services for the NPC.
58	BHC Training, LLC	Training for Substance Use Recovery Programs for Outpatient, Detox and Residential Substance Use Programs	\$2,890.00	\$2,890.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Training Agreement for Substance Use Recovery Programs to include both outpatient, Detox and residential substance use programs as required by HHSC.
59	Crothall Facilities Management, Inc.	Medical Equipment Maintenance and Support Services for NPC	\$4,885.57	\$5,900.00	1/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of Medical Equipment Maintenance and Support Services Agreement.
60	Houston Recovery Center (HRC) LGC - Sobering Center	NARCAN spray administration training for SUDOP, CCSI, CCA and BHRT Program staff.	\$2,000.00	\$2,000.00	9/1/2024 - 8/31/2025	State Grant		NARCAN Spray Administration Training for SUDOP, CCSI, CCA and BHRT Program Staff.
61	P-Housing & Transition (CCAP)	Master Pool: Three (3) possible Vendors will provide Transitional Housing Services for CCAP Consumers (formerly HDMD).	\$5,000.00	\$5,000.00	9/1/2024 - 8/31/2025	Private Grant	Request for Application	Annual renewal of the Transitional Housing Master Pool for CCAP Consumers (formerly HDMD).
62	TC Practice Management, LLC	Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD)	\$90,000.00	\$90,000.00	9/1/2024 - 8/31/2025	State Grant	Consumer Driven	Annual renewal of Agreement for Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD).
63	The Bill Clair Family Mortuary, Inc.	Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas	\$8,640.00	\$8,640.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Parking Space Lease Agreement at 2603 Southmore Street, Houston, Texas location.
FORENSICS								
64	Betty Adams	Consulting Services	\$40,020.00	\$7,000.00	9/1/2024 - 8/31/2025	County	.Consultant	Annual renewal of Consulting Agreement to provide Leadership and Development training for new Juvenile Justice Program Managers/Practice Managers/ Directors.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
65	Easter Seals of Greater Houston	Day Camp and Respite Services for Consumers	\$11,300.00	\$11,300.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement to provide Day Camp and Respite Services for Consumers.
66	P-IDD Master Pool for Vocational Apprenticeship Hosting	Employment Apprenticeship Program	\$28,800.00	\$28,800.00	2/14/2024 - 3/31/2025	State	Consumer Driven	Annual renewal of Master Pooled Agreement for the Employment Apprenticeship Program.
67	The ARC of Harris County	Camp Champions Program for Consumers	\$47,000.00	\$47,000.00	9/1/2024 - 8/31/2025	County	Consumer Driven	Annual renewal of Agreement to provide two (2) Camp Champions Sessions for Consumers enrolled in the program.



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0516

Contractor Name*

Charity Logic Corporation

Service Provided* (?)

We currently use the subscription service iCarol from this vendor

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 11,881.69

Rate(s)/Rate(s) Description

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

Unit(s) Served*

7001

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Millie Wong

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 11,881.69	574000
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 11,881.69

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7407

Contractor Name *

P-MHFA Independent Certified Trainers

Service Provided* (?)

Master Pooled Contract for Additional Certified Trainers needed to support the mission and training needs of the Community Outreach department.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

\$ 5,000.00

Rate(s)/Rate(s) Description

MHFA Instructors are reimbursed at \$300.00 per completed course.

Unit(s) Served*

7003

G/L Code(s)*

543058

Current Fiscal Year Purchase Order Number*

CT143138

Contract Requestor*

Carrol Prasad

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 5,000.00	543058
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$300 per training per instructor

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

5000.00

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Clejaj

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Seude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

5722

Contractor Name*

Affiliated Telephone, Inc.

Service Provided* (?)

Agency-wide Mitel telephone equipment, maintenance & support services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 85,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1171

G/L Code(s)*

564003

Current Fiscal Year Purchase Order Number*

FY24 PO CT143158

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 85,000.00	564003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 85,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Ceshinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7800

Contractor Name *

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

Service Provided* (?)

Agency Wide Printing Services, Business Cards, Letterhead and Envelopes.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 21,117.50

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

1107

G/L Code(s)*

596001

Current Fiscal Year Purchase Order Number*

CT143211

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 21,117.50	596001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 21,117.50

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

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0138

Contractor Name *

A-Rocket Moving & Storage, Inc

Service Provided* (?)

Agency moving and relocation services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

HUB - State.

Contract NTE* (?)

\$ 70,000.00

Rate(s)/Rate(s) Description

Various

Unit(s) Served*

1124, 1899

G/L Code(s)*

571000

Current Fiscal Year Purchase Order Number*

CT143386

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Renewal Information for Next Fiscal Year ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1124	\$ 5,000.00	571000
Budget Manager *		Secondary Budget Manager *
Campbell, Ricardo		Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 65,000.00	571000
Budget Manager *		Secondary Budget Manager *
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see rates provided in RFP for contract 2021-0138

Project WBS (Work Breakdown Structure) * (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 70,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes ^

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner ^

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Scudo

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7539

Contractor Name*

Automated Business Systems

Service Provided* (?)

Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,075.00

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

1107

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

CT143247

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 1,075.00	553001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 1,075.00

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

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2021-0124

Contractor Name *

Automated Logic Contracting Services, Inc.

Service Provided* (?)

Multi-Facility Building Automation System, Software and Maintenance.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 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* (?)

\$ 50,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY24 PO CT143196

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 12,000.00	551003
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
see RFQ / contracts

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0707

Contractor Name*

Behavioral Tech Institute

Service Provided* (?)

Consultant shall provide Dialectical Behavior Therapy (DBT) training to staff virtually.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 25,510.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1182

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143049

Contract Requestor*

Tiffany Bittner

Contract Owner*

Trudy Leidich

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. *
1182	\$ 25,510.00	542000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

Same as before

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2025	\$ 25,510.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

51020.00

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Trudy Leidich

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Trudy Leidich

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7844

Contractor Name*

Carahsoft Technology Corporation (DocuSign)

Service Provided* (?)

DocuSignEnterprise Pro Software

Renewal Term Start Date*

10/2/2024

Renewal Term End Date*

10/1/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 27,684.79

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143227 and CT143533

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 35,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6048

Contractor Name*

CareFusion Solutions, LLC

Service Provided* (?)

Software License, Equipment & Support Services for CPEP Pharmacy Medstations.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 67,058.00

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

9205, 9209

G/L Code(s)*

552000, 553001

Current Fiscal Year Purchase Order Number*

FY24 PO CT143298

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 40,161.00	552000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 22,926.00	552000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 8,547.00	553001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 6,147.00	553001

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 77,781.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7773

Contractor Name*

Centre Technologies, Inc.

Service Provided* (?)

Technical Consultant Services (DIR Tag-on)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143222

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,000.00	542000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 50,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

5007

Contractor Name *

Cerner Corporation

Service Provided* (?)

Archiving Services for Agency Wide Anasazi Software, Support & Maintenance.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143237

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cechinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7160

Contractor Name*

CU Solutions Group, Inc. d/b/a HR Performance Solutions

Service Provided* (?)

HR Performance Management software to support documentation for employee performance

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 19,974.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT143256

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 24,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 24,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7841

Contractor Name*

Datix (USA) Inc. dba RL Datix (PolicyStat)

Service Provided* (?)

PolicyStat Software, a document storage and management system.

Renewal Term Start Date*

12/1/2024

Renewal Term End Date*

11/30/2025

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* (?)

\$ 31,834.69

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

1102

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143710

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 33,426.42	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 33,426.42

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 (?)
RLDatix PolicyStat FY25.pdf 117.48KB

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7824

Contractor Name*

Datix (USA), Inc. dba RLDatix

Service Provided* (?)

Risk Incident Reporting System and Site Hosting Services.

Renewal Term Start Date*

11/19/2024

Renewal Term End Date*

11/18/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 73,322.60

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143328

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 75,938.73	574000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 75,938.73

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 (?)

RLDatix Safety IncidentReports FY25.pdf

128KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7166

Contractor Name*

Dispensary of Hope

Service Provided* (?)

A Charitable Pharmaceutical Program that facilitates logistics to provide access to medications to Qualified Patients free of charge. DOH distributes the donated (pharmaceutical) Products to Agency Access Sites, currently five (5)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 37,500.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143305

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes No

Were Services delivered as specified in the contract? *

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 37,500.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 37,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7842

Contractor Name*

Ellen B. Kagen, MSW

Service Provided* (?)

Leadership and Consultant Services for the CEO.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 12,600.00

Rate(s)/Rate(s) Description

\$375.00 per hour

Unit(s) Served *

1101

G/L Code(s) *

542000

Current Fiscal Year Purchase Order Number *

CT143197

Contract Requestor *

Veronica Franco

Contract Owner *

Wayne Young

File Upload (?)**Evaluation of Current Fiscal Year Performance**

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

 Yes No

Were Services delivered as specified in the contract? *

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)

Approved by

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*

5/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0767

Contractor Name*

Emergent Devices, Inc.

Service Provided* (?)

Agency Wide Purchase of Narcan

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

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* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

\$47.50 per unit

Unit(s) Served*

1136

G/L Code(s)*

547001

Current Fiscal Year Purchase Order Number*

CT143334

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.*
1136	\$ 20,000.00	547001
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7016

Contractor Name*

ePlus Technology Inc (Future Com)

Service Provided* (?)

Maintenance and Support for the Gigamon Ethernet

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

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* (?)

\$ 33,782.67

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT142948

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 50,000.00	553001
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 50,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochunwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

5324

Contractor Name*

ePlus Technology Inc. (Formerly Future Com, LTD)

Service Provided* (?)

Digital Defense Assessments (TIPS Tag On)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 27,540.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143240

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6670

Contractor Name*

ePlus Technology, Inc. (formerly Future Com, Ltd.)

Service Provided* (?)

Forescout maintenance & support. Tag-on to DIR Tag on.

Renewal Term Start Date*

9/26/2024

Renewal Term End Date*

9/25/2025

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 43,049.43

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY24 PO CT142947

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 45,000.00	553001
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochunwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7807

Contractor Name*

Everbridge, Inc.

Service Provided* (?)

Everbridge provides the Agency's Mass Notification Incident Management Service as well as the Safety Connection Base Service.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 45,714.37

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143251

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 48,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 48,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets?*
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7741

Contractor Name*

Feedtrail, Inc.

Service Provided* (?)

Monitor patient satisfaction survey data.

Renewal Term Start Date*

6/1/2023

Renewal Term End Date*

5/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 22,387.00

Rate(s)/Rate(s) Description

Unit(s) Served *

1130

G/L Code(s) *

553002

Current Fiscal Year Purchase Order Number *

FY23 PO CT142904

Contract Requestor *

Luc Josaphat

Contract Owner *

Trudy Leidich

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 27,387.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Gain organization-wide visibility into the patient, and family

- Build patient loyalty pre, during, and post encounter
- Understand the "why" behind survey scores
- Act swiftly for immediate and lasting service recovery
- Grow revenue by reducing no shows, retaining and acquiring more patients
- Identify provider-specific opportunities such as coaching or highlighting best practices
- Support key initiatives, such as missed appointments and access to care
- Drive public reviews and manage online reputation

Project WBS (Work Breakdown Structure)* (?)

Real-time advanced reporting and experience management

- Ability to review PX data in association with demographics provided through EMR interface (Sex, age, etc.)
 - Analyze service recovery and question categories
 - Unlimited usage of reporting, analytics & service recovery tools.
 - Unlimited admins and roles of access
- Web, email, and phone support and training
- Dedicated Client Success Manager & Implementation Specialist

Fiscal Year* (?)	Amount* (?)
2025	\$ 27,387.00

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

Please Explain*

- Real-time advanced reporting and experience management
- Ability to review PX data in association with demographics provided through EMR interface (Sex, age, etc.)
- Analyze service recovery and question categories
- Unlimited usage of reporting, analytics & service recovery tools.
- Unlimited admins and roles of access

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Harris Center - Feedtrail Proposal XMinights 05132024.pdf 1.19MB

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Trudy Leidich

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Trudy Leidich

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/15/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0449

Contractor Name *

FMLASource, Inc.

Service Provided* (?)

Agreement to provide Family and Medical Leave Act (FMLA) Administration and Information Services for The Harris Center.

Renewal Term Start Date *

12/1/2024

Renewal Term End Date *

11/30/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other RFP through Benefits Broker |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 49,000.00

Rate(s)/Rate(s) Description

Annual (on-cycle) funding. \$1.41 per employee per month (PEPM) for approx. 2,512 Employees.

Unit(s) Served*

1108

G/L Code(s)*

543039

Current Fiscal Year Purchase Order Number*

CT143287

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

 Yes No

Did Contractor adhere to the contracted schedule?* (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 49,000.00	543039
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA. Vary by employees on staff.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 49,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0780

Contractor Name*

Handle With Care Behavior Management System, Inc.

Service Provided* (?)

Behavior management on-site training for the prevention and management of aggressive behavior resulting in instructor certification for selected Agency staff. Behavior management training is required according to the Texas Administrative Code.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 4,300.00

Rate(s)/Rate(s) Description

vary.

Unit(s) Served*

1975

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT143515

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 4,300.00	549005
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 4,300.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7774

Contractor Name*

Indigo Beam, LLC

Service Provided* (?)

Pre-paid Consulting Services for SharePoint (DIR Tag-on).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143368

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 30,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0087

Contractor Name*

Inmar Rx Solutions, Inc.

Service Provided* (?)

Third Party Rx Reconciliation and Analytical Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

Fy24 PO CT143365

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 75,000.00	595014
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0067

Contractor Name*

InstaMed Communications, LLC

Service Provided* (?)

Payment processing setup for EPIC and throughout Agency.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 35,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143233

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 35,000.00	574000

Budget Manager *	Secondary Budget Manager *
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes 

Are there any required changes to the contract language? * (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Contract Owner 

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Mustafa Cochunwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

5039

Contractor Name*

Knowledge Lake, Inc.

Service Provided* (?)

Sharepoint/HRIS related Software Support and Maintenance

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text" value="Unknown"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 43,125.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143238

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 46,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 46,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochunwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0196

Contractor Name*

M Strategic Partners

Service Provided* (?)

Project Management Consultant Services for the 6168 South Loop East Apartment Project.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 227,155.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

FY24 PO CT143294

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1126	\$ 78,139.50	900040
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

amount left on PO as of May 1st but may need to be adjusted on 9/1/2024 as payments for FY24 are made

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.23 6168 Apartments

Fiscal Year* (?)	Amount* (?)
2025	\$ 78,139.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0656

Contractor Name*

Maptician, Inc.

Service Provided* (?)

Office Space Allocation and Management Tool

Renewal Term Start Date*

3/23/2024

Renewal Term End Date*

3/22/2025

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

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input checked="" 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 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* (?)

\$ 5,400.00

Rate(s)/Rate(s) Description

5400 Annually

Unit(s) Served*

2200, 1124

G/L Code(s)*

553002, 553003

Current Fiscal Year Purchase Order Number*

CT142829

Contract Requestor*

Anthony Jones

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 5,400.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 Flat rate of \$5,400.00 for maintenance and support for FY24.

Project WBS (Work Breakdown Structure)* (?)
 N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,400.00

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 (?)

Invoice 3837.pdf

24.47KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

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*

5/10/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7414

Contractor Name*

MSX Group, LLC

Service Provided* (?)

Proprietary budgeting software to maintain internal control of Financial operations.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 5,835.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1122

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143250

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 6,200.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 6,200.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7679

Contractor Name*

NETSPI, LLC

Service Provided* (?)

Network Penetration Testing Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 36,431.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553003

Current Fiscal Year Purchase Order Number*

CT143253

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 40,000.00	553003
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets?*
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7123

Contractor Name *

Parata Systems, LLC

Service Provided* (?)

Emergency replacement for Parata Max Robot at the NE Clinic

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT143309

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	\$ 15,400.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 15,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

5185

Contractor Name*

Parata Systems, LLC

Service Provided* (?)

Purchase, License and Support Contract Supplement of the Parata Robot Pharmacy Equipment - SW Clinic location

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 13,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT143315

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	\$ 15,400.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 15,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7323

Contractor Name *

Pingboard, Inc.

Service Provided* (?)

Organization charting and planning tool selected by The Harris Center's executive team.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Software Agreement/Contract |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 43,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1108

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT143420

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 43,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 43,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kip BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2021-0288

Contractor Name *

Pinnacle Business Solutions (Pharmacy)

Service Provided* (?)

Pharmacy Patient Medication Courier Services (Daily Route and On-Demand)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 checked="" type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143362

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 10,000.00	542000

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Angela Babin

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval 

Approved by

ANGELA BABIN

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Scude

Approval Date *

5/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0183

Contractor Name*

Pinnacle Business Solutions, LLC

Service Provided* (?)

Courier Services Mail, Pharmaceutical and Medical Records

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 86,434.46

Rate(s)/Rate(s) Description**Unit(s) Served***

1107

G/L Code(s)*

577000

Current Fiscal Year Purchase Order Number*

FY24 Po CT143248

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 86,434.46	577000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 86,434.46

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

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0211

Contractor Name *

Pitney Bowes

Service Provided* (?)

Mail Room Postage Machine Lease Agreement (The SendPro P3000)

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 9,233.88

Rate(s)/Rate(s) Description**Unit(s) Served***

1107

G/L Code(s)*

577000

Current Fiscal Year Purchase Order Number*

CT143117

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 9,233.88	577000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 9,233.88

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

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0149

Contractor Name*

P-NURSING II (LVNs, RNs, MAs)

Service Provided* (?)

Master Pooled Contract. Tag-On to Harris County Hospital District (HCHD) DBA Harris Health Contract(s). Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 70,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1153

G/L Code(s)*

540502

Current Fiscal Year Purchase Order Number*

CT143523

Contract Requestor*

Stacy Vincent

Contract Owner*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 70,000.00	540502
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

RATES WILL VARY

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 70,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

70,000.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Kia Denaé Walker

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0824

Contractor Name *

P-Pharmacists and Pharmacy Technicians

Service Provided* (?)

Temporary Pharmacists and Pharmacy Technicians

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 45,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

540501

Current Fiscal Year Purchase Order Number*

CT143578

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	\$ 48,000.00	540501
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 48,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
48,000.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7757

Contractor Name *

Safeway Inc.

Service Provided* (?)

Pharmacy Drug Dispensing Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 115,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135, 2111

G/L Code(s)*

547003

Current Fiscal Year Purchase Order Number*

FY24 PO CT143353

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	\$ 50,000.00	547003

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 50,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

5032

Contractor Name *

ScriptPro USA, Inc.

Service Provided* (?)

Support & Maintenance for pharmacy equipment for the SE Clinic.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 16,000.00

Rate(s)/Rate(s) Description**Unit(s) Served***

1135

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY24 PO CT143331

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	\$ 12,100.00	553001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,100.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information ^

Current Fiscal Year

2024

Contract ID# *

5031

Contractor Name *

ScriptPro USA, Inc.

Service Provided* (?)

Support & Maintenance for Pharmacy equipment at the NW Clinic.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 11,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1135

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

FY24 PO CT143306

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	\$ 12,100.00	553001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,100.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2021-0240

Contractor Name *

Set Solutions, Inc.

Service Provided* (?)

CyberArk Privileged Access Management (PAM) - Tag On through Choice Partners Cooperative #21/031KN-55

Renewal Term Start Date *

11/30/2024

Renewal Term End Date *

12/1/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 102,659.25

Rate(s)/Rate(s) Description

Unit(s) Served*

1147

G/L Code(s)*

900022

Current Fiscal Year Purchase Order Number*

FY22 PO CT141620

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Set Solutions - ID 2021-0240 - Choice Partner Tag On Addendum -

1.24MB

Fully Executed.pdf

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 45,000.00	574000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0510

Contractor Name*

Skillssoft Corporation

Service Provided* (?)

Skillssoft Percipio Software.

Renewal Term Start Date*

9/6/2022

Renewal Term End Date*

9/5/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 15,189.80

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143326

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 16,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/16/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7362

Contractor Name *

Snappy App, Inc.

Service Provided* (?)

Gifts for employees of the Agency for Spot Rewards.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1108

G/L Code(s)*

549009

Current Fiscal Year Purchase Order Number*

CT143262

Contract Requestor*

Ninfa Escobar

Contract Owner*

Kip Baughman

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 42,000.00	549009
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 42,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/23/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7451

Contractor Name*

Televox, Inc. (Intrado Interactive Services)

Service Provided* (?)

Televox Software Subscription Services, an omnichannel digital patient engagement software (client notifications via text, phone, email or live chats) with the ability to utilize AI and interface directly with our EHR System (EPIC).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 72,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143381

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance 

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination 

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 75,000.00	574000
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Mustafa Cochunwala

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0610

Contractor Name*

Texas Suicide Prevention Collaborative

Service Provided* (?)

Zero Suicide Prevention Team will host AS+K and CALM Workshop Training for workshop leaders

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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* (?)

\$ 39,900.00

Rate(s)/Rate(s) Description

\$19,950.00 per Workshop

Unit(s) Served*

1182

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143503

Contract Requestor*

Tiffany Bittner

Contract Owner*

Trudy Leidich

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.*
1182	\$ 45,000.00	542000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Current course rate: \$22,500 for ASK and CALM

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

84900.00

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Trudy Leidich

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Trudy Leidich

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0345

Contractor Name*

Beck Institute for Cognitive Behavior Therapy

Service Provided* (?)

Beck Institute will provide CBT Suicide (virtual) prevention training workshops during the (fiscal) year.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 12,900.00

Rate(s)/Rate(s) Description

\$12,000.00: Professional Workshop. \$900.00: Administrative
Fee.12hrs virtual training. Number of attendees: 50.

Unit(s) Served*

1182

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143506

Contract Requestor*

Tiffany Bittner

Contract Owner*

Trudy Leidich

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.*
1182	\$ 15,000.00	542000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

At this time rates are same as before, increasing contract amount to account for changes if they occur

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

27900.00

Contract Funding Source*

State Grant

Contract Content Changes



Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Trudy Leidich

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Trudy Leidich

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0691

Contractor Name*

The Healing Species of Texas

Service Provided* (?)

Animal Assisted Education Services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 35,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1179

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143302

Contract Requestor*

Tiffany Bittner

Contract Owner*

Trudy Leidich

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.*
1179	\$ 35,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Rates are not changing, funding will need to come from both 1179 and 1192

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 35,000.00

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

Trudy Leidich

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Trudy Leidich

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract *

Administration

Current Fiscal Year

2024

Contract ID# *

2021-0195

Contractor Name *

The McMillian Group LLC d/b/a Blue Mesa Group

Renewal Term Start Date

9/1/2024

Renewal Term End Date

8/31/2025

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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 20,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY24 PO CT-143335

Contract Requestor*

Annette Mayne

Contract Owner*

Luming Li

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 12,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable (?)

n/a

Project WBS (Work Breakdown Structure) (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 12,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Luming Li

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Luming Li

Contracts Approval

Approved by

Belinda Stude

Approval Date

5/23/2024

Final Board Report Comments

Service Provided (?)

Executive Coaching for Chief Medical Officer (CMO).

Product/Service Description

Executive Coaching for Chief Medical Officer (CMO).

Revised Comments For Board Report *

Annual renewal of Consultant Services for executive coaching.

Exclude this Renewal from Board Report? *

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0455

Contractor Name*

Waste Management of Texas, Inc

Service Provided* (?)

Agency wide trash collection and dumpster/removal services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 70,372.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1899

G/L Code(s)*

569006

Current Fiscal Year Purchase Order Number*

CT143288

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 80,000.00	569006
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

follow up with Karen Hurst if needed, she is out of town at the time this was sent and I do not have that info

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 80,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/22/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

5749

Contractor Name *

WEX Health Inc. d/b/a WEX

Service Provided* (?)

FSA Administration Services Agency Wide.

Renewal Term Start Date *

1/1/2024

Renewal Term End Date *

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 35,000.00

Rate(s)/Rate(s) Description

N/A (off-cycle contract with on-cycle annual funding)

Unit(s) Served*

1108

G/L Code(s)*

543039

Current Fiscal Year Purchase Order Number*

CT143284

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 35,000.00	543039
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA. Varies based on monthly enrollment.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 35,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

KIP BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

5748

Contractor Name *

WEX Health, Inc. d/b/a WEX

Service Provided* (?)

Agency-wide COBRA Administration Services.

Renewal Term Start Date *

1/1/2024

Renewal Term End Date *

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

N/A.

Unit(s) Served*

1108

G/L Code(s)*

543039

Current Fiscal Year Purchase Order Number*

CT143209

Contract Requestor*

Kip Baughman

Contract Owner*

Kip Baughman

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 25,000.00	543039
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA. Varies by number of COBRA eligible employees.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kip Baughman

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

KIP BAUGHMAN

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0236

Contractor Name*

Xerox Business Solutions Southwest

Service Provided* (?)

Print Shop Production Copiers (2)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 16,978.05

Rate(s)/Rate(s) Description**Unit(s) Served***

1107

G/L Code(s)*

552002

Current Fiscal Year Purchase Order Number*

FY24 PO CT143214

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 16,978.05	552002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,978.05

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

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7603

Contractor Name*

Autoclear, LLC

Service Provided* (?)

Security X-Ray Screening Equipment Order and Maintenance Service.

Renewal Term Start Date*

8/18/2024

Renewal Term End Date*

8/17/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 4,900.00

Rate(s)/Rate(s) Description

\$4,000.00: Autoclear 6040 Machine - Platinum Plan.

Unit(s) Served*

9206

G/L Code(s)*

553001

Current Fiscal Year Purchase Order Number*

CT143317

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 4,400.00	553001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 4,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2024-0827

Contractor Name*

BHC Training, LLC

Service Provided* (?)

Training for HHSC for Substance Use Recovery Programs to include both outpatient, Detox and residential substance use programs.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 2,890.00

Rate(s)/Rate(s) Description

Annual Subscription - \$1,000.00 annually Up to 63 students

@ \$30 p/seat = \$1,890.00

Unit(s) Served *

2200

G/L Code(s) *

549005

Current Fiscal Year Purchase Order Number *

N/A

Contract Requestor *

Evelyn Locklin

Contract Owner *

Lance Britt

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year? *

 Yes No

Were Services delivered as specified in the contract? *

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

 Yes No

Did Contractor adhere to the contracted schedule? * (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 2,890.00	549005
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

Annual renewal of \$1000 and \$30 per student

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,890.00

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

Evelyn Locklin

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Evelyn W. Locklin

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

6638

Contractor Name *

Crothall Facilities Management, Inc.

Service Provided* (?)

Medical equipment maintenance and support services for NPC.

Renewal Term Start Date *

1/1/2024

Renewal Term End Date *

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 4,885.57

Rate(s)/Rate(s) Description

\$4,885.32 Annual contract price. Off cycle contract with on-cycle annual funding.

Unit(s) Served*

9206, 9209

G/L Code(s)*

553000

Current Fiscal Year Purchase Order Number*

CT143431

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 2,950.00	553001

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 2,950.00	553001

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change? *

 Yes No

Is the payment deadline different than net (45)? *

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Todd Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/29/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7860

Contractor Name*

Houston Recovery Center (HRC) LGC - Sobering Center

Service Provided* (?)

NARCAN spray administration training for SUDOP, CCSI, CCA and BHRT Program staff.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9263

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT143289

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,000.00	549005
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KOPNMEYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7262

Contractor Name*

P-Housing & Transition (CCAP)

Service Provided* (?)

Master Pool: Vendors will provide Transitional Housing Services for CCAP Consumers (formerly HDMD).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 checked="" type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9238

G/L Code(s)*

595031

Current Fiscal Year Purchase Order Number*

FY24 PO CT143190

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 5,000.00	595031
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
na

Project WBS (Work Breakdown Structure)* (?)
na

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
5000.00

Contract Funding Source*
Private Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0456

Contractor Name *

TC Practice Management, LLC

Service Provided* (?)

Medication-Assisted Treatment Services for the Be-Well Texas Program (MAT-AUD).

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 90,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

9363

G/L Code(s)*

543075

Current Fiscal Year Purchase Order Number*

CT143441

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9363	\$ 90,000.00	543075

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
 NA

Project WBS (Work Breakdown Structure)* (?)
 NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 90,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KOPNMEYER

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Scude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6541

Contractor Name*

The Bill Clair Family Mortuary, Inc.

Service Provided* (?)

Parking Space Lease Agreement. Spaces located at 2603 Southmore Street, Houston, Texas.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 Parking Agreement

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 8,640.00

Rate(s)/Rate(s) Description**Unit(s) Served***

9810

G/L Code(s)*

555000

Current Fiscal Year Purchase Order Number*

FY24 CT143185

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 8,640.00	555000
Budget Manager* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
na

Project WBS (Work Breakdown Structure)* (?)
na

Fiscal Year* (?)	Amount* (?)
2025	\$ 8,640.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2024-0833

Contractor Name *

Betty Adams

Service Provided* (?)

Consulting

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 40,020.00

Rate(s)/Rate(s) Description

Unit(s) Served*

6001

G/L Code(s)*

540000

Current Fiscal Year Purchase Order Number*

CT143673

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6001	\$ 7,000.00	540000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

\$60 per hour up to 24 hours per week

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Contract will be 4 months of FY25, starting September 1, 2024 through December 31, 2024.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Suzenia Williams-Wesley

Contract Owner Approval



Approved by

Mona Lisa Tites

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/30/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0722

Contractor Name *

Easter Seals of Greater Houston

Service Provided* (?)

Provide Day Camp and Respite

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 11,300.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3519

G/L Code(s)*

543000

Current Fiscal Year Purchase Order Number*

CT143277

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3519	\$ 11,300.00	543000
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 11,300.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

ESGH FY25.pdf

40.36KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

5/31/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0708

Contractor Name*

P-IDD Master Pool for Vocational Apprenticeship Hosting

Service Provided* (?)

Employment Apprenticeship Program

Renewal Term Start Date*

2/14/2024

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

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 28,800.00

Rate(s)/Rate(s) Description

10.00 per hour

Unit(s) Served*

3412

G/L Code(s)*

540508

Current Fiscal Year Purchase Order Number*

CT143705

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 28,800.00	540508
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 28,800.00

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

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0734

Contractor Name *

The ARC of Harris County

Service Provided* (?)

Camp Champions: Provide for coordination and implementation in conjunction with UR-RHA schedule. Plan two (2) sessions x 40 consumers/sessions \$187.50/consumer.

Community Family to Family services: Coordinate and implement the Family-to-Family Network resources providing two (2) per month. 240 consumers x \$83.33 per consumer.

Community Family Task Force. Community Education.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 47,000.00

Rate(s)/Rate(s) Description

3380 \$15,000.00 543000; 3381 \$20,000.00 543000; 3384
\$12,000.00 543000

Unit(s) Served*

3380, 3381, 3384

G/L Code(s)*

543000

Current Fiscal Year Purchase Order Number*

CT143266

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance 

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination 

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3380	\$ 15,000.00	543000
Budget Manager* Johnson, Kenyonika	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3381	\$ 20,000.00	543000
Budget Manager* Johnson, Kenyonika	Secondary Budget Manager* Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3384	\$ 12,000.00	543000
Budget Manager* Johnson, Kenyonika	Secondary Budget Manager* Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 47,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

ARC FY25 3380 3381 3384.pdf

120.83KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0733

Contractor Name*

The ARC of Harris County

Service Provided* (?)

Overnight respite: \$6.30 hourly. Contractor will provide overnight respite services for up to ten (10) consumers per weekend.

Day Respite: Contractor will provide out of home respite services for up to 20 consumers (20 clients x 24 days x \$8.32/hourly x 5.5 hrs.)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 61,061.00

Rate(s)/Rate(s) Description

Overnight respite 3383 \$39,165.00 543000; Day respite
3383 \$21,896.00 543000

Unit(s) Served*

3383

G/L Code(s)*

543000

Current Fiscal Year Purchase Order Number*

CT143319

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3383	\$ 39,165.00	543000
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3479	\$ 21,896.00	543000
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rate and rate description

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 61,061.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

ARC FY25 3383 3479.pdf

81.66KB

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyenika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0732

Contractor Name*

The ARC of Harris County

Service Provided* (?)

Training/Recreational services: Provide linkage to recreational activities for up to 750 persons at \$5,833.34 x 12 months.

Weekend Recreational: Provide specialized recreational activities at THC location for individuals who have not yet transitioned to community inclusionary activities (24 consumers x \$6.30).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 98,700.00

Rate(s)/Rate(s) Description

Training/Recreational Services 3528 \$70,000.00 543000;
Weekend Recreational Services 3382 \$28,700.00 543000

Unit(s) Served*

3528, 3382

G/L Code(s)*

543000

Current Fiscal Year Purchase Order Number*

CT143318

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3528	\$ 70,000.00	543000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3382	\$ 28,700.00	543000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See attachment for rate and rate description for FY25.

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 98,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language? * (?)

Yes No

Will the scope of the Services change? *

Yes No

Is the payment deadline different than net (45)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

ARC FY25 3528 3382.pdf

91.83KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0728

Contractor Name*

The Center For Pursuit d/b/a The Center

Service Provided* (?)

Contractor will provide Residential Living Services (RO32)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 35,374.00

Rate(s)/Rate(s) Description

\$96.91 per day per authorized consumer

Unit(s) Served *

3570

G/L Code(s) *

543004

Current Fiscal Year Purchase Order Number *

CT143276

Contract Requestor *

Margo Childs

Contract Owner *

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance**

Have there been any significant performance deficiencies within the current fiscal year? *

 Yes No

Were Services delivered as specified in the contract? *

 Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

 Yes No

Did Contractor adhere to the contracted schedule? * (?)

 Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

 Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

 Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

 Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

 Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor? * (?)

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3570	\$ 35,374.00	543004
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

96.91 per day per authorized consumer.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 35,374.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2025

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 (?)

FY24 Renewal The Center.pdf

44.6KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6833

Contractor Name*

Network Sciences, Inc.

Service Provided* (?)

Sub-user software agreement to access database for consumer's eligibility

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT142590

Contract Requestor*

Chekeshia Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 25,000.00	553002

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 25,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

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*

5/20/2024

EXHIBIT F-27

JUNE 2024

AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$100,000

JUNE 2024
 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	CareFusion Solutions, LLC	Software License, Equipment & Support Services for CPEP Pharmacy Med Station.	\$64,946.00	\$2,112.00	\$67,058.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Unknown	Amendment to increase the NTE for the need of BD Pyxis™ ES Refrigerator to help reduce the likelihood of medication errors, decrease medication discrepancies, and avoid delays in patient care.
2	Waste Management of Texas, Inc	Agency Wide Nonhazardous Waste Collection and Dumpster/Removal Services	\$78,248.00	\$5,000.00	\$83,248.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE due to the addition of added sites, overages of containers and 20 yd containers for projects and additional funding through the current fiscal year.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
3	Ambur Copeland	Community First Choice (CFC) Personal Assistance Services/Habilitation/Respite (PAS/HAB)	\$13,202.00	\$6,000.00	\$19,202.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Amendment to increase the NTE due to the individual receiving additional services hours.
4	Huan Bui	Community First Choice (CFC) - Personal Assistance Services/Habilitation/Respite (PAS/HAB)	\$16,000.00	\$3,500.00	\$19,500.00	9/1/2023 - 8/1/2024	State Grant	Consumer Driven	Amendment to increase the NTE due to the individual receiving additional hours on plan.
5	Katia Rubi Lemus	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB)	\$23,950.00	\$4,000.00	\$27,950.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Amendment to increase the NTE due to receiving additional service hours as authorized and required by the Individual Plan of Care ("IPC").
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section

Contractor*

CareFusion Solutions, LLC

Contract ID #*

6048

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

CareFusion Solutions, LLC & 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 Unknown |

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*

\$ 64,946.00

Increase Not to Exceed*

\$ 2,112.00

Revised Total Not to Exceed (NTE)*

\$ 67,058.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 67,058.00

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* (?)

BD Pyxis™ ES Refrigerator, we can reduce the likelihood of medication errors, decrease medication discrepancies, and avoid delays in patient care.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Nagy_Harris County Center for Mental Health_ES_Refrigerator_Lease.pdf	46.02KB
---	---------

Vendor/Contractor Contact Person

Name*

Jeffrey Brannon

Address*

Street Address

3750 Torrey View Court

Address Line 2

City

San Diego

Postal / Zip Code

92130-2622

State / Province / Region

CA

Country

US

Phone Number*

619-218-5417

Email*

Jeff.Brannon2@bd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 812.00	552000
Budget Manager Oshman, Jodel	Secondary Budget Manager Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 812.00	552000
Budget Manager Oshman, Jodel	Secondary Budget Manager Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 244.00	553001
Budget Manager Oshman, Jodel	Secondary Budget Manager Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 244.00	553001
Budget Manager Oshman, Jodel	Secondary Budget Manager Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Garland, Teri

Submission Date

5/14/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

5/14/2024

Contract Owner Approval

Approved by

ANGELA BABIN

Approval Date

5/14/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/14/2024



Executive Contract Summary

Contract Section



Contractor*

Waste Management of Texas, Inc

Contract ID #*

2022-0455

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

Waste Management 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 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 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*

\$ 78,248.00

Increase Not to Exceed*

\$ 5,000.00

Revised Total Not to Exceed (NTE)*

\$ 83,248.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 83,248.00

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* (?)

due to the addition of added sites, overages of containers and 20 yd containers for projects, we need additional funds to get thru the fiscal year. Adding \$5,000 to contract for a new NTE of \$83,248.00

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 present

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Waste Management / Ryan Ellis

Address*

Street Address

520 East Corporate Drive

Address Line 2

City

Lewisville

Postal / Zip Code

75057-6400

State / Province / Region

TX

Country

US



Executive Contract Summary

Contract Section ^

Contractor*

Ambur Copeland

Contract ID #*

2024-0837

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

Ambur Copeland, 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 13,202.00

Increase Not to Exceed*

\$ 6,000.00

Revised Total Not to Exceed (NTE)*

\$ 19,202.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 19,202.00

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* (?)

Additional hours added to IPC

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*

9/1/2023-8/31/2024

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ambur Copeland

Address*

Street Address

8719 Indian Maple Drive

Address Line 2

City

Humble

State / Province / Region

TX

Postal / Zip Code

77338

Country

USA

Phone Number*

3464342658

Email*

amburxcopeland@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543005
Budget Manager Johnson, Kenyonika		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

11.50 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Anthony, Patrina

Submission Date

5/23/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

5/23/2024

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

5/23/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/28/2024



Executive Contract Summary

Contract Section ▲

Contractor*

Hun Bui

Contract ID #*

7105

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

Haun Bui, 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/1/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 16,000.00

Increase Not to Exceed*

\$ 3,500.00

Revised Total Not to Exceed (NTE)*

\$ 19,500.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 19,500.00

Funding Source*

State Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

The individual received additional hours on plan which cause the need for an increase on contract.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

9/1/2023-8/31/2024

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Haun Bui

Address*

Street Address

13750 Bonilla Lane

Address Line 2

City

Houston

Postal / Zip Code

77083

State / Province / Region

TX

Country

USA

Phone Number*

7132403556

Email*

huanbui@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,500.00	543005
Budget Manager Johnson, Kenyonika		Secondary Budget Manager Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Rate 11.50 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Anthony, Patrina

Submission Date

5/13/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

5/13/2024

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

5/14/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/14/2024



Executive Contract Summary

Contract Section


Contractor*

Katia Rubi Lemus

Contract ID #*

2022-0441

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/18/2024

Parties* (?)

Katia Lemus, 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 23,950.00

Increase Not to Exceed*

\$ 4,000.00

Revised Total Not to Exceed (NTE)*

\$ 27,950.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 27,950.00

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* (?)

The individual received additional hours in the annual plan, leading to an increase in the required funding on the contract.

Contract Owner*
Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023-8/31/2024

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Katia Lemus

Address*

Street Address

1222 Aldine Mail Route Road

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77039

Country

USA

Phone Number*

7139708338

Email*

lemusrubi060@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,000.00	543005
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

11.50 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Anthony, Patrina

Submission Date

4/29/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

5/21/2024

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

5/21/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/21/2024

EXHIBIT F-28

JUNE 2024
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID# *

2023-0647

Contractor Name *

1 Care Premier Services

Service Provided* (?)

ISS Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patrina Anthony

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

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 (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

1 on 1 Kev Fran Home

Contractor Name *

2023-0648

Service Provided* (?)

ISS Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description**Unit(s) Served***

3585

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Please Explain***

This provider has had to be reminded continually to pay outstanding invoices. This provider should only remit payments in the form of cashier's checks.

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination**

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

None

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

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 (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyonika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/28/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0631

Contractor Name*

A Little Something Different

Service Provided* (?)

Individualized Skills and Socialization Services (ISS)

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$30.00 per hour

Unit(s) Served*

3585

G/L Code(s) *

0

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?*(?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?*(?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?*(?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?*(?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?*(?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)
 See attached. Employment Assistance @ a rate of \$30.00 per hour.

Project WBS (Work Breakdown Structure)* (?)
 NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
 000

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 (?)

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Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Charles Kerlegon

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2023-0617

Contractor Name *

Assured Quality Care Services

Service Provided* (?)

In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager * Johnson, Kenyonika		Secondary Budget Manager * Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See attached

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

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Contract Funding Source *

Federal

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 (?)

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Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2023-0650

Contractor Name *

Citi Health Group, Inc.

Service Provided* (?)

ISS Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s) *

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
See attached

Project WBS (Work Breakdown Structure)* (?)
NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
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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

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Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Dr. Evanthe Collins

Budget Manager Approval(s)



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0649

Contractor Name *

McKenna Care HCS

Service Provided* (?)

Individual Skills and Socialization Services.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

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 type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description**Unit(s) Served***

3585

G/L Code(s)*

000

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached document

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

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 (?)

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Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

5/28/2024