

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

Resource Committee Meeting July 16, 2024 9:00 am

- I. DECLARATION OF A QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, May 21, 2024 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report- June (EXHIBIT R-2 Stanley Adams)
- B. July 2024 New Contracts Over 250K (EXHIBIT R-3 Belinda Stude)
- C. July 2024 Renewals Over 250K (EXHIBIT R-4 Belinda Stude)
- D. July 2024 Amendments Over 250K (EXHIBIT R-5 Belinda Stude)
- E. July 2024 Interlocal Agreements (EXHIBIT R-6 Belinda Stude)
- F. Pharmacy Inventory Services (EXHIBIT R-7 Stan Adams/Nina Cook)

V. EXECUTIVE SESSION-

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. July 2024 Contract Renewals 100K-250K (EXHIBIT R-8)
- B. July 2024 Amendments 100K-250K (EXHIBIT R-9)
- C. July 2024 New Contracts Under 100K (EXHIBIT R-10)
- D. July 2024 Renewals Under 100K (EXHIBIT R-11)

- E. July 2024 Amendments Under 100K (EXHIBIT R-12)
- F. July 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHBIIT R-13)

G. FY 2024 Q3 Supplier Diversity Report (EXHIBIT R-14)

IX. ADJOURN

Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, MAY 21, 2024 MINUTES

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:05 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack, Mr. J. Lykes, Dr. M. Miller, Jr, Mrs. B. Hellums.

Committee Member Absent:.

Other Board Member Present: Dr. L. Moore, Dr. L. Fernandez-videoconference

1. CALL TO ORDER

Mr. Womack called the Resource Committee meeting to order at 9:05 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

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

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

No public comment.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday April 16, 2024.

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, April 16, 2024, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

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

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED FY'24 Year-to-Date Budget Report-April, as presented under Exhibit R-1 is approved and recommended to the Full Board.

B. May 2024 Interlocal Agreements

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED May 2024 Interlocal Agreements, under Exhibit R-3 are approved and recommended to the Full Board.

C. May 2024 Amendments Over 250K

MOTION: LYKES SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED May 2024 Amendments, under Exhibit R-4 are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

- **A. Vendor Outreach: Procurement of Goods & Service-**Stanley Adams and Nina Cook presented the Vendor Outreach: Procurement of Goods & Services presented to the Resource Committee.
- B. **Pharmacy Financial Review-**Stanley Adams, Angela Babin and Holly Cumbie presented to the Resource Committee.
- 7. EXECUTIVE SESSION No executive session needed
- 8. RECOVENE INTO OPEN SESSION
- 9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 10. ADJOURN

MOTION: HELLUMS SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:21 am.

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

EXHIBIT R-2

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget June 30, 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 (the Report) 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 or with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams
Chief Financial Officer - Interim

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget June 30, 2024

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

	For the Month Ended					
	Or	iginal Budget		Actual		Variance
Revenues Expenditures	\$	28,619,834 28,536,501	\$	29,685,264 28,383,429	\$	1,065,430 153,072
Excess (Deficiency) of revenues over expenditures	\$	83,333	\$	1,301,835	\$	1,218,502
Other Sources (Uses) Debt payment Capital Outlay Other Sources (Uses)	\$	(83,333) - -	\$	- (792,743) -	\$	83,333 (792,743) -
Change in Fund Balance/Net Position	\$	-	\$	509,092	\$	509,092

	Fiscal Year to Date					
	O	riginal Budget		Actual		Variance
Revenues Expenditures	\$	286,198,344 285,365,011	\$	285,736,611 284,078,343	\$	(461,733) 1,286,668
Excess (Deficiency) of revenues over expenditures	\$	833,333	\$	1,658,268	\$	824,935
Other Sources (Uses) Debt payment Capital Outlay Other Sources (Uses)	\$	(833,333) - -	\$	- (5,594,776) 162,964	\$	833,333 (5,594,776) 162,964
Change in Fund Balance/Net Position	\$	-	\$	(3,773,544)	\$	(3,773,544)

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget June 30, 2024

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

	For the Month Ended									Fiscal Year to Da	te		7
						1							_
		Original			Variance			Original		_	Variance		
		Budget		Actual	\$	%	┙┕	Budget		Actual	\$	%	_
Operating Revenue													
State General Revenue	\$	10,145,271	\$	11,304,775	1,159,504	11%	\$			102,612,303	1,159,590	1%	
Harris County and Local		5,420,027		5,154,665	(265,362)			54,200,273		52,523,856	(1,676,417)		Α
Federal Contracts and Grants		4,034,513		3,615,137	(419,376)			40,345,129		39,523,852	(821,277)	-2%	
State Contract and Grants		1,128,277		1,068,432	(59,845)			11,282,774		9,161,363	(2,121,411)	-19%	
Third Party Billing		2,766,501		3,446,443	679,942	25%		27,665,005	,	31,511,273	3,846,268	14%	С
Charity Care Pool		3,340,350		3,340,350	-	0%		33,403,503		33,403,505	2	0%	
Directed Payment Programs		726,250		513,204	(213,046)			7,262,500)	5,309,134	(1,953,366)	-27%	D
PAP		833,578		887,929	54,351	7%		8,335,780)	8,690,051	354,271	4%	
Interest Income		225,067		354,329	129,262	57%	_	2,250,667		3,001,274	750,607	33%	
Operating Revenue, total	\$	28,619,834	\$	29,685,264	1,065,430	4%	\$	286,198,344	ļ	285,736,611	(461,733)	0%	
Operating Expenditures													
Salaries and Fringe Benefits	\$	19,926,500	\$	18,623,830	1,302,670	7%	\$	199,265,009	\$	199,504,745	(239,736)	0%	
Contracts and Consultants		2,089,012		2,278,084	(189,072)	-9%		20,890,119)	16,131,573	4,758,546	23%	Ε
Contracts and Consultants-HPC		2,322,735		2,327,062	(4,327)	0%		23,227,347	,	23,229,066	(1,719)	0%	
Supplies		277,304		210,593	66,711	24%		2,773,037	,	1,715,086	1,057,951	38%	F
Drugs		1,254,451		2,023,164	(768,713)	-61%		12,544,512	2	20,669,676	(8,125,164)	-65%	F
Purchases, Repairs and Maintenance of	f:												
Equipment		597,697		803,382	(205,685)	-34%		5,976,972	2	4,746,991	1,229,981	21%	
Building		538,158		209,201	328,957	61%		5,381,583	}	2,354,356	3,027,227	56%	
Vehicle		86,436		70,865	15,571	18%		864,361		751,659	112,702	13%	
Telephone and Utilities		317,951		277,614	40,337	13%		3,179,505	,	2,763,367	416,138	13%	
Insurance, Legal and Audit		166,175		173,338	(7,163)	-4%		1,661,754	ļ	1,773,279	(111,525)	-7%	
Travel		194,299		197,107	(2,808)	-1%		1,942,985	,	1,725,877	217,108	11%	
Dues & Subscriptions		382,047		857,488	(475,441)	-124%		3,820,468	3	4,848,599	(1,028,131)	-27%	G
Other Expenditures		383,736		331,701	52,035	14%		3,837,359)	3,864,069	(26,710)	-1%	G
Operating Expenditures, total	\$	28,536,501	\$	28,383,429	\$ 153,072	1%	\$	285,365,011	. \$	284,078,343	\$ 1,286,668	0%	
Excess (Deficiency) of revenues over													
expenditures	\$	83,333	\$	1,301,835	1,218,502		\$	833,333	\$	1,658,268	824,935		
Othor Courses (Lless)													
Other Sources (Uses) Debt payment	\$	(83,333)	ċ		\$ 83,333		\$	(833,333	η¢		\$ 833,333		
' '	Ş	(03,333)	Þ	- (792,743)	, 83,333 (792,743)		>	(003,333	ηŞ	- (5,594,776)			
Capital outlay		-		(792,743)	(/92,/43)	1		-			(5,594,776)		
Insurance proceeds Proceeds from Sale of Assets		-		-	-			-		48,264	48,264		
	ċ	-	ć	509,092	\$ 509,092	_	\$	-	\$	114,700	114,700 \$ (2.773.544)		
Change in Fund Balance/Net Position	<u> </u>	•	\$	509,092	509,092	=		•	Þ	(3,773,544)	\$ (3,773,544)		

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting June 30, 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 approx. \$1.6MM.

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 Third party billing

Third party billing exceeds anticipated budget, in total, due to revenue generated in our pharmacies. We are seeing patient revenue fall under budget due to low patient volume.

D 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 2024. 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.

E Contracts and consultants

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

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting June 30, 2024

F Supplies and Drugs

Per the Board of Trustees request, Supplies and Drugs are presented going forward as separate categories.

Balances for these categories are as follows for the month of May 2024 and for the period ended May 2024:

	For the Month May - 202		Fiscal Yea May - 20	
'	Budget	Actual	Budget	Actual
Supplies	277,304	220,089	2,495,733	1,504,493
Drugs	1,254,451	2,243,528	11,290,061	18,646,512
Supplies & Drugs	1,531,755	2,463,617	13,785,794	20,151,005

The primary driver of the net unfavorable variance in Drugs 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 \$7.4MM and the billing program expense exceeds budget by (\$7.4MM).

G Dues & Subscriptions and Other Expenditures

Per the Board of Trustees request, "Dues & Subscriptions" will be presented separate from "Other Expenditures" going forward.

Balances for these categories are as follows for the month of May 2024 and for the period ended May 2024:

	For the Month May - 202		Fiscal Yea May - 20	
•	Budget	Actual	Budget	Actual
Dues & Subscriptions	382,047	592,975	3,438,423	3,991,111
Other Expenditures	383,736	387,625	3,453,621	3,532,367
Other Expenditures	Expenditures 765,783 980,600		6,892,044	7,523,478

The primary driver of the net unfavorable variance in Dues & Subscriptions is due to spending in software, IT spending, and the payment due this month for data security subscription.

The Harris Center for Mental Health and IDD Balance Sheet June 30, 2024

Non-GAAP / Budgetary-Basis Reporting Unaudited - Subject to Change

		May - 2024		June - 2024		Change
ASSETS	<u> </u>	•	-	_	-	
Current Assets						
Cash and Cash Equivalents						
Cash and Petty Cash	\$	12,283,279	\$	10,570,716	\$	(1,712,563)
Cash Equivalents		66,054,203		76,838,546		10,784,343
Cash and Cash Equivalents, total		78,337,482		87,409,262		9,071,780 AA
Inventory and Prepaid		4,657,879		6,505,768		1,847,889
Accounts Receivable:				, ,		, ,
Other A/R		34,416,706		31,747,225		(2,669,481) BB
Patient, net of allowance		2,160,533		2,981,401		820,868
Current Assets, total	\$	119,572,600	\$	128,643,656	\$	9,071,056
Capital Assets						
Land		13,004,859		13,004,859		-
Building and Building Improvements		52,615,143		52,615,143		-
Furniture, Equipment and Vehicles		10,826,281		10,826,281		-
Construction in Progress		5,764,164		5,764,164		-
Capital Assets, total	\$	82,210,447	\$	82,210,447	\$	-
Total Assets	\$	201,783,047	\$	210,854,103	\$	9,071,056
LIABILITIES & FUND BALANCE/NET POSITION Liabilities						
Unearned Revenues	\$	28,472,702	\$	34,214,580	\$	5,741,878 CC
Accounts Payable and Accrued Liabilities		16,725,569		19,559,172		2,833,603 DD
Long term Liabilities		814,265		800,747		(13,518)
Liabilities, total	\$	46,012,536	\$	54,574,499	\$	8,561,963
Fund Balance/Net Position						
Net Investment in Capital Assets		82,210,447		82,210,447		- EE
Nonspendable		4,657,879		6,505,768		1,847,889 EE
Assigned		66,514,014		66,514,014		-
Unassigned		6,670,807		4,822,919		(1,847,888) EE
Change in fund balance/net position		(4,282,636)		(3,773,544)		509,092
Fund Balance/Net Position, Total	\$	155,770,511	\$	156,279,604	\$	509,093
Total Liabilities & Fund Balance/Net Position	\$	201,783,047	\$	210,854,103	\$	9,071,056

The Harris Center for Mental Health and IDD

Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

June 30, 2024

Balance Sheet

AA Cash and Investments

The increase in cash and cash equivalents is primarily driven by the cash collection on outstanding contract invoices and the quarterly allocation from state revenue received during the month of June (approx. \$21M).

BB Accounts receivable, other

The decrease in Accounts Receivable is due to the continued effort to collect on outstanding contract invoices and the quarterly allocation from state revenue received during the month of June.

CC Unearned Revenues

Unearned income has increased due to the receipt of the quarterly state revenue allocation, revenue to be recognized during the remaining months of the fiscal year.

DD Accounts Payable and Accrued Liabilities

The increase in Accounts Payable and Accrued Liabilities is due to the normal fluctuations in payment of invoices and salaries.

EE Fund Balance/Net Position

Reclassification of Fund Balance/Net Position categories to start alignment with GASB 34 & 54 fund balance/net position definitions. For purposes of this report, the May 2024 balances are reclassified as follows:

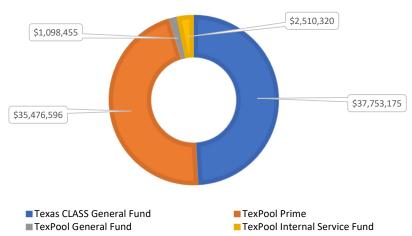
	As presented	As reclassified	
Fund Balance/Net Position	May - 2024	May - 2024	Change
Inventory and Capital Assets	82,907,932	-	(82,907,932)
Net Investment in Capital Assets	-	82,210,447	82,210,447 Capital Assets Investments net of related debt
Nonspendable	-	4,657,879	4,657,879 Nonspendable - Inventories, Prepaids & Deposits
Assigned	66,514,014	66,514,014	-
Unassigned	10,631,201	6,670,807	(3,960,394)
Change in fund balance/net position	(4,282,636)	(4,282,636)	_
Fund Balance/Net Position, Total	\$ 155,770,511	\$ 155,770,511	\$ -

The Harris Center for Mental Health and IDD Investment Portfolio June 30, 2024

Local Government Investment Pools (LGIPs)

	Regi	nning Balance		Transfer In	т	ransfer Out	In	terest Income		Ending Value	Portfolio %	Monthly Yield
Texas CLASS		B Dalance		Trunsier in	•	Tunsier out		terest intollie		Liidiig Value	1 01110110 70	
Texas CLASS General Fund	\$	27,143,016	\$	17,700,000	\$	(7,200,000)	\$	110,159	\$	37,753,175	49.13%	5.43%
TexPool												
TexPool Prime		35,318,099		-		-		158,497		35,476,596	46.17%	5.46%
TexPool General Fund		1,093,680		-		-		4,775		1,098,455	1.43%	5.31%
TexPool Internal Service Fund		2,499,408		-		-		10,912		2,510,320	3.27%	5.31%
TexPool Sub-Total		38,911,187		-		-		174,184		39,085,371	50.87%	5.45%
Total Investments	\$	66,054,203	\$	17,700,000	\$	(7,200,000)	\$	284,343	\$	76,838,546	100.00%	5.44%
	Addit	ional Interest o	n Ch	ecking Accounts		-		69,986				
	Total	Interest Earne	d du	ring the current n	nontl	h	\$	354,329	:			





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)	5.27%
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 June 30, 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:

Thania D. Gonzalez

Controller

The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits June 30, 2024

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Jun-24	Fiscal Year to Date Total	
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,910,302	\$20,730,807	
Blue Cross Blue Shield of TX	hield of TX Health and Dental Insurance		\$2,513,137	\$24,832,446	
UNUM	Life Insurance	\$300,000	\$207,333	\$2,072,984	

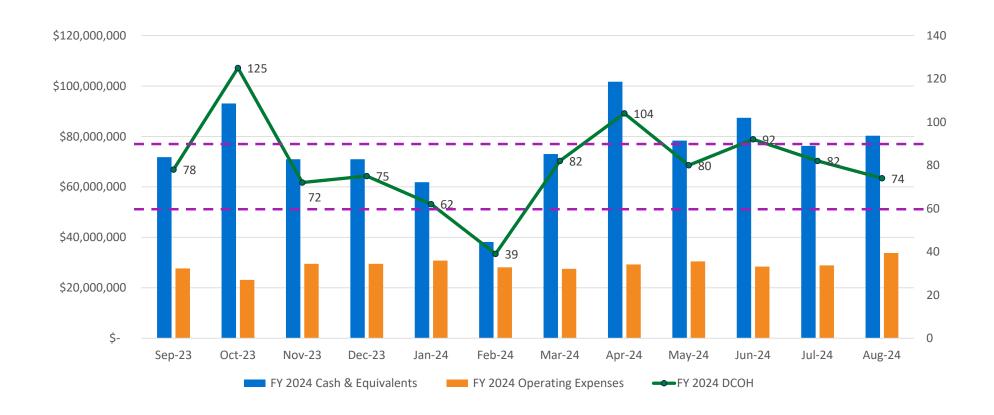
Notes:

⁽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 05C & 06A payments

Estimated Monthly Days-Cash-On-Hand (DCOH) FY 2024

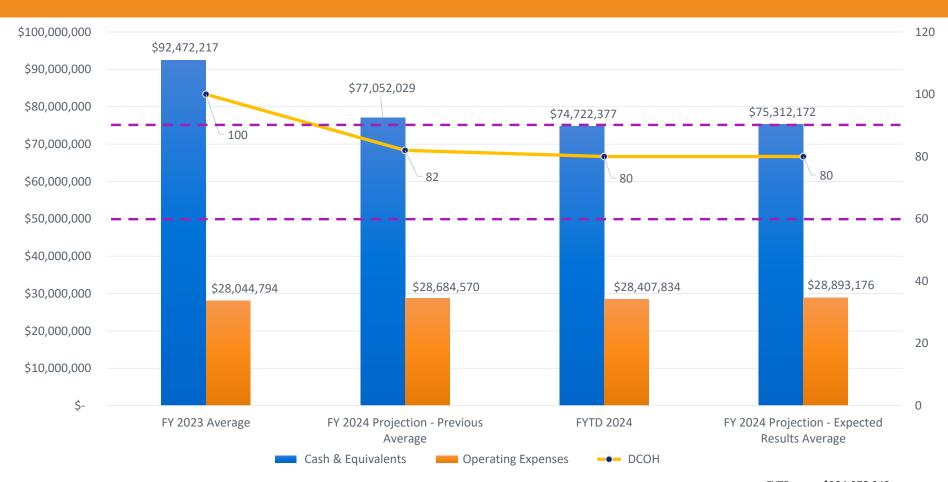




^{*}July 2024 & August 2024 figures are based on estimates updated for known figures.

DCOH FY 2023 & FY 2024





*July 2024 & August 2024 figures are based on estimates updated for known figures.

FYTD exp = \$284,078,343

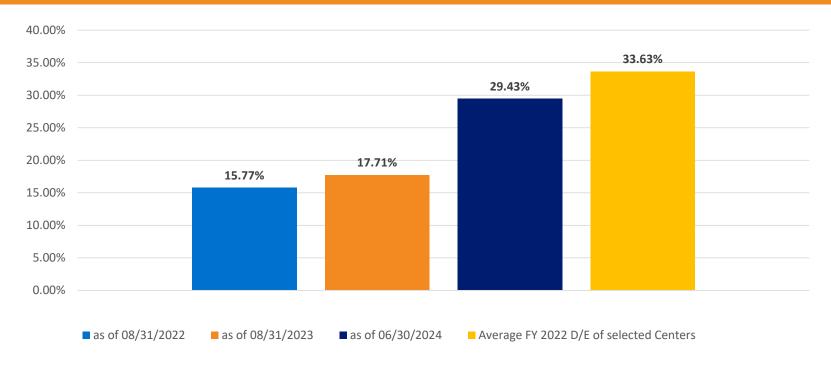
Financial Overview – Cash and Cash Equivalents





Debt-to-Equity Ratio





*Debt to Equity Ratio: Total Liabilities less compensated absences divided by Total Net Position (from Statement of Net Position)

The Debt-to-equity ratio (excluding compensated absences) as of 06/30/2024 is higher than previous years due to the timing of when liabilities are incurred vs paid during the fiscal year 2024. As of 06/30/2024 liabilities (excl. Comp Abs.) are 108% or \$23.9M higher than as of 08/31/2023 and net position is 25% or \$31.6M higher than as of 08/31/2023.

(Note: FY 2022 D/E average of the Community Centers in the state of Texas is 14%)

EXHIBIT R-3

JULY 2024 NEW CONTRACTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY NEW CONTRACTS GREATER THAN \$250,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ACCE33						
	ADMINISTRATION						
	CPEP/CRISIS SERVICES		- 34				
1	Texas West Oaks Hospital, LP d/b/a West Oaks Hospital	Community Inpatient Psychiatric Hospital Beds 12.2 beds per day at \$700	\$3,117,100.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	New Agreement to provide Community Inpatient Psychiatric Hospital 12.2 Beds at \$700.00 per day per bed. [RFP was presented to Resource Committee January 2024].
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI	Allowed Control of the Control of th					
	LEASES						
-							

Executive Contract Summary Contract Section Contractor* Texas West Oaks Hospital, LP d/b/a West Oaks Hospital Contract ID #* 2024-0838 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties* (?) Texas West Oaks Hospital, LP d/b/a West Oaks Hospital and The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) ☑ Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Amount* (?) Fiscal Year* (?)

\$ 3,117,100.00

2025

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
Community Inpatient Psychiatric Hospital Beds 12.2 beds per day at \$700	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor	r/Contractor*
Yes ○ No ○ Unknown	
Please add previous contract dates and wha	at services were provided*
Currently under contract.	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)
○ Yes ○ No ● Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	on 🖎
Name*	
Ashley Sacriste	
Address*	
Street Address	
6500 Hornwood Drive	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77074-5008	United States
Phone Number*	
713-778-5210	
Email*	
Ashley.Sacriste@uhsinc.com	
Budget Section	O
Budget Units and Amounts Char	ged to each Budget Unit

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 543044 \$ 3,117,100.00 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) 12.2 beds per day at \$700 Project WBS (Work Breakdown Structure)* (?) **Submission Date** Requester Name Singh, Patricia 6/17/2024 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 6/17/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Mina Cook 6/21/2024 Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 6/21/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/25/2024

EXHIBIT R-4

JULY 2024 RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000 JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
_	ADMINISTRATION							
1	Block Builders, LLC	Construction of Apartments for the 6168 South Loop East Project, Houston, TX	\$10,016,062.00	\$7,142,296.12	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Renewal of Agreement for Construction of Apartments for the 6168 South Loop East, Houston, TX. (Projected construction through 8/31/2025) [Funding only].
2	Clinical Laboratory Services, Inc.	Agency Wide Clinical Laboratory Services	\$642,108.00	\$642,108.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Agency wide clinical laboratory services. Third year renewal option.
3	Enterprise FM Trust	Vehicle Lease and Maintenance Agreements for Agency-wide Transportation Services, Vehicle Procurement Services (Lease and Ownership) through a single entity.	\$848,761.66	\$825,512.76	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agency Wide Vehicle Lease and Maintenance Agreements for Transportation services.
4	McKesson Corporation	Agency Wide Medical Surgical Supplies	\$295,577.00	\$295,577.00	7/1/2024 - 6/30/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement to provide Agency Wide Medical Surgical Supplies [Tag On through GPO Vizient].
5	Universal Protection Service, LP d/b/a Allied Universal Security Services	Agency Wide Security Guard Services	\$1,075,267.08	\$1,102,434.48	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Security Guard Services. Final year renewal option.
	CPEP/CRISIS SERVICES					And the second		
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
6	Master Pool for Youth Empowerment Services (YES Waiver)	Community Living Supports & Paraprofessional Support Services (YES Waiver Program).	\$350,000.00	\$350,000.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Community Living Supports & Paraprofessional Support Services Master Agreement (YES Waiver Program).
7	Master Pool-Youth Empowerment Services (Yes Waiver)	Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.	\$350,000.00	\$350,000.00	9/1/2024 - 8/31/2025	State	Request for Application	Annual renewal of Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy Master Agreement.
8	The Council on Recovery	Substance Abuse Services for the Outreach, Screening, and Referral (OSAR) Grant Program	\$793,354.00	\$793,354.00	9/1/2024 - 8/31/2025	State Grant	OSAR Grant Program	Annual renewal of Substance Abuse services in accordance with the OSAR Grant program requirements.
	MENTAL HEALTH SERVICES-ECI							
	LEASES	the state of the s						

HARRIS CENTER.

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
2023-0808	
Contractor Name*	
Block Builders, LLC	
Service Provided* (?)	
Construction of Apartments for the 6168 South Loop E (Projected construction through 8/31/2025) Funding or	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$	
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License AgreementLease
 Pooled Contract Renewal of Existing Contract 	Other
	siness (JHD) (V)
Vendor/Contractor a Historically Underutilized Bus Yes	siness (nub) (?)
No	
Unknown	
SIBIOWII	

Contract NTE* (?) \$ 10,016,062.00
Rate(s)/Rate(s) Description \$500,000.00-Owners Coontingency
Unit(s) Served* 1126
G/L Code(s)* 900040-Capital Project FM21.1126.23
Current Fiscal Year Purchase Order Number* CT143579
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?* (?)
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 Amour	nts Charged to each Budge	t Unit
Budget Unit Number* 1126	Amount Charged to Unit* \$ 7,142,296.12	Expense/GL Code No.* 900040
Budget Manager*	Secondary Bu	udget Manager*
Campbell, Ricardo	Campbell, Rica	ardo
Provide Rate and Rate Description	4.2	
\$7,142,296.12 is the current balance 6/24/24, will need to be changed to on 09/01/2024 when writing the new	match what balance is	
Project WBS (Work Breakdown S	Structure)*(?)	
FM21.1126.23 6168 Apartments		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 7,142,296.12	2
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	es	O
Are there any required changes	to the contract language?* (?)	
Yes No		
Will the scope of the Services ch	ange?*	
Yes No		
Is the payment deadline different	t than net (45)?*	
Yes No		
Are there any changes in the Per	formance Targets?*	
Yes No		
Are there any changes to the Su	bmission deadlines for notes or sup	porting documentation?*
Yes No	binission deadines for notes of sup	porting documentation:
File Upload (?)		
The Opload (1)		
Contract Owner		0
Contract Owner* (?)		
Please Select Contract Owner		
Todd McCorquodale		
Budget Manager Approv	ral(s)	<u> </u>

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/24/2024	

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2021-0181	
C	
Contractor Name *	
Clinical Laboratory Services, Inc.	
Service Provided* (?)	
Agency wide clinical laboratory services.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal .	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
⊚ No	
Unknown	

Contract NTE* (?) \$ 642,108.00
Rate(s)/Rate(s) Description
vary.
Unit(s) Served*
1136, 6302, 6500, 9208, 9210, 9261, 9264, 9267, 9403, 9407, 9501, 9502 and 9810
G/L Code(s)* 580000
Current Fiscal Year Purchase Order Number* CT143186
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?* (?)
e 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

	unts Charged to ea	ach Budget	Unit
Budget Unit Number*	Amount Charged \$ 600,000.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Shelby, Debbie		Secondary Bu Hooper Jr., Mic	dget Manager* hael
Budget Unit Number* 9403	Amount Charged \$ 2,104.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Ramirez, Priscilla		Secondary Bu Puente, Giovar	dget Manager* nni
Budget Unit Number* 9407	Amount Charged \$ 826.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Ramirez, Priscilla		Secondary Bu Puente, Giovar	dget Manager* nni
Budget Unit Number*	Amount Charged \$ 2,372.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Ramirez, Priscilla		Secondary Bu Puente, Giovar	dget Manager* nni
Budget Unit Number*	Amount Charged \$ 1,497.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	dget Manager* Ila
Budget Unit Number* 9210	Amount Charged \$ 1,497.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	dget Manager* Ila
Budget Unit Number*	Amount Charged \$ 1,497.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	dget Manager* Ila
Budget Unit Number*	Amount Charged \$ 25,300.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Williams-Wesley, Sheenia		Secondary Bu Jiles, Monalisa	dget Manager*
Budget Unit Number* 6500	Amount Charged \$ 2,000.00	to Unit*	Expense/GL Code No.* 580000
Budget Manager* Williams-Wesley, Sheenia		Secondary Bu	dget Manager*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9264 580000 \$ 1,135.00 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9501 \$ 826.00 580000 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9502 580000 \$ 826.00 Budget Manager* Secondary Budget Manager* Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 580000 9267 \$ 825.00 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* \$ 1,403.00 580000 9404 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Provide Rate and Rate Descriptions if applicable * (?) RATES VARY Project WBS (Work Breakdown Structure)* (?) N/A Fiscal Year* (?) Amount* (?) 2025 \$ 642,108,00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 642.108.00 Contract Funding Source* General Revenue (GR) Contract Content Changes Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* Yes No

Are there any changes in the Performance	Targets?*
Yes No	
Are there any changes to the Submission d	eadlines for notes or supporting documentation?*
Yes No	
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Kia Walker	
Budget Manager Approval(s)	<u> </u>
Approved by	Approved by
Debbie Chambers Shelby	Priscitta M. Ramirez
Approved by	Approved by
Tedel Oshman	Sheenia Williams-Westey
Approved by	
Sign	
Contract Owner Approval	lacksquare
Approved by	
Kia Denae Walker	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
06	Approval Date*
Belinda Stude	6/24/2024



Mental Health and IDD	
Current Fiscal Year Contract Information	1
Current Fiscal Year 2024	
Contract ID#* 7827	
Contractor Name* Enterprise FM Trust	
Service Provided * (?) Vehicle Lease and Maintenance Agreements for Agency services. Vehicle Procurement Services (Lease and Own	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or 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	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin Yes No Unknown	ess (HUB) (?)

Contract NTE* (?)	
\$ 848,761.66	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
Many	
G/L Code(s)*	
559000, 560500	
Current Fiscal Year Purchase Order Number*	
FY24 PO CT143205	
Contract Requestor*	
Jessica Soto	
Contract Owner*	
Todd McCorquodale	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
Evaluation of Carron Fieder Four Street	
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ⑨ 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 s	ervices 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	O

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1117

\$ 6,684.12

560500

Budget Manager*

Secondary Budget Manager*

Campbell, Ricardo

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1117

\$ 849.12

559000

Budget Manager*

Secondary Budget Manager*
Campbell, Ricardo

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1124

\$ 89,995.28

560500

Budget Manager*
Campbell, Ricardo

Secondary Budget Manager*

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1124

\$ 19,885.80

559000 Secondary Budget Manager*

Campbell, Ricardo Campbe

Campbell, Ricardo

Budget Unit Number*

Budget Manager*

Amount Charged to Unit*

Expense/GL Code No.*

1150

\$ 45,463,44

560500 Secondary Budget Manager*

Budget Manager*
Campbell, Ricardo

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1150

\$ 5,422.92

559000

Budget Manager*

Secondary Budget Manager*

Campbell, Ricardo

Budget Unit Number*

Campbell, Ricardo

Expense/GL Code No.*

1130

\$ 9,976.56

560500

Secondary Budget Manager*

Secondary Budget Manager*

Budget Manager*

Onestell Disease

Campbell, Ricardo

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Amount Charged to Unit*

Expense/GL Code No.*

1130

\$ 1,892.76

559000

Budget Manager*

Campbell, Ricardo

Campbell, Ricardo

Campbell, Ricaldo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2200

\$ 12,467.00

560500

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 2200 559000 \$ 6.227.64 Secondary Budget Manager* **Budget Manager*** Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 2214 \$ 12,467.00 560500 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 2214 \$ 3,491.04 559000 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 560500 2250 \$ 34,228.08 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 559000 2250 \$ 4,230.12 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 560500 2301 \$ 77.974.96 Secondary Budget Manager* Budget Manager* Shelby, Debbie Hooper Jr., Michael Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 2301 \$ 13,793.28 **Budget Manager*** Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 2801 \$ 1,392.00 559000 Secondary Budget Manager* **Budget Manager*** Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3550 \$ 12,599.00 560500

Budget Manager*

Johnson, Kenyonika

Secondary Budget Manager*

Kerlegon, Charles

Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 559000 3550 \$ 2,413.56 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 560500 3585 \$ 12,642.24 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 559000 3585 \$ 1,833.72 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3609 \$ 13,558.68 560500 **Budget Manager*** Secondary Budget Manager* Kerlegon, Charles Johnson, Kenyonika Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 3609 \$ 1,833.72 559000 **Budget Manager*** Secondary Budget Manager* Kerlegon, Charles Johnson, Kenyonika Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3611 \$ 17,311.32 560500 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3611 \$ 3,405.84 559000 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3636 560500 \$ 5,752.32 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3636 559000 \$ 1,746.60

Secondary Budget Manager*

Kerlegon, Charles

Budget Manager*

Johnson, Kenyonika

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No. * 3692 \$ 5,727.00 5605000 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3692 \$ 1,746.60 559000 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No. * **Budget Unit Number*** Amount Charged to Unit* 560500 6500 \$ 3,981.36 Secondary Budget Manager* **Budget Manager*** Adams, Betty Williams-Wesley, Sheenia **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 6500 \$ 954.84 Secondary Budget Manager* **Budget Manager*** Williams-Wesley, Sheenia Adams, Betty **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9206 \$ 16,925.64 560500 Budget Manager* Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9206 \$ 2,832.72 559000 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 9208 \$ 95,321.16 560500 Secondary Budget Manager* Budget Manager* Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 559000 9208 \$ 21,390.60 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 560500 9210 \$ 15,243.96 Secondary Budget Manager* **Budget Manager***

Ramirez, Priscilla

Oshman, Jodel

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 559000 9210 \$ 2,761.20 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 560500 9211 \$ 4,778.28 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 559000 9211 \$ 907.80 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 9243 \$ 5,318.40 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9243 \$ 907.80 559000 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* \$ 7,570.32 560500 9247 Budget Manager* Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9247 559000 \$ 1,134.84 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 560500 9248 \$ 89,189.88 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla

Amount Charged to Unit*

\$ 11,556.60

Expense/GL Code No.*

559000

Secondary Budget Manager*

Ramirez, Priscilla

Budget Unit Number*

Budget Manager*

Oshman, Jodel

9248

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9261 \$ 11.654.40 560500 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9261 559000 \$ 1,815.60 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9263 560500 \$ 41,476.56 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 559000 9263 \$ 13,631.40 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9278 \$ 4,018.68 560500 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 9278 \$ 954.84 559000 Secondary Budget Manager* **Budget Manager*** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.* Amount Charged to Unit* **Budget Unit Number*** 9403 \$ 12,680.76 560500 Secondary Budget Manager* **Budget Manager*** Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 559000 9403 \$ 2,498.64 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 9502 560500 \$ 10,424.04

Secondary Budget Manager*

Puente, Giovanni

Budget Manager*

Ramirez, Priscilla

9502	Amount Charg \$ 1,091.76	ed to Unit	Expense/GL Code No. " 559000
Budget Manager* Ramirez, Priscilla		Secondary Bur Puente, Giovan	dget Manager* ni
Budget Unit Number* 9810	Amount Charg \$ 15,380.04	ed to Unit*	Expense/GL Code No.* 560500
Budget Manager* Oshman, Jodel		Secondary Bud Ramirez, Priscil	dget Manager* Ila
Budget Unit Number* 9810	Amount Charge \$ 2,098.92	ed to Unit*	Expense/GL Code No.* 559000
Budget Manager* Oshman, Jodel		Secondary Bur Ramirez, Priscil	dget Manager* Ila
Provide Rate and Rate Descri	ptions if applicable* (?)		
Project WBS (Work Breakdow N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 825,512.76	
Next Fiscal Year Not to Excee 825512.76	d Amount for Master P	ooled Contracts	
Contract Funding Source*			
General Revenue (GR) Contract Content Chai	nges		0
Are there any required change		*(2)	
Yes No	es to the contract langi	uager (//	
Will the scope of the Services Yes No	change?*		
Is the payment deadline differ	ent than net (45)?*		
Are there any changes in the Yes No	Performance Targets?	*	
Are there any changes to the	Submission deadlines	for notes or supp	porting documentation?*
Yes No			
Contract Owner			♠

Contract Owner* (?)	
Please Select Contract Owner Todd McCorquodale	
Budget Manager Approval(s)	
Approved by	Approved by
Ricardo Campbell	Debbie Chambers Shelby
Approved by	Approved by
Todel Oshman	Kenyonika Tehuson
Approved by	Approved by
Sheenia Williams-Wesley	Priscilla (M. Ramiroz
Approved by Sign	
Contract Owner Approval	
Approved by	
Todd McCorquodale	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	7/1/2024

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

Yes

No

Unknown

Contract NTE * (?)
\$ 295,577.00 Bate(s)/Bate(s) Description
Rate(s)/Rate(s) Description Vary
Unit(s) Served* Vary
G/L Code(s)* 547002
Current Fiscal Year Purchase Order Number* CT143188
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?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ○ No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes No
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1108

\$ 10,000.00

547002

Budget Manager*

Secondary Budget Manager*

Campbell, Ricardo

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1153

\$8,000.00

547002

Budget Manager* Campbell, Ricardo

Secondary Budget Manager*

Campbell, Ricardo

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2200

\$ 240.00

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2212

\$ 36,000.00

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2213

\$ 14,400.00

547002

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2214

\$ 22,200.00

Secondary Budget Manager*

Hooper Jr., Michael Shelby, Debbie

Budget Unit Number*

Budget Manager*

Amount Charged to Unit*

Expense/GL Code No.*

2215

\$ 20,000.00

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2301

\$3,144.00

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

\$ 30,000.00

547002

Budget Manager*

Secondary Budget Manager*

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3550 \$ 0.00 574002 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3579 \$ 0.00 547002 **Budget Manager*** Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 3609 \$ 200.00 547002 Secondary Budget Manager* **Budget Manager*** Johnson, Kenyonika Kerlegon, Charles Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 3611 \$ 120.00 547002 Secondary Budget Manager* Budget Manager* Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 3623 \$ 200.00 547002 Secondary Budget Manager* **Budget Manager*** Johnson, Kenyonika Kerlegon, Charles **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 547002 3636 \$ 200.00 Secondary Budget Manager* Budget Manager* Kerlegon, Charles Johnson, Kenyonika **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 547002 \$ 200.00 3692 Secondary Budget Manager* **Budget Manager*** Johnson, Kenyonika Kerlegon, Charles Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 547002 \$ 456.00 4323 Secondary Budget Manager* Budget Manager* Hooper Jr., Michael Smith, Janai Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 4325 547002 \$ 180.00 **Budget Manager*** Secondary Budget Manager* Smith, Janai Hooper Jr., Michael

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 4736 547002 \$ 1,200.00 **Budget Manager*** Secondary Budget Manager* Smith, Janai Hooper Jr., Michael **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 547002 2250 \$ 2,750.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 547002 9206 \$ 56,000.00 Secondary Budget Manager* **Budget Manager*** Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9208 547002 \$ 2,200.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9209 \$ 54,100.00 547002 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9210 547002 \$ 8,400.00 **Budget Manager*** Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 547002 9810 \$ 3,500.00 Budget Manager* Secondary Budget Manager* Oshman, Jodel Ramirez, Priscilla **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9261 \$ 2,461.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9264 \$ 1,177.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9267 \$ 856.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9403 \$ 3,638.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 9407 \$ 856.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 9501 \$ 856.00 547002 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 547002 9502 \$ 856.00 **Budget Manager*** Secondary Budget Manager* Ramirez, Priscilla Puente, Giovanni Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Amount* (?) Fiscal Year* (?) \$ 295,577.00 2024 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 2025 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

Yes No		
re there any changes to the Submission Yes No	deadlines for notes or supporting documentation?*	
File Upload (?)		
Contract Owner		6
Contract Owner* (?)		
Please Select Contract Owner Kia Walker		
Budget Manager Approval(s)		Ć
Approved by	Approved by	
Ricardo Campbell	Debbie Chambers Shelby	
Approved by	Approved by	
Konyonika Tohnson	Janai Lynnette Smith	
Approved by	Approved by	
Todel Oshman	Todel Oshman	
Contract Owner Approval		Ó
Approved by		
Ka Denae Walker		
Contracts Approval		
Approve*		
Yes No reject entire submission		
No, reject entire submissionReturn for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

Current Fiscal Year Contract Informati	on 📀
Current Fiscal Year	
2024	
Contract ID#*	
7798	
Contractor Name *	
Universal Protection Service, LP d/b/a Allied Universal	Security Services
Service Provided* (?)	
Agency Wide Security Guard Services	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$3	250.000.00)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
✓ Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other State of the
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE * (?)
\$ 1,075,267.08
Rate(s)/Rate(s) Description
Unit(s) Served*
1808, 1809, 1814,1817, 1820 1849, 1858, 6500,1869, 1874
G/L Code(s)* 583000
Current Fiscal Year Purchase Order Number*
FY24 PO CT143340
Contract Requestor*
Eggla MacKinney
Contract Owner*
Carrie Rys
File Upload (?)
Final parties of Comment Figure I Van Bonfarmanne
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?* (?) No
Tes No
Renewal Determination
le the contract height renewed for next fine-1
Is the contract being renewed for next fiscal year with this Contractor?* (?) Yes No
CONTROL OF THE PROPERTY OF THE
Renewal Information for Next Fiscal Year

Budget Unit Number* 1808	Amount Charged to Unit* \$ 63,548.16	Expense/GL Code No.* 583000
Budget Manager*	Secondary B	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 87,260.16	583000
Budget Manager*	Secondary Bo	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1814	\$ 75,878.40	583000
Budget Manager*	Secondary B	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 197,283.84	583000
Budget Manager*	Secondary B	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1820	\$ 159,344.64	583000
Budget Manager*	•	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 47,424.00	583000
Budget Manager*	•	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 113,817.60	583000
Budget Manager*	•	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 159,344.64	583000
Budget Manager*	•	udget Manager*
Williams-Wesley, Sheenia	Adams, Betty	ORDINARIO (1877),
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 197,283.84	583000
Budget Manager*		udget Manager*

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1874 \$ 1,249.20 583000 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Rate changing for FY2025 to \$18.24 per hour for security services. See attached spreadsheet. Project WBS (Work Breakdown Structure)* (?) N/A Amount* (?) Fiscal Year* (?) 2025 \$ 1,102,434,48 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 1,102,434.48 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?* O Yes 🐵 No File Upload (?) FY 25 Invoice Payment Record.xlsx 41.56KB Contract Owner Contract Owner* (?) Please Select Contract Owner Carrie Rys Budget Manager Approval(s)

Approved by	Approved by
Ricardo Campbell	Succeia Williams-Wesley
Contract Owner Approval	· ·
Approved by	
Carrie Taylor Rys	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/21/2024

Current Fiscal Year Contract Information	on .
Current Fiscal Year	
2024	
Contract ID#*	
6648	
Contractor Name*	
Master Pool for Youth Empowerment Services (YES Wa	aiver)
Service Provided * (?)	
Master Pool for Community Living Supports & Paraprofe	essional Support Services (YES
Waiver Program).	
Downwell Town Chart Date *	Renewal Term End Date*
Renewal Term Start Date*	
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
A rounds Hom Culturated Form (2)	
Agenda Item Submitted For: (?)	50,000,000
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
	Competitive Proposal
Competitive Bid	Sole Source
Request for Application	Request for Qualification
Request for Application Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
vendon contractor a mistorically underdunized busi	
Yes	

Contract NTE* (?) \$ 350,000.00
Rate(s)/Rate(s) Description N/A
Unit(s) Served* 4319
G/L Code(s)* 543064
Current Fiscal Year Purchase Order Number* CT143129
Contract Requestor* Stella Olise
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?* Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) • Yes • No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amoun	ts Charged to each Budget	Unit
Budget Unit Number* 4913	Amount Charged to Unit* \$ 350,000.00	Expense/GL Code No.* 543064
Budget Manager* Smith, Janai	Secondary Bud Hooper Jr., Mich	
Provide Rate and Rate Description	ns if applicable * (?)	
CLS services are provided at the fo	llowing rate: \$17.50/15	
minutes. Para services are provided at the fo minutes.	llowing rate: \$5/15	
Community living supports provide	assistance to the family	
caregiver in the disability-related ca		
participant, while facilitating the YES independence and integration into t		
training in skills related to activities		
personal hygiene, household chore		
be included, if these skills are affect participant's SED.	ed by the YES Waiver	31.3.33(57)
The paraprofessional services are e	essential to promote	
community inclusion in typical child		
exceed what would normally be ava community. The paraprofessional is		
supporting the YES Waiver participa		
goals outlined in their wraparound p		
paraprofessional may model and co behaviors.	оасп арргорпате	
Project WBS (Work Breakdown S	tructure)* (?)	
N/A	didicture) (1)	
19/74		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 350,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source*		
State		
Contract Content Chang	es	•
Are there any required changes	to the contract language?* (?)	
Yes No	to the contract language.	
	*	
Will the scope of the Services ch	ange?"	
Yes No		
Is the payment deadline differen	t than net (45)?*	
Yes No		
Are there any changes in the Per	formance Targets?*	
Yes No		

Are there any changes to the Submission deadlines for notes or supporting documentation?*	
Yes No	
File Upload (?)	
Contract Owner	
Contract Owner* (?)	
Please Select Contract Owner	
Tiffanie Williams-Brooks	
Budget Manager Approval(s)	
Approved by	
Janai Lynnette Smith	
Contract Owner Approval	
Approved by	
Ethnic Williams Broks, MCLLEC v	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approval Date*	
Belinda Stude 612412024	

Service/Maintenance

Lease

Other

IT/Software License Agreement

Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No

Affiliation or Preceptor

Renewal of Existing Contract

BAA/DUA

Unknown

Pooled Contract

Contract NTE* (?) \$ 350,000.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 4913
G/L Code(s)* 543064
Current Fiscal Year Purchase Order Number* Ct143131
Contract Requestor* Stella Olise
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) (e) Yes (ii) 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?* (?)
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 Amou	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 350,000.00	543064
Budget Manager*	Secondary Bud	iget Manager*
Smith, Janai	Hooper Jr., Mich	nael
Provide Rate and Rate Descript	A 4	
Specialized services are provided minutes.	1 at a rate of \$19.36/15	
Services include Animal Therapy,		
Therapy, Nutritional Therapy & Re	ecreational Therapy.	
Project WBS (Work Breakdown	Structure)* (?)	
N/A		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 350,000.00	
Next Fiscal Year Not to Exceed Contract Funding Source*	Amount for Master Pooled Contracts	
State		
Contract Content Chan	ges	<u> </u>
Are there any required changes Yes No	s to the contract language?* (?)	
Will the scope of the Services of Yes No	change?*	
Is the payment deadline differe	nt than net (45)?*	
Are there any changes in the P	erformance Targets?*	
Are there any changes to the S	ubmission deadlines for notes or supp	orting documentation?*
⊚ Yes ⊚ No		
File Upload (?)		
Contract Owner		⊙
Contract Owner* (?)		
Please Select Contract Owner		
Tiffanie Williams-Brooks		
Budget Manager Appro	val(s)	<u> </u>

Janai Lynnette Smith		
Contract Owner Approval		•
Approved by		
Collows Billiam's Brooks, Med LSFC S		
Contracts Approval		
Contracts Approval		
Approve*		
Approve* Yes		
Approve* Yes No, reject entire submission Return for correction		
Approve* Yes No, reject entire submission	Approval Date *	
Approve* Yes No, reject entire submission Return for correction Approved by *	Approval Date* 6/24/2024	
Approve* Yes No, reject entire submission Return for correction		

Mental Health and IDD	
Current Fiscal Year Contract Informati	on 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2021-0186	
Contractor Name*	
The Council on Recovery	
Service Provided * (?)	
The Council will provide engagement, outreach, screen	ning referral (OSAR) and linkage
services to clients of The Harris Center for Mental Hea	
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
remitted on-oyele only (i of Reference only)	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$	250,000,00)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven✓ Other OSAR Grant Program
Not Applicable (if there are no funds required)	State Odak Grant Togram
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor BAA/DUA	 Service/Maintenance IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vandar/Centraster a Historically Hadrontille 1.5	inece (UIID) (2)
Vendor/Contractor a Historically Underutilized Bus Yes	onicoo (1100) (t)
• No	
Unknown	

Contract NTE* (?)
\$ 793,354.00
Rate(s)/Rate(s) Description
Unit(s) Served* 2234
G/L Code(s)* 543061
Current Fiscal Year Purchase Order Number* FY24 PO CT143157
Contract Requestor* Chekesha 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?* (?) 9 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?* (?)
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 Amo	unts Charged to each Budget	Unit
Budget Unit Number* 2234	Amount Charged to Unit* \$ 793,354.00	Expense/GL Code No.* 543061
Budget Manager* Shelby, Debbie	Secondary Bu Hooper Jr., Mic	dget Manager*
	Trooper or., who	
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdown 0.00.	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 793,354.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts	
Contract Funding Source*		
State Grant		
Contract Content Char	nges	⊙
Are there any required change Yes No	es to the contract language?* (?)	
Will the scope of the Services Yes No	cnange?	
Is the payment deadline differe	ent than net (45)?*	
Yes No		
Are there any changes in the F	Performance Targets?*	
○ Yes ⊙ No		
Are there any changes to the S	Submission deadlines for notes or supp	porting documentation?*
○ Yes ® No		
File Upload (?)		
Contract Owner		>
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Appro	oval(s)	<u> </u>

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		٥
Approved by		
Lauce Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

EXHIBIT R-5

JULY 2024 AMENDMENTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Aptean, Inc.	Software License, Support & Maintenance for On-Line Requisition & Approval Process [Formerly Ross].	\$352,000.00	\$32,000.00	\$384,000.00	10/25/2024 - 10/24/2025	General Revenue (GR)		Amendment to increase the FY25 NTE due to updated quote received after FY25 renewal was submitted to Full June Board.
2	UKG Kronos Systems, LLC	Updated quote received after original FY2025 ECS Renewal was completed.	\$350,000.00	\$24,840.00	\$374,840.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to FY25 NTE due to the FY25 quote was received after the FY25 NTE was approved by June Full Board.
	CPEP/CRISIS SERVICES								
3	Aramark Correctional Service, LLC	Food Services for the Jail Diversion, Respite, Rehab & Re-Entry Facility Program	\$480,000.00	\$118,518.00	\$598,518.00	9/1/2023 - 8/31/2024	County	Request for Proposal	Amendment to increase the NTE to cover 3 outstanding FY23 invoices in the amount of \$83,902.67 and \$30,000 of encumbered funds due to a technical issue. In addition, the program is requesting an additional \$118,518.00 to cover the remaining quarter of the fiscal year.
	FORENSICS				(1				
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

Executive Contract Summary

Mental Health and IDD	inal y
Contract Section	
Contractor*	
Aptean Inc	
Contract ID #*	
6115	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/16/2024	
Parties* (?)	
Aptean and The Harris Center	
Agenda Item Submitted For: * (?)	
	0.000.00)
■ Information Only (Total NTE Amount is Less than \$25 ■ Board Approval (Total NTE Amount is \$250,000.00 or	
☐ Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other .
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/25/2024	10/24/2025
If contract is off-cycle, specify the contract term (?)	
*	
Current Contract Amount*	
\$ 352,000.00	
Increase Not to Exceed*	
\$ 32,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 384,000.00	

Fiscal Year* (?)	Amount* (?)
2025	\$ 384,000.00
Funding Source*	
General Revenue (GR)	1.0350000
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	
Justification/Purpose of Contract/Description of Se	ervices Being Provided*(?)
Updated quote received after original FY2025 ECS Re	
Contract Owner*	
Mustafa Cochinwala	
Mustara Cochinwara	
Previous History of Contracting with Vendor/Contr	actor*
Yes ○ No ○ Unknown	
Please add previous contract dates and what servi	ices were provided*
FY10 - FY24	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB)* (?)
	MISSS (1102)
Yes No Unknown	
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Aptean FY25.pdf	99.07KB
Vendor/Contractor Contact Person	•
Name*	
Aptean Inc	
Address*	
Street Address	
1155 Perimeter Center West	
Address Line 2	
City	State / Province / Region
Sandy Springs	GA
Postal / Zip Code	Country
30338	US

Phone Number* 7703519600 Email* ar-coe@aptean.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 384,000.00 553002 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) N/A Project WBS (Work Breakdown Structure)* (?) **Submission Date** Requester Name Hurst, Richard 6/18/2024 Budget Manager Approval(s) Approved by Approval Date 6/18/2024 **Contract Owner Approval** Approved by **Approval Date** Mustafa Cochinwala 6/28/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/1/2024

Executive Contract Summary Contract Section Contractor* UKG Kronos Systems, LLC Contract ID #* 6685 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties*(?) Kronos 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 Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Qualification Request for Application ✓ Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 8/31/2025 9/1/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 350,000.00 Increase Not to Exceed* \$ 24,840.00

Revised Total Not to Exceed (NTE)*

\$ 374,840.00

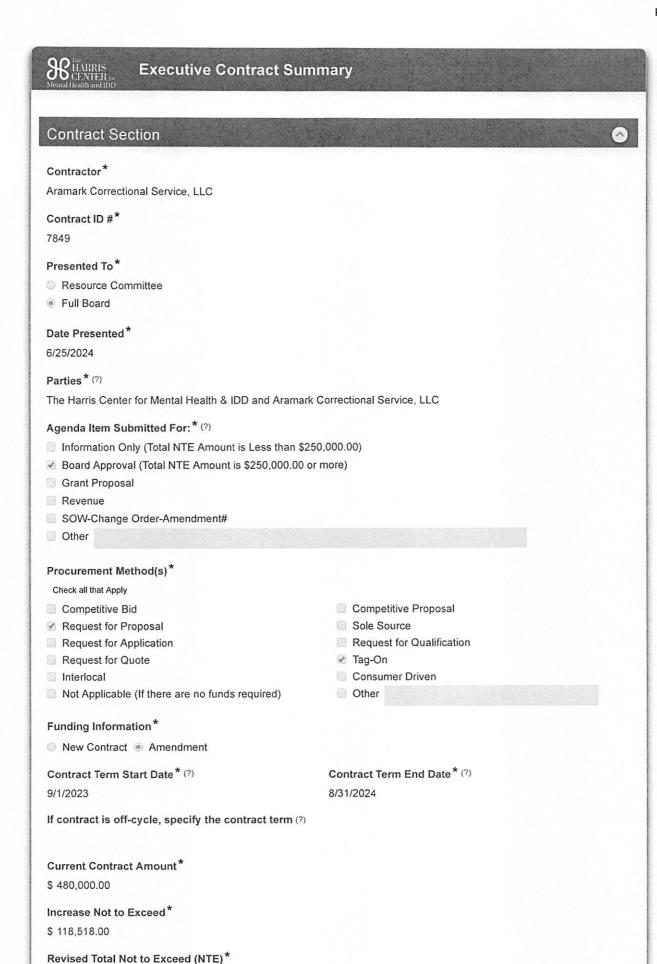
Fiscal Year* (?)	Amount* (?)	
2025	\$ 374,840.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding Affiliation or Preceptor	 Amendment to Existing Cor Service/Maintenance 	ntract
BAA/DUA	☐ IT/Software License Agreen	nont
Pooled Contract	Lease	nent
Renewal of Existing Contract	Other Amending FY25 Re	newal
Justification/Purpose of Contract/Description	n of Services Being Provided* (?)	
Updated quote received after original FY2025 E		
Contract Owner*		
Mustafa Cochinwala		
Previous History of Contracting with Vendor	/Contractor*	
Yes ○ No ○ Unknown		
Please add previous contract dates and wha	at services were provided*	
FY18-FY24		
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)	
Please provide an explanation*		
N/A		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
UKG FY2025 - SID 6140328.xlsx	78.17KB	
Vendor/Contractor Contact Person	on .	<u> </u>
Name*		
Chris Layne		
Address*		
Street Address		
297 Billerica Road		
Address Line 2		
City	State / Province / Region	
Chelmsford	MA	
Chemision		
Postal / Zip Code	Country	

Phone Number* 3037267503		
Email*		
chris.layne@kronos.com		
Budget Section		•
Budget Units and Amount	s Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 374,840.00	553002
Budget Manager		Budget Manager
Campbell, Ricardo	Campbell, Ric	cardo
Provide Rate and Rate Description	s if applicable * (?)	
See Attached		
Project WBS (Work Breakdown St	ructure)* (?)	
N/A		
Requester Name Hurst, Richard	Submission I 6/20/2024	Date
PARTY AND		
Budget Manager Approva	I(\$)	
Approved by		
Ricardo Campbell	Approval Dat 6/20/2024	te
Maria Campita		
Procurement Approval		<u> </u>
File Upload (?)	COMMISSION IN THE REPORT OF THE PROPERTY OF THE COMMISSION OF THE PROPERTY OF	
File Opioad (+)		
Approved by	Approval Dat	te
Sign		
Contract Owner Approval		<u> </u>
Approved by		
	Approval Dat	te
Mustafa Cochinnala	6/28/2024	
Contracto Assessed		
Contracts Approval		
Approve*		
No, reject entire submission		
Return for correction		

Approved by *

Belinda Stude

Approval Date*
7/1/2024



\$ 598,518.00

Fiscal Year* (?)	Amount* (?)		
2024	\$ 598,518.00		
Funding Source*			
County			
County			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description	or (Our loss Brian Browing 4 * /2)		
3 invoices were not processed in fiscal year 20 amount of \$83,902.67 as well as over \$30K+ or issue we are unable to reallocate. Program is to cover the remaining quarter of the fiscal year	023 which carried into fiscal year 2024 in the of encumbered funds that due to a technical requesting to increase the NTE by \$118,518		
Contract Owner*			
Kim Kornmayer			
Kiiii Koiiiiiayei			
Previous History of Contracting with Vendo	or/Contractor*		
Yes No Unknown			
Please add previous contract dates and wh	at services were provided*		
Please add previous contract dates and what services were provided*			
Current FY24 contract for food/nutrition for 6160 location.			
Vendor/Contractor a Historically Underutilized Business (HUB) * (?)			
Yes No Unknown			
Community Partnership* (?)			
Yes No Unknown			
Supporting Documentation Upload (?)			
Vendor/Contractor Contact Person	on		
vendo//contractor contact r ers			
Name*			
David See			
Address*			
Street Address			
701 North San Jacinto Street			
Address Line 2			
City	State / Province / Region		
Houston	TX		
Postal / Zip Code	Country		
77002-1217	US		

Phone Number*

281-785-0762

Email*

See-David@aramark.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9261

\$ 26,834.00

543013

Budget Manager Ramirez, Priscilla

Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9264

\$ 10,063.00

543013

Budget Manager Ramirez, Priscilla

Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9501

\$ 11,181.00

543013

543013

Budget Manager

Secondary Budget Manager

Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

\$ 12,299.00

Secondary Budget Manager

Budget Manager Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9267

\$ 8,945.00

543013

Budget Manager

Secondary Budget Manager

Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9405

\$ 49,196.00

543013

Budget Manager

Secondary Budget Manager

Ramirez, Priscilla

Puente, Giovanni

Provide Rate and Rate Descriptions if applicable * (?)

As outlined in the current contract

Project WBS (Work Breakdown Structure)* (?)

Requester Name

Submission Date

Ramirez, Priscilla

6/11/2024

Budget Manager Approval(s)

Approved by	Approval Date	
Priscitta M. Ramirez	6/11/2024	
Procurement Approval		⊘
File Upload (?)		
Approved by	Approval Date	
Sign Contract Owner Approval		•
Approved by		
Kin Kopunayep	Approval Date 6/11/2024	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

EXHIBIT R-6

JULY 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Burke Center	Assistance with Psychological Testing/Evaluations.	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Agreement for Assistance with Psychological Testing/Evaluations. [FY25 NTE: \$2,500.00].
2	City of Houston-Department of Health and Human Services	Property Lease for the West End Multi- Service Center Located at 170 Heights Blvd., Houston, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Lease Agreement. [FY24/25 NTE: \$3,973.32].
3	City of Houston-Department of Health and Human Services	Property lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houton, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Lease Agreement. [FY24/25 NTE: \$1,934.40].
4	City of Houston-Department of Health and Human Services	Property Lease for the Magnolia Multi- Service Center located at 7037 Capital, Suite 103, Houston, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Agreement. [FY24/25 NTE: \$3,581.28]
5	Harris County Detention Facilities and Administrative Office of the District Courts	Court Ordered Competency and Sanity Evaluation Services for the Administrative Office of District Courts	Amendment	10/1/2023 - 9/30/2024	County	Amendment to add additional funds for contract labor personnel including any relief employees hired and any current employees who moonlight or perform extra court-ordered Competency and Sanity Evaluations. [FY24 Revenue NTE: \$2,202,477.42 increase by \$1,200,000.00; revised Revenue NTE: \$3,402,477.42].
6	Harris County Facilities Property Management Department	Lease for Property located at 5518 Jackson Street, Houston, Texas.	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Lease Agreement for property located at 5518 Jackson Street, Houston, Texas.
7	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual expenditure renewal of Operating Expenses and Maintenance Agreement for NPC shared with the Harris County Hospital District. [FY25 NTE: \$515,321.71].
8	Harris County Hospital District d/b/a Harris Health System	Laboratory Testing Services	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement with Harris Health to provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers. [FY25 NTE: \$15,000.00].
9	Harris County Juvenile Probation Department	Transition Services for Harris County Juvenile Probation	Renewal	10/1/2024 - 9/30/2025	County	Annual renewal of Interlocal Agreement for Transition Services for Harris County Juvenile Probation. [Revenue: FY25: \$377,045.00].
10	Harris County on behalf of its Harris County Resources for Children and Adults Department	Harris County Resources for Children and Adults to implement the AWARE Harris Project in select high-need school districts to address emotional, behavioral and mental health needs.	Renewal	9/30/2024 - 9/29/2025	State	Annual renewal of Interlocal Agreement for the AWARE Harris Project in select high- need school districts to address emotional, behavioral and mental health needs.
11	Harris County Precinct 2	Interlocal Agreement for Co-Location Smart Pod site for community linkage to mental health services: skills training, assessments and case management for 59 @ Little York and the Smart Pod will act as a fixed satellite location to Northeast Clinic.	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Interlocal Agreement for Co-Location Smart Pod site for community linkage to mental health services: skills training, assessments and case management for 59 @ Little York and the Smart Pod will act as a fixed satellite location to Northeast Clinic.

						I
12	Harris County Resources for Children and Adults	Comprehensive mental health/temporary respite care services for Youth Aged 13 through 17 at the Youth Diversion Center.	Renewal	7/1/2024 - 6/30/2026	Federal	Amendment to Agreement to increase additional funds for FY25 Budget. [FY25 Revenue: \$2,749,965.57]
13	Houston Independent School District	Specialty Printing Services for the Harris Center's Print Shop which offers printing services.	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement for specialty printing services and large projects which need to be outsourced due to the lack of proper equipment in the Harris Center's Print Shop.
14	The University of Texas at San Antonio College of Business	New Affiliation Agreement	New Contract	5/1/2024 - 5/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in The University of Texas at San Antonio College of Business to complete administrative field placements as part of their degree requirements.
15	The University of Texas Health Science Center at Houston Department of Psychiatry and Behavioral Sciences	Community Track Rotation for Residency Students	Renewal	7/1/2024 - 6/30/2025	State Grant	Annual renewal of Agreement for Community Track Rotation for Residency students. [FY24/25 NTE: \$113,418.24].
16	The University of Texas Health Science Center at Houston on behalf of its Department of Psychiatry and Behavioral Sciences	Psychiatric Resident Education Services	Renewal	7/1/2024 - 6/30/2025	Federal Grant	Annual renewal of Agreement for Psychiatric Resident Education Services. [FY24/25 NTE: \$151,479.36].
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O CENTER for Mental Health and IDD	
Current Fiscal Year Contract Information	on 🔿
Current Fiscal Year	
2024	
Contract ID#*	
7542	
Contractor Name *	
Burke Center	
Service Provided * (?)	
Assistance with Psychological Testing/Evaluations.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
	0.0172020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	50,000,000
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 	
Grant Proposal	inde)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
□ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 2,500.00
Rate(s)/Rate(s) Description \$125.00 per assessment with a max. of 10
Unit(s) Served* 3355
G/L Code(s)* 543065
Current Fiscal Year Purchase Order Number* CT143281
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?* (?) 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* \$ 2,500.00	Expense/GL Code No.* 543065			
Budget Manager*	Secondary	Budget Manager*			
Johnson, Kenyonika	Kerlegon, C	Charles			
Provide Rate and Rate Descriptio \$125.00 per assessment with a max Contractor will provide assistance w Testing/Evaluations. Project WBS (Work Breakdown St N/A	t. of 10 ith Psychological				
Fiscal Year* (?)	Amount*	2)			
2025	\$ 2,500.00	"			
Contract Funding Source* State Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes to Yes No Is the payment deadline different	o the contract language?* (?)				
Yes No Are there any changes in the Peri	formance Targets?*				
Are there any changes to the Sub	mission deadlines for notes or s	supporting documentation?*			
○ Yes ® No					
File Upload (?)					
Contract Owner		⊙			
Contract Owner* (?)					
Please Select Contract Owner					
Dr. Evanthe Collins					
Budget Manager Approval(s)					

	Ć.
Approval Date*	
Approval Date	
6/24/2024	

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 5157 Contractor Name* City of Houston-Department of Health and Human Services Service Provided* (?) Property Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas Renewal Term Start Date* Renewal Term End Date* 6/1/2024 5/31/2025 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 Competitive Proposal Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On ✓ Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE * (?) \$ 3,973.32
Rate(s)/Rate(s) Description
Auto(e), hats(e) Description
Unit(s) Served* 2200
G/L Code(s)*
126006
Current Fiscal Year Purchase Order Number* FY24 PO CT143367
Contract Requestor*
Chekesha 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?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No
Did Contractor adhere to the contracted schedule?* (?)
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* 4736	Amount Charged to Unit* \$ 3,973.32	Expense/GL Code No.* 555000	
Budget Manager* Smith, Janai	Secondary Bu Hooper Jr., Mid	udget Manager* chael	
Provide Rate and Rate Descripti	ons if applicable * (?)		
Project WBS (Work Breakdown 9	Structure)* (?)		
Fiscal Year* (?) 2025	Amount* (?) \$ 3,973.32		
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts		
Contract Funding Source* State Grant			
Contract Content Chang	les	<u> </u>	
Are there any required changes to the contract language?* (?) Yes No			
Will the scope of the Services change?*			
Is the payment deadline different than net (45)?* Yes No			
Are there any changes in the Performance Targets?* See See No.			
Are there any changes to the Submission deadlines for notes or supporting documentation?* See No.			
File Upload (?)			
Contract Owner		8	
Contract Owner* (?) Please Select Contract Owner Lance Britt			
Budget Manager Approval(s)			

Contract Owner Approval Approved by Lance Britt Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* Belinda Stude 6/6/2024	Approved by		
Approved by **Lauce Britt* Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by ** Approval Date **	Debbie Chambers Shelby		
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Contract Owner Approval		•
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Approved by		
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date *	Lauce Britt		
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 	Contracts Approval		
No, reject entire submission Return for correction Approved by * Approval Date *	Approve*		
Return for correction Approved by * Approval Date *	Yes		
Approved by * Approval Date *			
Approval Date*	Return for correction		
Approval Date*	Approved by *		
Belinda Stude 6/6/2024		Approval Date*	
	Belinda Stude	6/6/2024	

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 5156 Contractor Name* City of Houston-Department of Health and Human Services Service Provided * (?) Property lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houton, Texas Renewal Term Start Date* Renewal Term End Date* 6/1/2024 5/31/2025 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE * (?) \$ 1,934.40
Rate(s)/Rate(s) Description
Unit(s) Served* 2200
G/L Code(s)* 126006
Current Fiscal Year Purchase Order Number* FY24 Po CT143321
Contract Requestor* Chekesha 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?*
Were Services delivered as specified in the contract?* ⊚ Yes ⊚ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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* \$ 1,934.40	Expense/GL Code No.* 555000
Budget Manager* Smith, Janai	Secondary B Hooper Jr., M	udget Manager* ichael
Provide Rate and Rate Description 0.00	ptions if applicable * (?)	
Project WBS (Work Breakdow 0.00	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 1,934.40	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	
Contract Funding Source*		
State Grant		
Contract Content Char	nges	
Are there any required change	es to the contract language?* (?)	
Will the scope of the Services	change?*	
Yes No		
Is the payment deadline differ	ent than net (45)?*	
Yes No		
Are there any changes in the l	Performance Targets?*	
Yes No		
Are there any changes to the	Submission deadlines for notes or sup	pporting documentation?*
Yes No		
File Upload (?)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Appr	oval(s)	

Debbie Chambers Shelty Contract Owner Approval Approved by	
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	6/6/2024

Mental Health and IDD			
Current Fiscal Year Contract Information	on a constant of the second of		
Current Fiscal Year			
2024			
Contract ID#*			
6111			
*			
Contractor Name *			
City of Houston-Department of Health and Human Servi	ices		
Service Provided * (?)			
Property Lease for the Magnolia Multi-Service Center lo	cated at 7037 Capital, Suite 103,		
Houston, Texas			
Renewal Term Start Date*	Renewal Term End Date*		
6/1/2024	5/31/2025		
0/1/2024	3/3/1/2023		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
✓ Information Only (Total NTE Amount is Less than \$2.	50,000.00)		
Board Approval (Total NTE Amount is \$250,000.00 o			
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
□ Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
✓ Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
BAA/DUA Realed Contract	IT/Software License Agreement		
Pooled Contract Renewal of Existing Contract	Lease Other		
Trenewal of Existing Contract	out of		
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)		
Yes			
No			
Unknown			

Contract NTE* (?)	
\$ 3,581.28	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2200	
G/L Code(s)* 126006	
Current Fiscal Year Purchase Order Number* FY24 Po CT143322	
Contract Requestor* Chekesha Govan	
Contract Owner* Lance Britt	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
Have there been any significant performance deficiencies within the curre	nt 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 Yes No	e profession?*
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 tagency?* (?)	ime spent rendering services for the
Yes No	
Did Contractor render services consistent with Agency policy and proced Yes No	ures?* (?)
Maintained legally required standards for certification, licensure, and/or tr	aining?* (?)
Yes No	
Renewal Determination	•
Is the contract being renewed for next fiscal year with this Contractor?*	?)
Renewal Information for Next Fiscal Year	•

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 4736	Amount Charged to Unit* \$ 3,581.28	Expense/GL Code No.* 555000	
Budget Manager* Smith, Janai	Secondary B Hooper Jr., Mi	udget Manager* ichael	
Provide Rate and Rate Descript	ions if applicable* (?)		
Project WBS (Work Breakdown 0.00	Structure)* (?)		
Fiscal Year* (?) 2025	Amount* (?) \$ 3,581.28		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contracts		
Contract Funding Source* State Grant			
Contract Content Chang	ges	<u> </u>	
Are there any required changes Yes No	to the contract language?* (?)		
Will the scope of the Services c Yes No	hange?*		
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			
Budget Manager Appro	val(s)	<u>^</u>	
- Jaagot Manager 7 (pp10			

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		
Approved by		
Lauce Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
No, reject entire submission		
No, reject entire submission Return for correction Approved by *	Approval Date*	
No, reject entire submission Return for correction	Approval Date* 6/6/2024	
No, reject entire submission Return for correction Approved by *		

HARRIS CENTER (or

Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Harris County Detention Facilities and Administrative O	ffice of the District Courts
	ince of the district courts
Contract ID #*	
2023-0737	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/24/2024	
Parties* (?)	
The Harris Center for Mental Health and IDD and HC D District Courts	etention Facilities and the Administrative Office of the
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
■ Board Approval (Total NTE Amount is \$250,000.00 c.)	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On Consumer Driven
 Interlocal Not Applicable (If there are no funds required) 	Other
Hot/Applicable (If there are no falles required)	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2023	9/30/2024
If contract is off-cycle, specify the contract term (?)	
county fiscal year	
Current Contract Amount*	
\$ 2,202,477.42	
Increase Not to Exceed*	
\$ 1,200,000.00	

Revised Total Not to Exceed (NTE)*	
\$ 3,402,477.42	
Fiscal Year* (?)	Amount* (?)
2024	\$ 3,402,477.42
Funding Source*	
County	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Justification/Purpose of Contract/Description	
Amendment to add additional funds for contract la	
employees hired and any current employees who	moonlight or perform extra court-ordered
competency and sanity evaluations.	
Contract Owner*	
Monalisa Jiles	
Previous History of Contracting with Vendor/O	Contractor*
Yes No Unknown	
	*
Please add previous contract dates and what	
March 22 - September 2023 court-ordered comp	etency and
sanity evaluations	
Vendor/Contractor a Historically Underutilized	d Business (HUB)* (?)
○ Yes ○ No ● Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Harris County	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person) ·
Name*	
Ricard Woods	
Modiu Woods	

Address*

Street Address

1201 Franklin Street

Address Line 2

7th Floor

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

832-927-6559

Email*

richard_woods@justex.net

Budget Section

(6)

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6205

\$ 3,042,477.42

540000

Budget Manager

Secondary Budget Manager

Williams-Wesley, Sheenia

Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable * (?)

\$1000 for each competency evaluation

\$1500 for each sanity evaluation

\$2000 for each competency and sanity evaluation combined

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Submission Date

Williams-Wesley, Sheenia

6/26/2024

Budget Manager Approval(s)



Approved by

Sheenia Williams Westey

Approval Date

6/26/2024

Contract Owner Approval



Approved by

Monalisa Tiles

Approval Date

6/26/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 6/27/2024

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 5159 Contractor Name* Harris County Facilities Property Management Department Service Provided* (?) Lease for Property located at 5518 Jackson Street, Houston, Texas. Renewal Term Start Date* Renewal Term End Date* 9/1/2024 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Consumer Driven ✓ Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance

IT/Software License Agreement

Lease

Other

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

- Yes
- No
- Unknown

BAA/DUA

Pooled Contract

Renewal of Existing Contract

Contract NTE* (?)
\$ 50.00
Rate(s)/Rate(s) Description
Unit(s) Served *
1850
G/L Code(s)*
555000
Current Fiscal Year Purchase Order Number*
CT143201
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 Unit Number* 1850	Amount Charged to Unit* \$ 50.00	Expense/GL Code No.* 555000
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* ordo
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdow n/a	n Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 50.00	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Char	nges	Ć.
Contract Content Char	nges es to the contract language?* (?)	⊙
Contract Content Char	es to the contract language?* (?)	©
Contract Content Char Are there any required change Yes No	es to the contract language?* (?) change?*	۵
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference	es to the contract language?* (?) change?* ent than net (45)?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Item Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference of the services Yes No Are there any changes in the Item Yes No	change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the It Yes No Are there any changes to the Services	change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the It Yes No Are there any changes to the Services No File Upload (?)	change?* ent than net (45)?* Performance Targets?*	corting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Image of the Services No Are there any changes in the Image of the Services No File Upload (?) Contract Owner Contract Owner* (?)	change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Approved by		
Ricardo Campbell		
Contract Owner Approval		o
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

HARRIS CENTER,

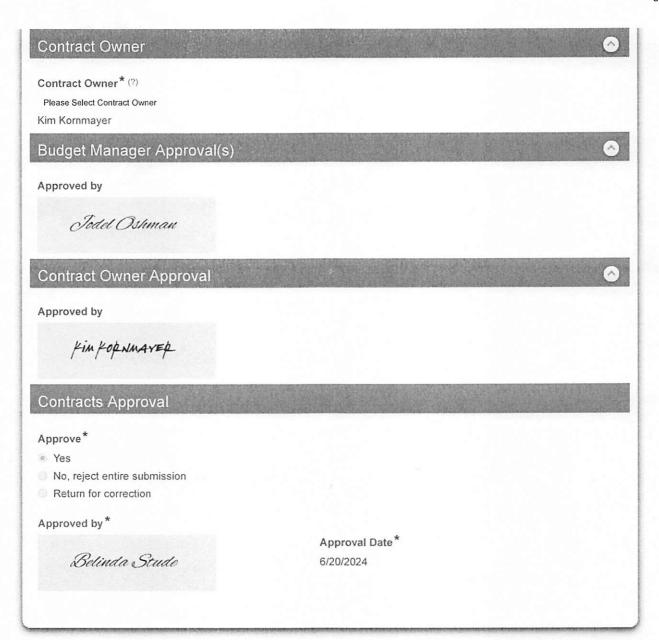
Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 5593 Contractor Name* Harris County Hospital District d/b/a Harris Health System Service Provided * (?) Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital Renewal Term End Date* Renewal Term Start Date* 9/1/2024 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Service/Maintenance Affiliation or Preceptor BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) · No Unknown

Contract NTE* (?)
\$ 284,557.83
Rate(s)/Rate(s) Description
Unit(s) Served*
9206-\$227,654.83; 9209-\$34,147.00; 9211-\$22,765.00
G/L Code(s)*
543040
Current Fiscal Year Purchase Order Number* CT143419
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?* (?)
Solution is the contract being renewed for next fiscal year with this Contractor?" (*) Solution is the contract being renewed for next fiscal year with this Contractor?" (*) Solution is the contract being renewed for next fiscal year with this Contractor?" (*)

Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number* 9206	Amount Charged to Unit* \$ 412,257.37	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisci	dget Manager* Illa
Budget Unit Number* 9209	Amount Charged to Unit* \$ 72,145.04	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisci	dget Manager* illa
Budget Unit Number* 9211	Amount Charged to Unit* \$ 30,919.30	Expense/GL Code No.* 543040
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisci	dget Manager* illa
Provide Rate and Rate Descripti	ons if applicable* (?)	
Project WBS (Work Breakdown NA	Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 515,321.71	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	jes	<u>~</u>
Are there any required changes Yes No	to the contract language?* (?)	
Will the scope of the Services of the Yes No	nange?*	
Is the payment deadline differer	t than net (45)?*	
Are there any changes in the Pe	rformance Targets?*	
Are there any changes to the Su	bmission deadlines for notes or supp	porting documentation?*
File Upload (?)		



HARRIS CENTER //

Current Fiscal Year Contract Informati	ion
Current Fiscal Year	
2024	
Contract ID#*	
7846	
*	
Contractor Name*	
Harris County Hospital District d/b/a Harris Health Sys	item
Service Provided* (?)	
Harris Health will provide molecular COVID-19 testing	. laboratory testing and access to test
kits for Harris Center consumers.	
Demonstration Start Date *	Renewal Term End Date *
Renewal Term Start Date*	
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$	2250,000,000
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	To more,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
⊚ No	
Unknown	

Contract NTE* (?)
\$ 15,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
9206, 9209
G/L Code(s)*
580000
Current Fiscal Year Purchase Order Number* CT143195
Contract Requestor*
Patricia Singh
Contract Owner*
Evelyn Locklin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Evaluation of Current risear real refinance
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 Manager Approval(s)		٥
Approved by		
Todel Oshman		
Contract Owner Approval		<u> </u>
Approved by		
KIN KOD NUAVED		
Fin FORNMANER		
<i>Fin Fop NmAyEp</i> Contracts Approval		
Contracts Approval Approve* Yes		
Contracts Approval Approve* Yes No, reject entire submission		
Contracts Approval Approve* Yes		
Contracts Approval Approve* Yes No, reject entire submission		
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approval Date *	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approval Date* 6/25/2024	
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by *		

HARRIS CENTER for

Current Fiscal Year Contract Informat	ion
Current Fiscal Year	
2024	
Contract ID#*	
7829	
Contractor Name*	
Harris County Juvenile Probation Department	
Service Provided* (?)	
Transition Services for Harris County Juvenile Probati	ion
Renewal Term Start Date *	Renewal Term End Date *
10/1/2024	9/30/2025
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than S	\$250,000.00)
☑ Board Approval (Total NTE Amount is \$250,000.00	0 or more)
Grant Proposal	
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Competitive Proposal
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
4.	
Contract Description / Type*	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
□ Pooled Contract ✓ Renewal of Existing Contract	Lease
Total of Existing Solitians	
Vendor/Contractor a Historically Underutilized Bu	siness (HUB)* (?)
○ Yes	
• No	
Unknown	
Contract NTE* (?)	
\$ 377,045.00	

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* Sheenia Williams-Wesley Contract Owner* Monalisa Jiles

File Upload (?)

HARRIS Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2023-0804	
Contractor Name*	
Harris County on behalf of its Harris County Resources	s for Children and Adults Denartment
	5 to official and Addits Department
Service Provided* (?)	
Harris County Resources for Children and Adults to impselect high-need school districts to address emotional, The Harris Center along with other community provider providing mental health and substance use treatment s	behavioral and mental health needs. rs will act as a subcontractor by
Renewal Term Start Date *	Renewal Term End Date *
9/30/2024	9/29/2025
T (0// 0 0 0 0	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	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	
	Compatitive Propose!
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant

New Contract/Agreement

Service/Maintenance

Lease
Other

Amendment to Existing Contract

IT/Software License Agreement

Consumer Driven Contract

Memorandum of Understanding

Renewal of Existing Contract

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Vendor/Contractor a Historically Underutilized Business (HUB) (?) Ves	
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*	
Chekesha Govan	
Contract Owner*	
Lance Britt	
File Upload (?)	
	100
Evaluation of Current Fiscal Year Performance	Second Second
Have there been any significant performance deficiencies within the current fiscal year?* Second Se	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
● Yes ● No	
Did Contractor adhere to the contracted schedule?* (?)	
⊚ Yes ⑤ 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 illioithation k	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budge	Unit
Budget Unit Number* 2200	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* N/A
Budget Manager* Shelby, Debbie	Secondary Bu Hooper Jr., Mid	dget Manager* hael
Provide Rate and Rate Descrip	otions if applicable * (?)	
Project WBS (Work Breakdow 0.00	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* State	\$ 0.00 d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	d Amount for Master Pooled Contracts 1ges es to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Character	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	
Contract Funding Source* State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Character Character Content Character Character Character Content Character Characte	d Amount for Master Pooled Contracts Iges es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Lauce Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/6/2024

Current Fiscal Year Contract Information	on 👝
Current Finest Vers	
Current Fiscal Year	
2024	
Contract ID#*	
2021-0284	
Contractor Name *	
Harris County Precinct 2	
Service Provided * (?)	
Interlocal Agreement for Co-Location Smart Pod site for services: skills training, assessments and case manage Smart Pod will act as a fixed satellite location to Norther	ment for 59 @ Little York and the
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On .
Interlocal	Consumer Driven Other
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Vendor/Contractor a Historically Underutilized B	Business (HUB) (?)
Yes	
e No	
Unknown	
Contract NTE* (?)	
\$ 0.00	
Rate(s)/Rate(s) Description	
N/A	
Unit(s) Served*	
N/A	

G/L Code(s)*	
N/A	
Current Fiscal Year Purchase Order Number*	
N/A	
Contract Requestor*	
The state of the s	
Lance Britt	
Contract Owner*	
Lance Britt	
File Upload (?)	
The optional (1)	
Evaluation of Current Fiscal Year Pe	erformance 🙆
Have there been any significant performance de	ficiencies within the current fiscal year?*
Yes No	
Were Services delivered as specified in the con	tract?*
Yes No	
Did Contractor perform duties in a manner cons	sistent with standards of the profession?*
Yes No	
Did Contractor adhere to the contracted schedu	ule?* (?)
Yes No	
Were reports, billing and/or invoices submitted	in a timely manner?* (?)
Yes No	
Did Contractor provide adequate or proper sup	porting documentation of time spent rendering services for the
Agency?* (?)	
Yes No	
Did Control to the co	A
Did Contractor render services consistent with	Agency policy and procedures? (1)
Yes No	
Maintained legally required standards for certification	cation, licensure, and/or training?* (?)
yes No	
Renewal Determination	
THE TAXABLE WITCH AND A STATE OF THE STATE O	AND TO REAL PROPERTY OF THE PR

	or Next Fiscal Year	<u> </u>
Rudget Unite and A	ounto Charged to each Dudge	+ I Init
budget Onlis and Amo	ounts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 0.00	000000
Budget Manager*		udget Manager*
Shelby, Debbie	Hooper Jr., Mi	chael
Provide Rate and Rate Descri	ptions if applicable * (?)	
n/a		
Project WBS (Work Breakdow	n Structure)* (?)	
n/a		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 0.00	
Contract Content Cha	ildes	
	es to the contract language?* (?)	
Yes No	es to the contract language?* (?)	
● Yes ● No Will the scope of the Services	es to the contract language?* (?)	
● Yes ● No Will the scope of the Services ● Yes ● No	es to the contract language?* (?)	
● Yes ● No Will the scope of the Services ● Yes ● No Is the payment deadline difference	es to the contract language?* (?)	
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No	res to the contract language?* (?) s change?* rent than net (45)?*	
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the	res to the contract language?* (?) s change?* rent than net (45)?*	
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the	res to the contract language?* (?) s change?* rent than net (45)?*	oporting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the Yes No Are there any changes to the	res to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	oporting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No Are there any changes in the Yes No Are there any changes to the Yes No	res to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	oporting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline difference of the payment deadline difference of the No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	res to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	oporting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline difference of the payment deadline difference of the No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) Contract Owner	res to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	oporting documentation?*
Yes No Will the scope of the Services Yes No s the payment deadline difference No Are there any changes in the Yes No Are there any changes to the Yes No Are there any changes to the Yes No File Upload (?)	res to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	oporting documentation?*

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 *	
	Approval Date*
Belinda Stude	6/24/2024

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0614 Contractor Name* Harris County Resources for Children and Adults Service Provided * (?) Comprehensive mental health/temporary respite care services for Youth Aged 13 through 17 at the Youth Diversion Center. Renewal Term Start Date* Renewal Term End Date* 7/1/2024 6/30/2026 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Memorandum of Understanding

Affiliation or Preceptor

BAA/DUA

Pooled Contract

Renewal of Existing Contract

Amendment to Existing Contract

Service/Maintenance

IT/Software License Agreement

Lease

Other

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

Yes

No

Unknown

	Renewal Information for Next Fiscal Year
	Is the contract being renewed for next fiscal year with this Contractor?* (?)
	Renewal Determination
	● Yes ○ No
	Maintained legally required standards for certification, licensure, and/or training?* (?)
	Yes No
	Did Contractor render services consistent with Agency policy and procedures?* (?)
	Yes No
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	Yes No
	Were reports, billing and/or invoices submitted in a timely manner?* (?)
	Yes No
	Did Contractor adhere to the contracted schedule?* (?)
	Yes No
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Were Services delivered as specified in the contract?* © Yes © No
	○ Yes ● No
	Have there been any significant performance deficiencies within the current fiscal year?*
CONTRACTOR OF THE PERSON OF TH	Evaluation of Current Fiscal Year Performance
	File Upload (?)
	Monalisa Jiles
	Contract Owner*
	Sheenia Williams-Wesley
	Contract Requestor*
	Current Fiscal Year Purchase Order Number* N/A
	G/L Code(s)* N/A
	N/A
	Unit(s) Served*
	Rate(s)/Rate(s) Description N/A
	\$ 7,611,641.00 Pate(a)/Pate(a) Pagesintian
	Contract NTE* (?)

Budget Units and Amou	ints Charged to ea	ch Budget U	nit
Budget Unit Number*	Amount Charged t \$ 7,611,641.00	o Unit*	Expense/GL Code No.*
Budget Manager* Williams-Wesley, Sheenia		econdary Budge dams, Betty	et Manager*
Provide Rate and Rate Descript	ions if applicable* (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025		mount* (?) 2,749,965.57	
Next Fiscal Year Not to Exceed			
Contract Funding Source*			
Contract Content Chang	ges		•
Are there any required changes Yes No	to the contract language	? * (?)	
Will the scope of the Services of Yes No	hange?*		
Is the payment deadline difference Yes No	nt than net (45)?*		
Are there any changes in the Pe	erformance Targets?*		
Are there any changes to the S	ubmission deadlines for	notes or support	ing documentation?*
Yes No File Upload (?)			
Contract Owner		No.	O
Contract Owner* (?) Please Select Contract Owner			
Monalisa Jiles Budget Manager Appro	val(s)		
gpp.o		and the second second	

Approved by		
Sheenia Wittiams-Westey		
Contract Owner Approval		Ó
Approved by		
Monatisa Tites		
Contracts Approval		¥.
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/8/2024	

HITARRIS ...

Mental Health and IDD	E BULLIEFE			
	SECULAR PROPERTY.			
Current Fiscal Year Contract Information	on			
Current Fiscal Year				
2024				
Contract ID#*				
2021-0235				
Contractor Name*				
Houston Independent School District				
Service Provided* (?)				
The Harris Center's Print Shop offers in-house printing		E use w s s		
organization. For specialty printing services, some of the due to the lack of proper equipment.	iese proje	need to be outsoulded		
Renewal Term Start Date *		ewal Term End Date*		
9/1/2024	8/31	/2025		
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
Information Only (Total NTE Amount is Less than \$2	250 000 0	20)		
Board Approval (Total NTE Amount is \$250,000.00		30)		
Grant Proposal	,			
Revenue				
SOW-Change Order-Amendment#				
Other				
Procurement Method(s)*				
Check all that Apply				
Competitive Bid		Competitive Proposal		
Request for Proposal		Sole Source		
Request for Application		Request for Qualification		
Request for Quote		Tag-On Consumer Driven		
 Interlocal Not Applicable (If there are no funds required) 		Other		
Not Applicable (If there are no funds required)		Citici		
Contract Description / Type				
Personal/Professional Services		Consultant		
Consumer Driven Contract		New Contract/Agreement		
Memorandum of Understanding		Amendment to Existing Contract		
Affiliation or Preceptor				
BAA/DUA		IT/Software License Agreement		
Pooled Contract Lease				
Renewal of Existing Contract		Other		

Yes
165
® No
Unknown
Contract NTE* (?)
\$ 10,000.00
Rate(s)/Rate(s) Description
Nate(s)/Nate(s) Description
Unit(s) Served*
1107
G/L Code(s)*
596001
Current Fiscal Year Purchase Order Number*
CT143194
Contract Requestor*
Nicole Lievsay
Contract Owner*
Nicole Lievsay
File Upload (?)
The opioad (i)
Evaluation of Current Fiscal Year Performance
the state of the s
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ◎ No
Were Services delivered as specified in the contract?*
Were Services delivered as specified in the contract?* Yes No
Yes ○ No
Yes No Did Contractor perform duties in a manner consistent with standards of the profession?*
 Yes No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No
 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 Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No
 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 Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?* (?) Yes No
 Yes No No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No No Did Contractor adhere to the contracted schedule?*(?) Yes No No Were reports, billing and/or invoices submitted in a timely manner?*(?)
 Yes No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No No Did Contractor adhere to the contracted schedule?*(?) Yes No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No
 Yes No No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No No Did Contractor adhere to the contracted schedule?*(?) Yes No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
 ● 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
 Yes No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No 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 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
 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 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

and the second of the second s	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budge	Unit
Budget Unit Number*	Amount Charged to Unit* \$ 10,000.00	Expense/GL Code No.* 596001
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* irdo
Provide Rate and Rate Descri	ptions if applicable* (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
Next Fiscal Year Not to Excee	\$ 10,000.00 d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR)	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Cha	d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required chang Yes No Will the scope of the Services	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required chang Yes No Will the scope of the Services Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) s change?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required chang Yes No Will the scope of the Services Yes No s the payment deadline difference of the Payment deadline deadline deadline difference of the Payment deadline deadli	nges es to the contract language?* (?) change?* rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required chang Yes No Will the scope of the Services Yes No s the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	nges es to the contract language?* (?) change?* rent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required chang Yes No Will the scope of the Services Yes No s the payment deadline difference of the Services No Are there any changes in the Yes No	nges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*

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*	
Belinda Stude	6/7/2024	

Contract Term Start Date * (?)	Contract Term End Date * (?) 5/31/2028		
	Contract Town End Date (17)		
New Contract Amendment	***		
unding Information*			
Not Applicable (If there are no funds required)	Other		
Interlocal	Consumer Driven		
Request for Proposal Request for Application Request for Quote	☐ Tag-On		
	Request for Qualification		
	Sole Source		
Check all that Apply Competitive Bid	Competitive Proposal		
rocurement Method(s)*			
Other			
SOW-Change Order-Amendment#			
Revenue			
Grant Proposal			
Board Approval (Total NTE Amount is \$250,000.00 or more)			
Information Only (Total NTE Amount is Less than \$25			
genda Item Submitted For: * (?)			
	COS & THE TRAINS CONTROL FOR INTERIOR FREARING AND IDD		
arties " (?) ne University of Texas at San Antonio College of Busin	less & The Harris Center for Mental Health and IDD		
Parties* (?)			
Full Board			
Resource Committee			
Presented To*			
IA .			
Contract ID #*			
The University of Texas at San Antonio College of Busin	ness		
Contractor*			
Contract Section	Mary and the second of the second		
Contract Coation			
Contract Section			

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Sarvings Being Browided * (2)
This agreement will allow students enrolled in The College of Business to complete administrative file requirements. The students will utilize the skills gragency policy and procedures.	eld placements as part of their degree
https://business.utsa.edu/students/professional-d	evelopment/internships.html
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/C	Contractor*
○ Yes ○ No ○ Unknown	
Vendor/Contractor a Historically Underutilized	Business (HUB)* (?)
Yes No • Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
The University of Texas at San Antonio College o	f Business
Supporting Documentation Upload (?)	
IS 4943_SOC Syllabus_Spg_2024.pdf	314.4KB
的是是,100多年的阿里特·罗尔克克克斯特的阿里克克斯克克克斯克克斯克克斯克克斯克克斯克克斯克克斯克克斯克克斯克克斯克克斯克克	
Vendor/Contractor Contact Person	lacktriangle
Name*	
Robert Kaufman	
Address*	
Street Address	
UTSA	
Address Line 2	
City	State / Province / Region
San Antonio	TX
Postal / Zip Code	Country
78249	US
Phone Number*	
210-458-4011	
Email*	
Robert.Kaufman@utsa.edu	
Budget Section	lacktriangle

Budget Unit Number*	A	14-11-2*	ater management (consequence)		
1108	Amount Charged \$ 0.00	i to Unit"	Expense/GL NA	Code No. ^	
Budget Manager		Secondary Budge	t Manager		
Campbell, Ricardo		Campbell, Ricardo			
Provide Rate and Rate Descrip	otions if applicable* (?)				
NA					
Project WBS (Work Breakdown NA	n Structure)* (?)				
Requester Name		Submission Date			
Daswani, Bianca		5/23/2024			
Budget Manager Appro	oval(s)				<u> </u>
Approved by					
Ricardo Campbell		Approval Date			
Kicarao Campoeti		5/23/2024			
Procurement Approval					Ć
File Upload (?)					
Approved by		Approval Date			
Sign	val				C.
Contract Owner Appro	vai		e leden er i sake		
Approved by		Approval Date			
Minfa Escobar		5/23/2024			
			TOTAL TO SECTION OF THE SECTION OF T		
Contracts Approval					
Approve*					
YesNo, reject entire submission					
Return for correction					
Approved by *					
0		Approval Date*			
Belinda Stude		6/27/2024			

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2022-0466 Contractor Name* University of Texas Health Science Center at Houston Department of Psychiatry and Behavioral Sciences Service Provided * (?) Community Track Rotation for Residency students Renewal Term Start Date* Renewal Term End Date* 7/1/2024 6/30/2025 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote ■ Tag-On Consumer Driven ✓ Interlocal Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Affiliation or Preceptor Service/Maintenance

IT/Software License Agreement

Lease

Other

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

- Yes
- ⊕ No
- Unknown

BAA/DUA

Pooled Contract

Renewal of Existing Contract

	Contract NTE * (?)
	\$ 190,400.00
	Rate(s)/Rate(s) Description
	Two (2) - 3rd year residents Period of Performance: FY 7/1/22-8/31/23 Hourly Rate is \$ _68.16_for 32 hours/week
	Unit(s) Served* 2208
	G/L Code(s)* 540504
	Current Fiscal Year Purchase Order Number* CT143461
	Contract Requestor*
	Danyalle Evans
	Contract Owner*
	Felecia Garner
	File Upload (?)
PARTITION OF THE PARTIES.	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
1	
	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.* 2209 \$ 113,418.24 540504 Budget Manager* Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable * (?) 68.16 per hour for 32 hours per week Project WBS (Work Breakdown Structure) * (?) Psychiatric Resident Education Rotation-Community Fiscal Year* (?) Amount*(?) 2025 \$ 113,418.24 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts 113,418.24 Contract Funding Source* State Grant **Contract Content Changes** Are there any required changes to the contract language?* (?) Yes No Please Explain* see uploaded document 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 (?) Garner edits.2022-0466-The University of Texas Health Science at Houston- Psychiatry and Behavioral Sciences -FY24 Standard Contract 295.22KB Renewal.pdf **Contract Owner**

Contract Owner* (?) Please Select Contract Owner		
Felecia Gamer Budget Manager Approval(s)		<u>^</u>
Approved by		
Dessie Chambers Shelvy		
Contract Owner Approval		٥
Approved by		
Felecia Garner, HD		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/12/2024	

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0735 Contractor Name* The University of Texas Health Science Center at Houston on behalf of its Department of Psychiatry and Behavioral Sciences Service Provided * (?) Psychiatric Resident Education Services Renewal Term Start Date* Renewal Term End Date* 7/1/2024 6/30/2025 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On ✓ Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding

Service/Maintenance

Lease

Other

IT/Software License Agreement

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

Yes

No

Unknown

BAA/DUA

Pooled Contract

Affiliation or Preceptor

Renewal of Existing Contract

Contract NTE* (?)		
\$ 145,140.22		
Rate(s)/Rate(s) Description		
\$63.45 per hour for 32 hours per week per resident		
Unit(s) Served* 2208		
G/L Code(s)*		
540504		
Current Fiscal Year Purchase Order Number*		
CT143456		
Contract Requestor*		
Danyalle Evans		
Contract Owner*		
Felecia Garner		
File Upload (?)		
Evaluation of Current Fiscal Year Per	formance	O
	*	
Have there been any significant performance defi Yes No	iciencies within the current fiscal year?	
	*	
Were Services delivered as specified in the contra	act?"	
Yes ○ No		
Did Contractor perform duties in a manner consis	stent with standards of the profession?*	
Yes No		
Did Contractor adhere to the contracted schedule	9?* (?)	
Yes No		
Were reports, billing and/or invoices submitted in	a timely manner?* (?)	
Yes No		
Did Contractor provide adequate or proper suppo Agency?* (?)	orting documentation of time spent rendering services fo	r the
Yes No		
Did Contractor render services consistent with Ag	gency policy and procedures?* (?)	
Yes No		
Maintained legally required standards for certifica	ation, licensure, and/or training?* (?)	
Yes No		
Renewal Determination		0
Is the contract being renewed for next fiscal year	with this Contractor?* (?)	
Yes No		
Renewal Information for Next Fiscal \	Year	•

Budget Unit Number* 2208	Amount Charge \$ 151,479.36	d to Unit [*]	Expense/GL 540504	. Code No.*
Budget Manager*		Secondary Bud	get Manager*	
Shelby, Debbie		Hooper Jr., Mich	A 300 Bases - Court - Court	
Provide Rate and Rate Descrip	tions if applicable * (?)			
63.54 per hour for 52 hours per v	veek for 8 months (2			
residents) 63.54 per hour for 32 hours per v	veek for 12 months (1			
resident)				
Project WBS (Work Breakdown	Structure)* (?)			
Psychiatric Residency program for	or Forensics, CAS, AMH			
Outpatient and Crisis				
* * * *		* * .*		
Fiscal Year* (?)		Amount* (?)		
2025		\$ 151,479.36		
151,479.36 Contract Funding Source*	Amount for Master Poo	oled Contracts		
Next Fiscal Year Not to Exceed 151,479.36 Contract Funding Source* Federal Grant Contract Content Chan		oled Contracts		<u> </u>
151,479.36 Contract Funding Source* Federal Grant Contract Content Chan	ges			<u></u>
151,479.36 Contract Funding Source* Federal Grant	ges			€
151,479.36 Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No	ges			<u> </u>
151,479.36 Contract Funding Source* Federal Grant Contract Content Chan Are there any required change	ges			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain*	ges s to the contract langua			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services	ges s to the contract langua			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services Yes No	ges s to the contract langua change?*			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services Yes No Is the payment deadline difference	ges s to the contract langua change?*			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services Yes No Is the payment deadline difference of the Services	ges s to the contract langua change?* ent than net (45)?*			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the F	ges s to the contract langua change?* ent than net (45)?*			
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload Will the scope of the Services Yes No Is the payment deadline difference of the Services Yes No Are there any changes in the Form Yes No	ges s to the contract langua change?* ent than net (45)?* Performance Targets?*	ge?*(?)	orting document	ation?*
Contract Funding Source * Federal Grant Contract Content Chan Are there any required change Yes No Please Explain * see file upload Will the scope of the Services Yes No Is the payment deadline differed Yes No Are there any changes in the Forest No Are there any changes to the Services	ges s to the contract langua change?* ent than net (45)?* Performance Targets?*	ge?*(?)	orting document	ation?*
Contract Funding Source* Federal Grant Contract Content Chan Are there any required change Yes No Please Explain* see file upload	ges s to the contract langua change?* ent than net (45)?* Performance Targets?*	ge?*(?)	orting document	ation?*

Contract Owner* (?) Please Select Contract Owner Felecia Garner		
Budget Manager Approval(s)		<u> </u>
Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		•
Approved by		
Felecia Gannen, HD		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/20/2024	

EXHIBIT R-7

Pharmacy Inventory Services - Project #FY24-0314

Page 145 of 474

Presented by: Stanley Adams, MBA

Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Understanding	20%
Financial Condition	5%
History, Past Performance, and Description of the Firm	20%
Credentials of Staff	10%
References	10%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A
Evaluator 1	98
Evaluator 2	95
Evaluator 3	100
Evaluator 4	97
Average Evaluation Score	97.5

The total possible score is 100 points.

Request For Proposal – Pricing

		Quantity Required	Unit Price	Total Cost
Year One (1) 09/01/2024-08/31/2025				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.25	\$ 2.25
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Two (2) 09/01/2025- 08/31/2026				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.25	\$ 2.25
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Three (3) 09/01/2026 – 08/31/2027				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.50	\$ 2.50
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Four (4) 09/01/2027 – 08/31/2028				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.50	\$ 2.50
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Five (5) 09/01/2028- 08/31/2029				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.75	\$ 2.75
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00

Request For Proposal- BAFO Pricing

		Quantity Required	Unit Price	Total Cost
Year One (1) 09/01/2024-08/31/2025				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.15	\$ 2.15
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Two (2) 09/01/2025-08/31/2026				'
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.15	\$ 2.15
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Three (3) 09/01/2026-08/31/2027				,
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.40	\$ 2.40
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Four (4) 09/01/2027-08/31/2028				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.40	\$ 2.40
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$90,00.00
Year Five (5) 09/01/2028-08/31/2029				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.65	\$ 2.65
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00

Deviation Page-

Additional pricing requirement to include a minimum charge as follows:

- Year one 09/01/2024-08/31/25-Minimum charge of \$1,000.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,000.00.
- Year two 09/01/2025-08/31/2026 -Same as year one 09/01/2024-08/31/2025.
- Year three 09/01/2026-08/31/2027 -Minimum charge of \$1,250.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,250.00.
- Year four 09/01/2027-08/31/2028 Same as year three 09/01/2026-08/31/2027.
- Year five 09/01/2028-08/31/2029 -Minimum charge of \$1,500.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,500.00.



Award Recommendation REQUEST FOR PROPOSAL Pharmacy Inventory Services Project #FY24-0314

A Proposal Opening for Pharmacy Inventory Services Hospital was held on Thursday, May 15, 2024.

Two hundred seventy (270) vendors were identified in this area of interest by our procurement Software and were notified of this opportunity. Thirteen (13) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on five (5) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC). One (1) proposal was received. One (1) deemed responsive. The vendor who submitted responsive proposals is Button's Inventory Services Inc. After review of the Proposals, a Best and Final Offer (BAFO) was requested of the one (1) responsive vendor. This vendor submitted a BAFO with a price change.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Angela Babin, Senior Director of Pharmacy Programs, Tanya White, Manager of Pharmacy Operations, Luming Li, Chief Medical Officer, Teri Garland, Pharmacy Operations Coordinator.

Seven (7) areas were evaluated: Overall Program, Understanding, Financial Condition, History, Past Performance, and Description of the Firm. Credentials of Staff, References and Cost.

Based on the project team's evaluation of responses received, it is recommended to award Button's Inventory Services Inc

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$90,000.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$450,000.00 funded annually. The Funding Source is 1135-543067.

FY25 NTE- \$90,000.00 FY26 NTE- \$90,000.00 FY27 NTE- \$90,000.00 FY28 NTE- \$90,000.00 FY29 NTE- \$90,000.00

- DocuSigned by:

Rosalind armstrong 7/1/2024

Rosalind Armstrong, BSBA

Buver II

DocuSigned by:

Mna (ook

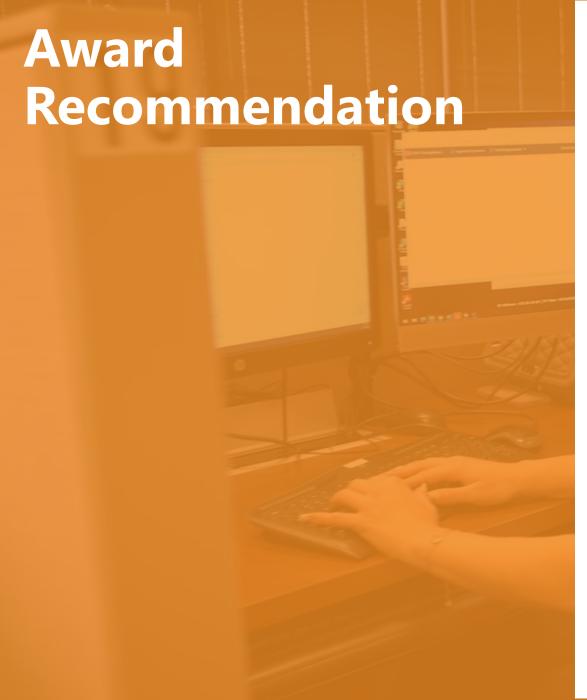
7/1/2024

Nina Cook, MBA, CTCM, CTCD Director of Purchasing

Director of Purch DocuSigned by:

Stanley adams 7/1/2024

Stanley Adams, MBA Interim Chief Financial Officer



Thank you.

EXHIBIT R-8

JULY 2024 RENEWALS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS BETWEEN \$100,000 AND \$250,000

JULY 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	ADMINISTRATION API Group Life Safety USA LLC d/b/a Western States Fire Protection Company	Agency Wide Life Safety Systems Inspections and Repairs	\$150,000.00	\$150,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Agency-Wide Life Safety Systems Inspections and repairs. First year renewal option.
2	Medical Practice Consultants, Inc	Consulting Services for Medical Coding and Training	\$100,000.00	\$100,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Consulting Agreement to provide annual coding education and auditing for all MD and APRN providers employed by The Harris Center which is required for compliance with provider compensation.
3	Right Now Termite & Pest Control, Inc.	Agency-Wide Pest Control and Bed Bug Treatment Services	\$165,000.00	\$180,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency-Wide Pest Control and Bed Bug Treatment Services. Second year renewal option.
4	The Warring Group	Consulting Services for Marketing and Social Media	\$84,000.00	\$132,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Consulting Services to provide Public Relations, Marketing, and Social Media Services.
	CPEP/CRISIS SERVICES							
5	Labatt Institutional Supply Company d/b/a Labatt Food	Food Services for Consumers in the CRU	\$113,700.00	\$180,565.00	7/1/2024 - 6/30/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement to provide Food Services for Consumers in the CRU.
	FORENSICS							
6	Amber Burks, MD d/b/a Texas Telepsychiatry Solutions, LLC	Telepsychiatry Services to Juveniles	\$208,000.00	\$208,000.00	9/1/2024 - 8/31/2025	County		Annual renewal of Agreement to provide Telepsychiatry services to for children and adolescents placed within Harris County's placement facilities.
7	Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services	Drug Pharmaceutical Dispensing Services	\$175,551.00	\$165,551.00	10/1/2024 - 9/30/2025	State	Tag-On	Annual renewal of Drug Pharmaceutical Dispensing Services Agreement to TCOOMN for the DDRP and New Start programs at the Atascocita, TX location. [Tag-on to Harr County Job No. 220232].
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							**************************************
	MENTAL HEALTH							
8	Baylor College of Medicine	Community Track Rotation for Psychiatric Resident Education	\$86,000.00	\$184,304.64	7/1/2024 - 6/30/2025	State Grant	Interlocal	Annual renewal of Agreement for Community Track Rotation for Psychiatric Resident Education.
9	Master Pool-Youth Empowerment Services (Yes Waiver)	Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services	\$100,000.00	\$100,000.00	9/1/2024 - 8/31/2025	State	Request for Application	Annual renewal of Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services Master Agreement.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

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Mental Health and ID	ű

Annual Renewal Evaluation

Current Fiscal Year Contract Informati	ion	
Current Fiscal Year		
2024		
Contract ID#*		
2023-0744		
Contractor Name*		
APi Group Life Safety USA LLC d/b/a Western States	Fire Protection Company	
Service Provided * (?)		
Agency Life Safety Systems Inspections and repairs		
Renewal Term Start Date*	Renewal Term End Date *	
9/1/2024	8/31/2025	
	5.5 // 2020	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
✓ Information Only (Total NTE Amount is Less than S	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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease 	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)	
Januaria a matario di la dia		
Yes		
○ Yes ○ No		

Contract NTE* (?)	
\$ 150,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1899	
G/L Code(s)*	
569010	
Current Fiscal Year Purchase Order Number*	
CT143351	
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?*	
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 Amo	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 150,000.00	569010
Budget Manager*	Secondary Bud	dget Manager*
Campbell, Ricardo	Campbell, Rica	
and the first of the little transfer constant statement and an arrangement and the constant statement statement and the constant statement statement and the constant statement		
Provide Rate and Rate Descrip	tions if applicable * (?)	
FY25		
Inspections \$36,793 + Service ca	alls/deficiencies \$113,207 for	
Total NTE \$150,000 See Attached		
Project WBS (Work Breakdown	Structure) ^ (?)	
N/A		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 150,000.00	
N. A.F I.V N. A. F A. I.		
	Amount for Master Pooled Contracts	
n/a		
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chan	ges	O
Are there any required change	s to the contract language?* (?)	
○ Yes ◉ No		
	*	
Will the scope of the Services	change?"	
Yes No		
Is the payment deadline differen	ent than net (45)?*	
Yes No		
Are there any changes in the P	Performance Targets?*	
○ Yes ⊙ No	· · · · · · · · · · · · · · · · · · ·	
	Submission deadlines for notes or supp	orting documentation?*
File Upload (?)		
1-Contract Period - 912024 to 83	12025 (BT-13JU).xlsx 5	1.71KB
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Todd McCorquodale		
Budget Manager Appro	oval(s)	\odot

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Todd McCorquedale		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/7/2024	

State of				
H		LD.	OT	200
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Fay.	AS		韻頭	10
A CHANGE				

Annual Renewal Evaluation

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2022-0593	
Contractor Name *	
Medical Practice Consultants, Inc	
Service Provided* (?)	
Annual coding education and auditing for all MD and AF	PRN providers employed by The
Harris Center - required for compliance with provider co	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
	0.0 112020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification Tag-On
Request for Quote Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
∀es	
No	

Contract NTE* (?) \$ 100,000.00
Rate(s)/Rate(s) Description 2,000 per provider (\$100.00 per encounter/DOS), outside of
this hourly rate of \$375.00 with a 10% reduction. \$125.00 per hour to pull medical records from EPIC.
Unit(s) Served* 1134
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143444
Contract Requestor* Rachel Beasley
Contract Owner* Eva Honeycutt
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?* 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 Amo	unts Charged to each Bud	get Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 100,000.00	542000
Budget Manager*	Secondar	y Budget Manager*
Campbell, Ricardo	Campbell,	Ricardo
Provide Rate and Rate Descrip See rate sheet	otions if applicable* (?)	
Project WBS (Work Breakdow	n Structure)* (?)	
See rate sheet		
Fiscal Year* (?)	Amount*	(?)
2025	\$ 240,000	.00
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR)	d Amount for Master Pooled Contra	icts
Contract Content Char		
Are there any required change Yes No	es to the contract language?* (?)	
Will the scope of the Services	change?*	
○ Yes ◉ No		
Is the payment deadline differ	ent than net (45)?*	
Yes No		
Are there any changes in the	Parformance Targets 2*	
Yes No	enormance rarges.	
	Submission deadlines for notes or	supporting documentation?*
Yes No	Submission deadines for notes of	supporting documentation:
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Rachel Beasley		
Budget Manager Appr	oval(s)	<u> </u>

Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Rachel Beasley		
Contracts Approval		
Contracts Approval		
Approve*		
Approve* Yes No, reject entire submission		
Approve*		
Approve* Yes No, reject entire submission Return for correction		
Approve* Yes No, reject entire submission	Approval Date*	
Approve* Yes No, reject entire submission Return for correction	Approval Date* 6/3/2024	
Approve* Yes No, reject entire submission Return for correction Approved by*		

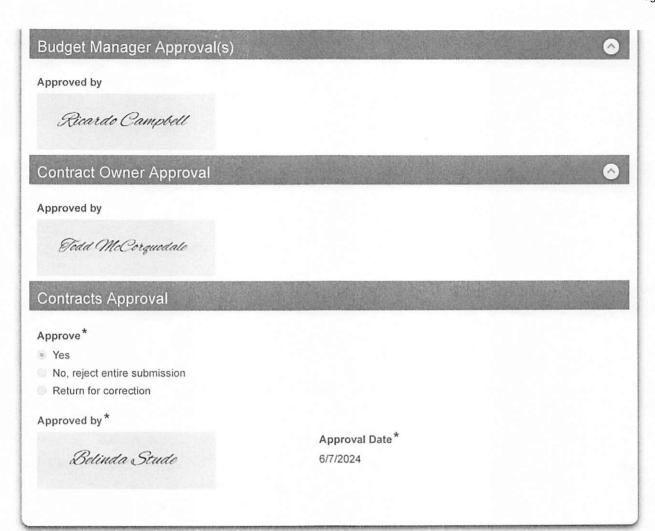
HARRIS GENTER FOR

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	OII
Current Fiscal Year 2024	
Contract ID#* 7786	
Contractor Name * Right Now Termite & Pest Control, Inc	
Service Provided* (?) Agency-Wide Pest Control and Bed Bug Treatment	
Renewal Term Start Date* 9/1/2024	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 \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	
Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	Lease Other
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)
Yes	•
No No	
Unknown	

	Please provide the HUB status HUB - State.
	Contract NTE* (?) \$ 165,000.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1899
	G/L Code(s)* 569005
	Current Fiscal Year Purchase Order Number* CT143370
	Contract Requestor* Sarah Harper
	Contract Owner* Todd McCorquodale
	File Upload (?)
Station of the last	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?* (a) Yes (a) 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?* (?)
	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?* (?)
	e 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 \$ 180,000.00 569005 Budget Manager* Secondary Budget Manager* Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) increasing \$15,000.00 from last year to help include the cost of the HUD properties as we did not add money to the FY24 NTE Project WBS (Work Breakdown Structure)* (?) 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)?* 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



Minnes Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	on C
Current Fiscal Year	
2024	
Contract ID#*	
2022-0422	
Contractor Name*	
The Warring Group	
Service Provided * (?)	
New contract to expand the scope of work to include s notice.	ocial media management until further
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	0.0172020
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other -
Contract Description / Type	
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?)
\$ 84,000.00
Rate(s)/Rate(s) Description
\$2,000 per month flat rate
Unit(s) Served*
1109
G/L Code(s)*
574000
Current Fiscal Year Purchase Order Number*
CT143274
Contract Requestor*
Veronica Franco
Contract Owner*
Carrie Rys
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ● No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ● No
Did Contractor adhere to the contracted schedule?* (?)
● Yes ● No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
● Yes ● No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the
Agency?* (?)
Yes No
Did Contractor render services consistent with Agency policy and procedures?* (?)
Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
● Yes ◎ No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Yes No
Renewal Information for Next Fiscal Year

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 132,000.00	542000
Budget Manager*	Secondary Bu	dget Manager*
Campbell, Ricardo	Campbell, Rica	rdo
	ontropische indicate per personalistica van de statue un einstelle statute de de statue van dan perso	
Provide Rate and Rate Descri	ptions if applicable * (?)	
n/a		
Project WBS (Work Breakdow	n Structure) * (?)	
n/a		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 132,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chai	naes	是是我们的特别是是一个
administration of the second second second second second	The same of the sa	
Are there any required change	es to the contract language?* (?)	
Are there any required change	es to the contract language?* (?)	
Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?)	
Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?* ent than net (45)?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No	es to the contract language?* (?) change?* ent than net (45)?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?) Contract Owner	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

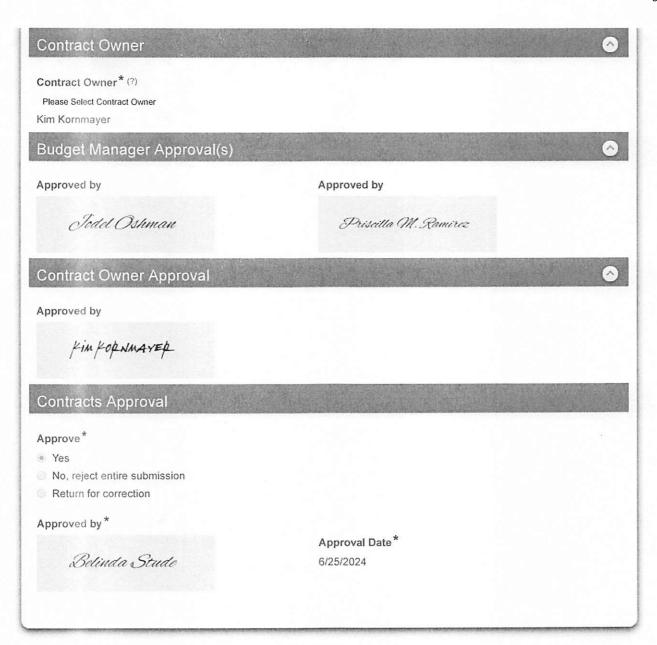
Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Carrie Taylor Rys		
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

HARRIS Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	ion
Current Fiscal Year	
2024	
Contract ID#*	
5643	
Contractor Name*	
Labatt Institutional Supply Company d/b/a Labatt Food	d
Service Provided* (?)	
Food Services for Consumers in the CRU	
Renewal Term Start Date *	Renewal Term End Date *
7/1/2024	6/30/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$	\$250,000.00)
	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	□ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE * (?) \$ 113,700.00				
Rate(s)/Rate(s) Description Vary				
Unit(s) Served* 9210, 9810				
G/L Code(s)* 548000				
Current Fiscal Year Purchase Order Number* CT143164				
Contract Requestor* Patricia Singh				
Contract Owner* Kim Kornmayer				
File Upload (?)				
Evaluation of Current Fiscal Year Peri	formance	•		
Have there been any significant performance defices Yes No	ciencies within the current fiscal year	?*		
Were Services delivered as specified in the contract?*				
Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No				
Did Contractor adhere to the contracted schedule	?* (?)			
Were reports, billing and/or invoices submitted in Yes No	a timely manner?* (?)			
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)				
Yes No				
Did Contractor render services consistent with Ag Yes No	gency policy and procedures?* (?)			
Maintained legally required standards for certifica	tion, 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 Amo	unts Charged to e	ach Budget	Unit
Budget Unit Number* 9210	Amount Charged \$ 60,040.00	I to Unit*	Expense/GL Code No.* 548001
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	dget Manager* Ila
Budget Unit Number* 9810	Amount Charged \$ 82,125.00	I to Unit*	Expense/GL Code No.* 548001
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisci	dget Manager* Ila
Budget Unit Number* 9407	Amount Charged \$ 38,400.00	I to Unit*	Expense/GL Code No.* 548001
Budget Manager* Ramirez, Priscilla		Secondary Bu Puente, Giovar	dget Manager* nni
Provide Rate and Rate Descrip	ptions if applicable * (?)		
Project WBS (Work Breakdow na	n Structure) * (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 180,565.00	
Next Fiscal Year Not to Exceed	d Amount for Master Poo	oled Contracts	
Contract Funding Source*			
General Revenue (GR) Contract Content Char	iges		o
Are there any required change	es to the contract langua	ge?* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline differ	ent than net (45)?*		
Are there any changes in the I	Performance Targets?*		
Are there any changes to the	Submission deadlines fo	r notes or supp	porting documentation?*
File Upload (?)			



HARRIS CENTER for Mental Health and IDD

Annual Renewal Evaluation

Current Fiscal Year Contract Information	no
urrent Fiscal Year	
024	
ontract ID#*	
023-0749	
J23-0749	
ontractor Name*	
mber Burks, MD d/b/a Texas Telepsychiatry Solutions,	, LLC
ervice Provided* (?)	
elepsychiatry services to juveniles within the placemer	nt facilities
enewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
erm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
rocurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Tag-OnConsumer Driven
Not Applicable (If there are no funds required)	✓ Other .
The representation of the fames required,	es cuisi
ontract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	inoss (HIIB) (2)
endor/Contractor a Historically Underutilized Busi	mess (nob) (i)
endor/Contractor a Historically Underutilized Busi Yes	mess (nob) (!)

Renewal Information for Next Fiscal Year	9
Yes No	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Renewal Determination	5
Maintained legally required standards for certification, licensure, and/or training?* (?) • Yes • No	
Yes No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
● Yes ● No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)	
Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes No	
Did Contractor adhere to the contracted schedule?* (?)	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Yes No	
Were Services delivered as specified in the contract?*	
○ Yes ● No	
Have there been any significant performance deficiencies within the current fiscal year?*	mponimeli
Evaluation of Current Fiscal Year Performance	9
File Upload (?)	
Monalisa Jiles	
Contract Owner*	
Contract Requestor* Sheenia Williams-Wesley	
Current Fiscal Year Purchase Order Number* CT143413	
G/L Code(s)* 540503	
Unit(s) Served* 6901	
200.00 per hour for a min of 20 per week	
Rate(s)/Rate(s) Description	
Contract NTE* (?) \$ 208,000.00	

Budget Units and Amour	nts Charged to each Bud	get Unit
Budget Unit Number*	Amount Charged to Unit* \$ 208,000.00	Expense/GL Code No.* 540503
Budget Manager* Williams-Wesley, Sheenia	Secondar Jiles, Mon	y Budget Manager* alisa
Provide Rate and Rate Description 200.00 per hour for a minimum of 2		
Project WBS (Work Breakdown S NA	Structure)* (?)	
Fiscal Year* (?)	Amount*	(?)
2025	\$ 208,000	.00
Contract Funding Source* County Contract Content Chang Are there any required changes of the Services changes of the Service	to the contract language?* (?)	
Is the payment deadline different Yes No	t than net (45)?*	
Are there any changes in the Per Yes No	formance Targets?*	
Are there any changes to the Sul	bmission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?) Please Select Contract Owner Monalisa Jiles		
Budget Manager Approv	al(s)	•

Approved by	
Sheenia Williams-Westey	
Contract Owner Approval	©
Approved by	
Monalisa Tiles	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/8/2024

Right Annual Renewal Evaluation

O CENTER pr Mental Health and IDD	
Current Fiscal Year Contract Information	on •
Current Fiscal Year	
2024	
Contract ID#*	
2022-0699	
2022-0099	
Contractor Name*	
Diamond Drugs, Inc. d/b/a Diamond Pharmacy Service	es
Service Provided* (?)	
Drug dispensing services to consumers in TCOOMMI	for the DDRP and New Start
programs at the Atascocita, TX location.	
Renewal Term Start Date*	Renewal Term End Date *
	9/30/2025
10/1/2024	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	✓ Tag-On
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven Other
	outer and a second
Contract Description / Type	
Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?)	
\$ 175,551.00	
Rate(s)/Rate(s) Description	
FY24 Funding 10/01/23- 08/31/2024: \$160,922.00; FY25 Funding 09/01/2024 -09/30/2024: \$14,629.00.	
Unit(s) Served*	
6303 & 6401	
G/L Code(s)*	
547001	
Current Fiscal Year Purchase Order Number*	
CT143414	
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	nt 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 Yes No	e profession?*
Did Contractor adhere to the contracted schedule?* (?)	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
● Yes ● No	
Did Contractor provide adequate or proper supporting documentation of the Agency? * (?)	me spent rendering services for the
Yes So No	
Did Contractor render services consistent with Agency policy and procedu	res?* (?)
Yes No	
Maintained legally required standards for certification, licensure, and/or tra	aining?* (?)
Yes No	
Renewal Determination	•
Is the contract being renewed for next fiscal year with this Contractor?* (?	
● Yes ◎ No	

		Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
	\$ 85,551.00	547001
Budget Manager* Williams-Wesley, Sheenia		dget Manager*
	Jiles, Monalisa	
Budget Unit Number* 6303	Amount Charged to Unit* \$ 80,000.00	Expense/GL Code No.* 547001
Budget Manager* Williams-Wesley, Sheenia	Secondary Bu Jiles, Monalisa	dget Manager*
Provide Rate and Rate Descrip	tions if applicable * (?)	
NA		
Project WBS (Work Breakdown	Structure)* (?)	
NA		
Fiecal Year* (?)	Amount* (?)	
Contract Funding Source*	Amount* (?) \$ 165,551.00 I Amount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?)	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline differe	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline difference Yes No	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline differe Yes No Are there any changes in the P	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline differe Yes No Are there any changes in the P Yes No Are there any changes to the S	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Exceed Contract Funding Source* State Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline differe Yes No Are there any changes in the P	\$ 165,551.00 Amount for Master Pooled Contracts ges s to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Contract Owner* (?)		
Please Select Contract Owner		
Monalisa Jiles		
Budget Manager Approval(s)		•
Approved by		
Sheenia Wittiams-Westey		
Contract Owner Approval		•
Approved by		
Monatisa Tites		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/8/2024	

HARRIS CENTER for dental Health and IDD	ation
Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
2022-0465	
o	
Contractor Name*	
Baylor College of Medicine	
Service Provided * (?)	
Community Track Rotation for Psychiatric Resident Ed	lucation Residents
Renewal Term Start Date*	Renewal Term End Date *
7/1/2024	6/30/2025
	0/30/2023
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	Competitive Proposel
Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Professional Residency Agreement
Contract Description / Type	
✓ Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
Unknown	

	Contract NTE * (?)
	\$ 86,000.00
	Rate(s)/Rate(s) Description
	Hourly Rate is \$ _68.16_for 24 hours/week (Split \$71,800/\$14,200)
	Unit(s) Served*
	2208
	G/L Code(s)*
	540504
	Current Fiscal Year Purchase Order Number*
	CT143502
	Contract Requestor* Danyalle Evans
	Contract Owner*
	Felecia Garner
	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.* 2209 \$ 184,304,64 540504 Budget Manager* Secondary Budget Manager* Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable * (?) 68.16 per hour for 52 hours per week (2 PGY 3 residents) Project WBS (Work Breakdown Structure)* (?) Community Psychiatry Resident Track Amount* (?) Fiscal Year* (?) 2025 \$ 184,304.64 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts \$184,304.64 Contract Funding Source* State Grant Contract Content Changes Are there any required changes to the contract language?* (?) Yes No Please Explain* see upload 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 (?) Garner Edits. 2022-0465 Baylor College of Medicine-FY24 Standard 300.4KB Contract Renewal.pdf **Contract Owner**

•		
Contract Owner* (?)		
Please Select Contract Owner		
Felecia Garner		
Budget Manager Approval(s)		⊘ .
Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		•
Approved by		
Felecia Garrer, HD		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

HARRIS CENTER,

Annual Renewal Evaluation

Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2024	
2024	
Contract ID#*	
6650	
Contractor Name *	
Master Pool-Youth Empowerment Services (Yes Waiver	
	,
Service Provided* (?)	
Master Pool Contract for Family Supports, Paraprofessi Supported Employment Services	onal Support, Respite Support and
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
7 / 0//0 / 0 / /5 D /	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
■ Affiliation or Preceptor ■ BAA/DUA	Service/Maintenance
Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 100,000.00
Rate(s)/Rate(s) Description
varies.
Unit(s) Served* 4913
G/L Code(s)* 543064
Current Fiscal Year Purchase Order Number* CT143130
Contract Requestor* Stella Olise
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?* ● Yes ● No
Did Contractor perform duties in a manner consistent with standards of the profession?* 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 Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 100,000.00	543064
Budget Manager*	Secondary Bu	dget Manager*
Smith, Janai	Hooper Jr., Mic	chael
Provide Rate and Rate Descrip	otions if applicable * (?)	
Family Support Services are pro		
In-home respite - \$3.75/15 minu		
Out-of-home respite - \$2.46/15 In-home and out-of-home respite		
provided on a short-term basis b		
need for relief for, the LAR or otl		
YES Waiver participant.		
Project WBS (Work Breakdow	n Structure) * (?)	
N/A		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 100,000.00	
Contract Funding Source*		
Contract Funding Source* State		
	nges	
State Contract Content Char		
State Contract Content Char Are there any required change	nges es to the contract language?* (?)	Č
State Contract Content Char		
State Contract Content Char Are there any required change	es to the contract language?* (?)	
State Contract Content Char Are there any required change Yes No	es to the contract language?* (?)	C
State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?*	
State Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No	es to the contract language?* (?) change?* ent than net (45)?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	es to the contract language?* (?) change?* ent than net (45)?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

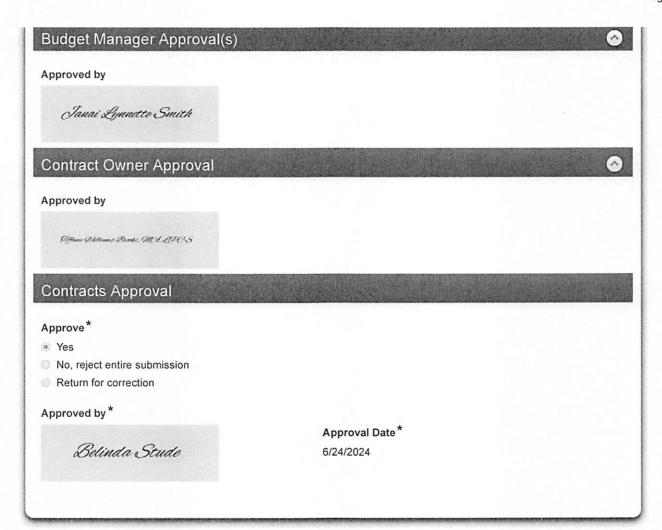


EXHIBIT R-9

JULY 2024 AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS BETWEEN \$100,000 AND \$250,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION		Established		in a second to the second				
1	Creative Financial Staffing, LLC	Consulting Services	\$160,000.00	\$80,000.00	\$240,000.00	1/3/2024 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE needed to ensure continuity of Financial and Grant Accounting services and the cost exceeding the proposed budget through the remaining fiscal year. Current consultants have been invaluable, and the Agency will need to continue to utilize services through the end of the fiscal year.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
_									

Executive Contract Summary Contract Section Contractor* Creative Financial Staffing, LLC Contract ID #* 2023-0816 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties*(?) The Harris Center and Creative Financial Staffing, LLC 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# Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 1/3/2024 8/31/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 160,000.00 Increase Not to Exceed* \$ 80,000.00 Revised Total Not to Exceed (NTE)* \$ 240,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 240,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Sandage Boing Provided * (2)
Financial and Grant Accounting require profession provide detailed review of grants and oversight of the provided the second provided the provided t	
review at a near senior level. Current consultants	
continue to utilize these professionals through th	ne end of the fiscal year.
Contract Owner*	
Rachel Beasley	
Previous History of Contracting with Vendor/	Contractor*
Yes No Unknown	
Please add previous contract dates and what	t services were provided*
Contract approved in December 2023 for curren	t services
Vendor/Contractor a Historically Underutilize	d Business (HUB)* (?)
Yes No Unknown	
Please provide an explanation*	
Employee Owned Company	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	n 📀
Name*	
Pam Rodriguez	
1 am (Younguez	

Address* Street Address 21 Custom House Street Address Line 2 Suite 210 City State / Province / Region Boston MA Postal / Zip Code Country 02110 **United States** Phone Number* 7132605243 Email* prodriguez@cfstaffing.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* \$ 80,000.00 540500 1122 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Not to Exceed amount of additional \$80,000 for consulting services of 40 hours per week for 3 months and expected to be reduced over time. Bill Rate: \$64.60 Will assist with Audit Preparation, Grant Payouts, Journal Entries, Grant budgets, General Ledger support, Reconciliations Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Beasley, Rachel 6/13/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/13/2024 Procurement Approval File Upload (?) Approved by Approval Date



EXHIBIT R-10

JULY 2024 NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
	ACCESS		in the second			1,000 (1,000)		
-	ADMINISTRATION		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1	Centre Technologies	Hosted BaaS (Backup as a Service) for O365 platform. Email, OneDrive, Sharepoint, Teams	\$72,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	New Software Agreement to provide Hosted BaaS (Backup as a Service) for O365 platform. Email, OneDrive, Sharepoint, Teams. [Tag-on to DIR 4857]	
2	City Fire Protection, LLC	City Fire Protection LLC will install and monitor Harris Center location intrusion alarms.	\$3,500.00	6/10/2024 - 8/31/2025	General Revenue (GR)	Competitive Proposal	New contract to provide intrusion burglary alarm monitoring and equipment service for various Harris Center locations.	
3	Hilton Garden Inn	This is venue for Agency's upcoming Leadership Development Institute (06/28/24); the cost covers food and venue. The amount is projected to be less than 6,000, but we do not yet have the exact amount.	\$6,000.00	6/24/2024 - 6/28/2024	General Revenue (GR)	N/A	Rental of space for Agency's upcoming Leadership Development Institute to be held on 06/28/24. Total NTE \$6,000.00 include food and venue.	
4	KP Management, LLC d/b/a USA Decon	Agency Wide Medical Waste Disposal	\$12,410.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	A new Agreement for Agency Wide Medical Waste Disposal. A Request for Quote (RFQ) was completed by Purchasing for the Nursing Administration Department. The Project Team consisted of Rosalind Armstrong, Buyer II, Yen Phan, Nursing Director and Kia Walker, Chief Nursing Officer. Three hundred (325) vendors were notified. Four (4) vendor quotes received. KP Management d/b/a USA Decon was recommended based on the lowest pricing. The Agreement is an initial one (1) year term with four (4) renewal options. The total NTE for five (5) years is \$62,050.00 to be funded annually for \$12,410.00	
5	Michelle Salazar-Martinez DBA Martinez Grants and Non-Profit Services	We will be requesting a Grant Writer to help our application for FQHC Lookalike Status and New Access Point.	\$36,250.00	6/17/2024 - 9/30/2024	Private Grant	Recommended by local FQHC	New Consultant Agreement for a Grant Writer to assist the Harris Center's application for FQHC Lookalike Status and New Access Point.	
6	RJ Braniff Corporation D/B/A Automated Business Systems	Maintenance Services for Formax fold/insert Machine in Revenue Management.	\$1,075.00	9/1/2024 - 8/31/2025	General Revenue (GR)		New Agreement to provide Maintenance Services for Formax fold/insert Machine in Revenue Management.	
7	Texas Applications Specialists, Inc.	Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services	\$42,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	New Agreement to provide Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services for Agency's PAP and Consumer Benefits Program ("CBO") Maintenance.	
	CPEP/CRISIS SERVICES							
8	The Men's Center, Incorporated d/b/a ReCenter	Temporary Emergency Shelter Agreement	\$38,500.00	5/16/2024 - 8/31/2024	State Grant	Emergency Declaration Act	New Temporary Emergency Shelter Agreement needed for a period of up to a maximum of ninety (90) days unless extended with approval of Provider staff.	
	FORENSICS							

00	The	
NIC	HARRIS	
	HARRIS CENTEI	1
	Health and	

Executive Contract Summary

Mental Health and IDD	
Contract Section	<u> </u>
Contractor*	
Centre Technologies	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/16/2024	
Parties* (?)	
Centre Technologies and The Harris Center	
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50,000,00)
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
☐ Interlocal ☐ Not Applicable (If there are no funds required)	 Consumer Driven ✓ Other DIR 4857
Not Applicable (if there are no funds required)	Other DIR 4657
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 72,000.00
Funding Source*	
General Revenue (GR)	

Budget Section Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 1130 \$ 72,000.00 574000 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) \$1.75 per mailbox per month Project WBS (Work Breakdown Structure)* (?) N/A **Submission Date** Requester Name Hurst, Richard 6/17/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/17/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Mina Cook 6/21/2024 **Contract Owner Approval** Approved by **Approval Date** Mustafa Cochinwala 6/28/2024 Contracts Approval Approve* No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date*
7/1/2024

	211	ne .		
Q	en	IAR	RIS	100
a		ΕN	N DI	10
		alth		

Mental Health and IDD	illiary
Contract Section	
Contider occion	
Contractor*	
City Fire Protection LLC	
Contract ID #*	
2024-0888	
Presented To*	
Resource Committee Full Reard	
Full Board	
Date Presented *	
7/16/2024	
Parties* (?)	
The Harris Center and City Fire Protection LLC to Instal	I (One-Time) and monitor intrusion alarm.
Agenda Item Submitted For: * (?)	50 000 00)
 Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or 	
Grant Proposal	il more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/10/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
in contract is on-cycle, specify the contract term (1)	
*	
Fiscal Year* (?)	Amount* (?)
2024	\$ 3,500.00
Fiscal Year* (?)	***
2025	Amount* (?)
2023	\$ 4,500.00

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Descriptio	n of Services Being Provided* (?)
City Fire Protection LLC will install and monitor	
Contract Owner*	
Carrie Rys	
Previous History of Contracting with Vendor	/Contractor*
○ Yes ● No ○ Unknown	
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
○ Yes ○ No ● Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n 🕒
Name*	
Robert Perez	
Address*	
Street Address	
P.O. Box 24374	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77229	United States
Phone Number*	
8775772338	
Email*	
robertp@cityfireprotectionIlc.com	
Budget Section	
Budget Units and Amounts Chara	and to each Rudget Unit
Budget Units and Amounts Charg	ged to each Budget Unit

Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 1806 \$ 299.00 569010 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* \$ 299.00 569010 1809 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1808 \$ 299.00 569010 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1849 \$ 299.00 569010 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 569010 1858 \$ 299.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 1888 569010 \$ 299.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 1850 \$ 299.00 569010 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

259.00 Install, \$40.00 Monthly fee monitoring. Total Cost

299.00

Project WBS (Work Breakdown Structure) * (?)

259.00 Install, \$40.00 Monthly fee monitoring. Total Cost

299.00

Requester Name

Submission Date

Billings, Veronica

5/29/2024

Budget Manager Approval(s)



Approved by	Assessed Date	
Ricardo Campbell	Approval Date 5/29/2024	
Procurement Approval		0
File Upload (?)		
Approved by		
	Approval Date	
Sharon Brauner	5/29/2024	
Contract Owner Approval		•
Approved by		
	Approval Date	
Carrie Taylor Rys	6/21/2024	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/21/2024	

HARRIS Executive Contract Sur	mmary
Contract Section	<u> </u>
Contractor*	
Hilton Garden Inn	
Contract ID #* NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
6/25/2024	
Parties* (?)	
Hilton Garden Inn and The Harris Center for Mental He	ealth and IDD
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Ø Other N/A
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
6/24/2024	6/28/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00
	ψ 0,000.00
Funding Source*	

General Revenue (GR)

Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Service/Maintenance IT/Software License Agreement Lease Other
IT/Software License Agreement Lease Other
Other
Other
Services Being Provided* (?)
relopment Institute (06/28/24); the cost
e less than 6,000, but we do not yet
*
tractor*
siness (HUB)* (?)
State / Province / Region
TX
Country
US
•
to each Budget Unit
1

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
1108	\$ 6,000.00		549009
Budget Manager		Secondary Budge	t Manager
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Descripti	ons if applicable * (?)		
NA			
Project WBS (Work Breakdown	Structure)* (?)		
NA			
Requester Name		Submission Date	
Escobar, Ninfa		6/17/2024	
Budget Manager Approv	/al(s)		<u> </u>
Approved by			
		Approval Date	
Ricardo Campbell		6/17/2024	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approva	al		<u> </u>
Approved by			
		Approval Date	
Ninfa Escobar		6/17/2024	
Contracts Approval			
Approve*	energi energi e a la comenza de la comenzación de la comenzación de la comenzación de la comenzación de la come		
Yes			
No, reject entire submission			
 Return for correction 			
Approved by *			
		Approval Date*	
Belinda Stude		6/17/2024	

HARRIS CENTER for Mental Health and IDD	nmary	
Contract Section		
Contractor*		
KP Management, LLC d/b/a USA Decon		
Contract ID #*		
2024-0884		
Presented To*		
Resource Committee		
Resource Committee Full Board		
i dii bodid		
Date Presented*		
7/16/2024		
Parties* (?)		
FHE HARRIS CENTER FOR MENTAL HEALTH AND II	DD AND KP MANAGEMENT LLC USA DECON	
Information Only (Total NTE Amount is Less than \$2		
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#		
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s) * Check all that Apply	or more)	
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid		
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal	
Board Approval (Total NTE Amount is \$250,000.00 of 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	Competitive Proposal Sole Source Request for Qualification Tag-On	
Board Approval (Total NTE Amount is \$250,000.00 of 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Board Approval (Total NTE Amount is \$250,000.00 of 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	
Board Approval (Total NTE Amount is \$250,000.00 of 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	
Board Approval (Total NTE Amount is \$250,000.00 of 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	
Board Approval (Total NTE Amount is \$250,000.00 of 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) Funding Information* New Contract Amendment	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Board Approval (Total NTE Amount is \$250,000.00 of 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) Funding Information* New Contract Amendment Contract Term Start Date* (?)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other	
Board Approval (Total NTE Amount is \$250,000.00 of 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) Funding Information* New Contract Amendment Contract Term Start Date* (?)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?)	
Board Approval (Total NTE Amount is \$250,000.00 of 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?)	

Funding Source*

General Revenue (GR)

PersonalProfessional Services Consultant Memorandum of Understanding Affiliation or Preceptor BAADUA Service/Maintenance Renewal of Existing Contract Understanding Pooled Contract Renewal of Existing Contract Understanding Pooled Contract Understanding Provided Provided Renewal of Existing Contract Understanding Understanding Provided Provided Renewal of Existing Contract Understanding Understanding Understanding Understanding Understanding Vendor/Contract Understanding Vendor/Contractor Vendor/Contractor a Historically Understanding Vendor/Contractor a Historically Understanding Vendor/Contractor Understanding Vendor/Contractor Understanding Vendor/Contractor Understanding Vendor/Contractor Contact Person Ven	Contract Description / Type * (?)	
Memorandum of Understanding Affiliation or Preceptor BAA/DUA BAA/DUA BAA/DUA Pooled Contract Renewal of Existing Contract Ubescription of Services Being Provided * (?) Agency Wide medical waste disposal Contract Owner * Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No Wuknown Vendor/Contractor a Historically Underutilized Business (HUB) * (?) Yes No Wuknown Community Partnership * (?) Yes No Wuknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name * Kourtney DiGulio Address * Streat Address 2219 Kimberly Drive Address Lie 2 City State / Prevince / Region TX Pestal / Zip Code Country 77581-4752 US Phone Number * 7138500555 Email * Kourtney@txmedwaste.com Budget Section	Personal/Professional Services	Consultant
## Affiliation or Preceptor	Consumer Driven Contract	✓ New Contract/Agreement
BAA/DUA Pooled Contract Renewal of Existing Contract Usesse Unter Usesse Contract Owner* Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No ** Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No ** Unknown Community Partnership* (?) Yes No ** Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address ** Street Address 2819 Kimberly Drive Address Lesse Previous Alexes Us Phone Number* 7138500555 Email* kourtney@txmedwaste.com Budget Section	Memorandum of Understanding	Amendment to Existing Contract
Pooled Contract Renewal of Existing Contract Other Justification/Purpose of Contract/Description of Services Being Provided* (?) Agency Wide medical waste disposal Contract Owner* Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State! Province! Region Pearland TX Pestal / Zip Code County 77581-4752 US Phone Number* 7138500555 Email* koutney@txmedwaste.com Budget Section	Affiliation or Preceptor	
Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided*(?) Agency Wide medical waste disposal Contract Owner* Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)*(?) Yes No Unknown Community Partnership*(?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 Cliy State / Province / Region TX Postal / Zp Code County 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	BAA/DUA	□ IT/Software License Agreement
Justification/Purpose of Contract/Description of Services Being Provided * (*) Agency Wide medical waste disposal Contract Owner * Kia Walker Previous History of Contracting with Vendor/Contractor *		
Agency Wide medical waste disposal Contract Owner* Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 Cliy State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* Kourtney@txmedwaste.com	Renewal of Existing Contract	Other
Kia Walker Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)*(?) Yes No Unknown Community Partnership*(?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com		ces Being Provided* (?)
Previous History of Contracting with Vendor/Contractor* Yes No Cunknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address * Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@tymedwaste.com	Contract Owner*	
Yes No Unknown	Kia Walker	
Yes No Unknown	Brovious History of Contracting with Vandor/Contract	*
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) ② Yes ② No ③ Unknown Community Partnership* (?) ③ Yes ② No ③ Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address Street Address Let ② City State / Province / Region TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email * kourtney@txmedwaste.com		or .
Yes No ● Unknown Community Partnership* (?) Yes No ● Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Yes No W Unknown	
Yes No ● Unknown Community Partnership* (?) Yes No ● Unknown Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Kourtney DiGulio Address * Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email * kourtney@txmedwaste.com	Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
Yendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country US Phone Number* 7138500555 Email* kourtney@txmedwaste.com Budget Section ✓		
Yendor/Contractor Contact Person Name * Kourtney DiGulio Address * Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country US Phone Number * 7138500555 Email * kourtney@txmedwaste.com		
Vendor/Contractor Contact Person Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	The second second is a second	
Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Yes No O Unknown	
Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Supporting Documentation Upload (?)	
Name* Kourtney DiGulio Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com		
Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com		<u>o</u>
Address* Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Kourtney DiGulio	
Street Address 2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number * 7138500555 Email * kourtney@txmedwaste.com		
2819 Kimberly Drive Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Address ^	
Address Line 2 City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com		
City State / Province / Region Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com		
Pearland TX Postal / Zip Code Country 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com	Address Line 2	
Postal / Zip Code 77581-4752 US Phone Number* 7138500555 Email* kourtney@txmedwaste.com Budget Section	City	State / Province / Region
Phone Number* 7138500555 Email* kourtney@txmedwaste.com Budget Section	Pearland	TX
Phone Number* 7138500555 Email* kourtney@txmedwaste.com Budget Section	Postal / Zip Code	Country
7138500555 Email* kourtney@txmedwaste.com Budget Section	77581-4752	US
7138500555 Email* kourtney@txmedwaste.com Budget Section	Dhana Numbar*	
Email* kourtney@txmedwaste.com Budget Section		
kourtney@txmedwaste.com Budget Section	7138500555	
Budget Section	Email*	
	kourtney@txmedwaste.com	
Budget Units and Amounts Charged to each Budget Unit	Budget Section	⊙
	Budget Units and Amounts Charged to e	ach Budget Unit

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1153 \$ 12,410.00 543026 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) **Submission Date** Requester Name 6/11/2024 Vincent, Stacy Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 6/11/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 6/12/2024 **Contract Owner Approval** Approved by **Approval Date** Kia Denae Walker 6/13/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/13/2024

Hental Health and IDD Executive Contract Sum	nmary
Contract Section	
Contractor*	
Michelle Salazar-Martinez DBA Martinez Grants and No	n-Profit Services
Contract ID #*	
2024-0900	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/16/2024	
Parties* (?)	
Michelle Salazar-Martinez	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Recommended by local FQHC
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/17/2024	9/30/2024
f contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)

Funding Source*
Private Grant

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Other
Treflewar of Existing Contract	Guer
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
We will be requesting a Grant Writer to help our application	on for FQHC Lookalike Status and
New Access Point.	
Contract Owner*	
Stanley Williams	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ⊙ Unknown	
Vanday/Cantusatas a Uistariaelle Undayetiliaed Design	(IIID) * (2)
Vendor/Contractor a Historically Underutilized Busine	ess (nub) (f)
Community Partnership* (?)	
Yes No • Unknown	
Supporting Documentation Upload (?)	
Attachment A - Scope of Work & Pricing.pdf	150.52KB
EHF - Health Promotion Neighborhood Coalition Project	
Revision -April 2024 - approved amended.xlsx	1.01MB
Harris Center contract-DRAFT.docx	31.49KB
Vendor/Contractor Contact Person	
Name *	
Michelle Salazar-Martinez	
Address*	
Street Address	
20730 Highland Hollow Lane	
Address Line 2	
City Houston	State / Province / Region TX
Postal / Zip Code 77073	Country USA
Phone Number*	
281-796-6902	
Email*	
martinez.gnps@gmail.com	
Budget Section	
	each Budget Unit

Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** 542000 2626 \$ 36,250.00 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable * (?) New Access Point= 200 hours. Hourly Rate 125. Estimate \$25,000. FQHG Lookalike= 90 hours, Hourly Rate 125, Estimate \$11,250. Total \$36,250 Project WBS (Work Breakdown Structure)* (?) N/A **Submission Date** Requester Name 6/12/2024 Martinez, Janeth Budget Manager Approval(s) Approved by **Approval Date** Debbie Chambers Shelby 6/12/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign **Contract Owner Approval** Approved by **Approval Date** Dr. Stanley Williams, PhD 6/14/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/20/2024

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Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
RJ Braniff Corporation D/B/A Automated Business Syste	ms
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
7/16/2024	
7/16/2024	
Parties* (?)	
The Harris Center for Mental Health and IDD	
R.J. Braniff Corporation DBA Automated Business Syste	ms
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	0 000 00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
InterlocalNot Applicable (If there are no funds required)	Consumer Driven Other .
Not Applicable (If there are no funds required)	• Other .
Funding Information*	
New Contract Amendment	
* *	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 1,075.00
Funding Source*	
Funding Source*	

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	on of Services Being Provided* (?)
New contract and contract terms with establish	ned vendor
Contract Owner*	
Nicole Lievsay	
Previous History of Contracting with Vendo	or/Contractor*
Yes No Unknown	
Please add previous contract dates and wh	at services were provided*
9/1/2023 - 8/31/2024 Maintenance Service for	
Fold/Insert Machine	
Vendor/Contractor a Historically Underutili:	zed Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pers	on 🗠
Name*	
Beverly	
Address*	
Street Address	
5300 Hollister Street	
Address Line 2	
	0.4.10
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77040-6172	US
Phone Number*	
7136821919	
Email*	
beverly@absservices.com	
Budget Section	_
Budget Units and Amounts Char	and to each Budget Unit
Budget Units and Amounts Char	ged to each budget Offic

Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 553001 1107 \$ 1,075.00 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name 6/10/2024 Lievsay, Nicole **Budget Manager Approval(s)** Approved by Approval Date Ricardo Campbell 6/11/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date NICOLE LIEVSAY 6/11/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/24/2024

Rental Health and IDD Executive Contract Sur	nmary	
Contract Section	CHOOL CONTRACTOR OF THE	
Contractor*		
Texas Applications Specialists, Inc.		
Contract ID #*		
2024-0892		
Presented To*		
Resource Committee		
Full Board		
Date Presented *		
7/16/2024		
Parties* (?)		
Texas Applications Specialists, Inc. and The Harris Cer	nter for Mental Health and IDD	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Application	Sole Source	
Request for Application Request for Quote	Request for QualificationTag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information *		
New Contract		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
9/1/2024	8/31/2025	
If contract is off-cycle, specify the contract term (?)		
If contract is off-cycle, specify the contract term (?) Fiscal Year* (?)	Amount* (?)	

Funding Source*
General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Se	ervices Being Provided* (?)
Patient Assistance Program ("PAP") Personal Comput	
Software, Maintenance and Support Services for Ager	ncy's PAP and Consumer Benefits
Program ("CBO") Maintenance.	
Contract Owner*	
Angela Babin	
Previous History of Contracting with Vendor/Contr	cotor*
Yes No Unknown	actor
tes in o onknown	
Please add previous contract dates and what serv	ices were provided*
9/01/2023-08/31/2024	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB)* (?)
Community Partnership * (?)	
Control of the Contro	
○ Yes ○ No ⑨ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
*	
Name *	
Jerry Karnes	
Address*	
Street Address	
2915 HOLLOW CREEK DR	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77082	US
*	
Phone Number*	
2815584696	
Email*	
jkarnes@texapp.com	
Budget Section	<u>^</u>
Budget Units and Amounts Charged to	each Budget Unit
Dauget Office and Afficults Offarged to	Caon Dudget Offit

Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* \$ 24,000.00 553002 1135 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* \$ 12,000.00 553002 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 553002 2299 \$ 6,000.00 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Garland, Teri 6/3/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 6/3/2024 Approved by **Approval Date** Debbie Chambers Shelby 6/3/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sharon Brauner 6/3/2024 Contract Owner Approval Approved by Approval Date ANGELA BABIN 6/11/2024

Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/12/2024

Contract Section Contractor* The Men's Center Incorporated d/b/a ReCenter Contract ID #* 2024-0889 Presented To* Resource Committee Full Board Coate Presented* 7/16/2024 Parties* (?) ReCenter and The Harris Center for Mental Health and IDD Agenda Item Submitted For:* (?) 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 Interlocal Interlocal Interlocal Interlocal Not Applicable (If there are no funds required) New Contract Amendment	Contract ID #* 2024-0889 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties* (?) ReCenter 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) Vending Information* Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Amendment	Contract Term Start Date" (?) 5/16/2024 f contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2024	
Contract ID #* 2024-0889 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties* (?) ReCenter 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 Application Request for Quote Interiocal Not Applicable (If there are no funds required) Public ID Regency Declaration Act Funding Information*	Contract ID #* 2024-0889 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties* (?) ReCenter 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 Application Request for Quote Interiocal Not Applicable (If there are no funds required) Public ID Regency Declaration Act Funding Information*	New Contract	Contract Torm End Data * /2)	
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Contractor* The Men's Center Incorporated d/b/a ReCenter	Contractor* The Men's Center Incorporated d/b/a ReCenter			
Contractor*	Contractor*			
Contract Section	Contract Section			
		Contract Section		

\$ 38,500.00

Funding Source*

State Grant

2024

Contract Description / Type (1)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	D-1 D-1 1* (2)
Justification/Purpose of Contract/Description of Se	
This Temporary Emergency Shelter Agreement is for a (30) days unless extended with approval of Provider sta	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contra	actor*
Yes No • Unknown	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Steven Brinkman	
Address*	
Street Address	
3809 Main St.	
Address Line 2	
	Chale / Descines / Descine
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002	United States
Phone Number*	
(832)649-6696	
Email*	
info@recenterhouston.com	
Budget Section	
Budget Units and Amounts Charged to	each Budget Unit
got office and / infounte offarged to	Jan Dangot VIII

Budget Unit Number*	Amount Charged to Unit*	Expense/GI	_ Code No.*
9243	\$ 38,500.00	595031	
Budget Manager	Secondary	Budget Manager	
Ramirez, Priscilla	Puente, Giov	/anni	
Provide Rate and Rate Description	ns if applicable * (?)		
22 beds at \$500 per bed per month.			
Project WBS (Work Breakdown St	ructura)*(?)		
na	ructure) (7		
Requester Name	Submission	Date	
Singh, Patricia	5/23/2024		
Budget Manager Approva	al(s)		
Approved by	A		
Giovanni Puente	Approval Da	ate	
Giovanni Puente	6/3/2024		
	NAME OF THE PARTY		
Procurement Approval			
			And the Property of the Control of t
File Upload (?)			
Approved by	Approval Da	ate	
Sign			
Contract Owner Approval			
Approved by			
	Approval Da	ate	
Kin KORNMAYER	6/3/2024		
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
	Approval Da	ate*	
Belinda Stude	6/7/2024		

EXHIBIT R-11

JULY 2024 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

JULY 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	Robert McIntyre	Crisis Line Debriefing Group Facilitation Services	\$6,000.00	\$6,000.00	9/1/2024 - 8/31/2025	State Grant		Annual renewal of Agreement to provide Crisis Line Debriefing Group facilitation services.
2	U.S. Committee for Refugees and Immigrants	Mental Health First Aid Training		\$5,000.00	10/1/2024 - 9/30/2025	State Grant	Consumer Driven	Annual renewal of Revenue Agreement to provide Mental Health First Aid training for refugees and immigrants, parents, caregivers, school personnel, community primary care, and specialty care providers.
-	ADMINISTRATION							
3	Ascend HR Corp	Agency-Wide Recruitment Services as-	\$200,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General	Request for Quote	Annual renewal of Agreement for Agency-Wide Recruitment Services as-needed for
١.	Ascend III Corp	needed for Human Resources.	\$200,000.00	\$75,000.00	3/1/2021 3/01/2023	Revenue (GR)	nequest to: quote	Human Resources.
4	Bud Griffin Customer Support, Inc.	Service and Maintenance Support for UPS AC	\$12,000.00	\$7,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Sole Source	Annual renewal of Agreement for Service and Maintenance Support for UPS AC.
5	Don'Angelo & Company, LLC	Executive Coaching Program	\$17,000.00	\$17,000.00	7/1/2024 - 12/31/2024	General Revenue (GR)		Annual renewal of Executive Coaching Agreement.
6	Empowered Systems Holdings, LLC dba Empowered Systems, LLC	AutoAudit Software License, Training and Maintenance	\$1,600.00	\$1,600.00	9/1/2024 - 8/31/2025	General Revenue (GR)	EE	Annual renewal of AutoAudit Software License, Training and Maintenance Agreement
7	GenSolutions LLC	Generator Maintenance Services	\$27,000.00	\$40,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	extension of contract	Annual renewal of Generator Maintenance Services Agreement.
8	GTY Software Inc. d/b/a Bonfire Interactive, LTD	Procurement Management Platform Services License and Support	\$37,500.00	\$37,500.00	10/1/2024 - 9/30/2025	State	Tag-On	Annual renewal of Procurement Management Platform Service License and Support Agreement. [Tag-On].
9	J. Taylor & Associates, LLC d/b/a JTaylor	Consultant Services	\$60,000.00	\$60,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Consultant Agreement to provide analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.
10	NFS Hospitality Corporation, Inc.	Rendezvous Workspace Meeting Room Booking Software	\$12,641.36	\$11,503.12	9/1/2024 - 8/31/2025	General Revenue (GR)	-	Annual renewal of Rendezvous Workspace meeting room booking software Agreement.
11	P-Agency Wide Appraisal Services	Agency Wide Property Appraisal and Valuation Services	\$30,000.00	\$30,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of funding only for the Master Pool of Agency Wide Property Appraisal and Valuation Services.
12	P-Emergency Evacuation Services	Master Pool Emergency Evacuation Lodging Services	\$46,779.00	\$5,847.37	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Emergency Evacuation Lodging Services. [Rates Vary for each site].
13	Performance Logic, Inc	Project Management Software to Track Agency Project Performance	\$11,726.00	\$5,742.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Project Management Software Agreement to Track Agency Project Performance.
14	PHactory Consulting, LLC	Housing Development Consultant Services	\$39,000.00	\$49,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consultant Agreement	Annual renewal of Housing Development Consultant Services for the development of 26 housing units located at 6160 South Loop East, Houston, Texas.
15	P-Real Estate Surveyor Services	Master pool for Agency Wide Property Survey Services	\$20,000.00	\$20,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Agreement to provide Agency Wide Property Survey Services for large and small Properties, Acquisitions, or Sales on an as needed basis.
16	P-Realtor/Brokerage Services	Master Pooled Contract for Realtor/ Brokerage Services			9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Annual renewal of Master Agreement for Realtor/ Brokerage services for acquisitions or sale of properties on a as needed basis.ARVO Realty Advisors- (HUB-MBE), Pollan Hausman Real Estate Services, LLC- (HUB- MWBE), JLL and CBRE.
17	Southeast Texas Regional Advisory Council (SETRAC)	Hospital Healthcare Preparedness Program ("HPP")	\$125.00	\$125.00	7/1/2024 - 6/30/2025	General Revenue (GR)	Consumer Driven	Annual renewal of Agreement for Hospital Healthcare Preparedness Program ("HPP").
18	VP Imaging, Inc. d/b/a DocuNav Solutions	Laserfiche Licenses, Maintenance & Support Services	\$83,324.71	\$85,000.00	9/21/2024 - 9/20/2025	General Revenue (GR)	Tag-On	Annual Renewal of Agreement for Laserfiche licenses, maintenance & support [Tag-or to DIR-CPO-4449].

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
-	CPEP/CRISIS SERVICES							
19	Angelica Padilla d/b/a Lice Care Solutions, LLC	Lice Removal Services for Consumers.	\$5,000.00	\$6,050.00	9/1/2024 - 8/31/2025	State Grant	Request for Quote	Annual renewal of Agreement to provide Lice Removal Services for Consumers.
20	Texas Textiles Services, LTD	Linen and Laundry Services	\$60,191.86	\$58,504.38	9/1/2024 - 8/31/2025	State Grant	Request for Quote	Annual renewal of Agreement to provide linen and laundry services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock.
21	X-Ray Mobile Texas, Inc.	Mobile X-Ray Services	\$13,849.99	\$15,250.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement to provide Mobile X-Ray Services.
	FORENSICS							
22	Lanier Parking Meter Services, LLC D/B/A REEF Park	Month-to-Month Parking Lease for Spaces at 1200 Baker Street for The Harris Center Staff	\$84,000.00	\$84,000.00	1/1/2025 - 12/31/2026	County	None	Annual renewal of parking lease agreement at 1200 Baker Street for The Harris Center Staff. [Rate: \$70 per parking space per month with up to 100 spaces].
23	Partners Pharmacy of Texas, LLC	Pharmacy Services to the Youth Diversion Center	\$15,000.00	\$40,000.00	9/1/2024 - 8/31/2025	County	Request for Quote	Annual renewal of Agreement to provide Pharmacy Services to the Youth Diversion Center.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
24	Ambur L. Copland	Community First Choice (CFC) Personal Assistance/Habilitation and Respite Services	\$13,202.00	\$29,762.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
25	Clarissa F. Smith	Community First Choice (CFC) Personal Assistance/Habilitation (PAS/HAD) and Respite Services	\$9,970.00	\$11,465.50	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
26	Josefa Yanez Hernandez	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite	\$21,500.00	\$33,568.50	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
27	KATIA RUBI LEMUS	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAD) and Respite	\$25,910.00	\$27,542.50	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
28	Maria Cervantes	Community First Choice (CFC) Personal Assistance/Habilitation (PAS/HAD) and Respite Services	\$24,460.00	\$32,016.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement for CFC Personal Assistance/Habilitation and Respite Services.
	MENTAL HEALTH							
29	Mental Health America of Greater Houston, Inc.	Oversight of Veterans Peer Support Processes in Harris County.	\$99,286.00	\$99,286.00	9/1/2024 - 8/31/2025	State Grant	Consumer Driven	Annual renewal of Agreement to provide oversight of Veterans Peer Support Processes in Harris County.
30	NAMI Greater Houston	Lease Agreement: The Harris Center provides space to NAMI in exchange for educational and support services to consumers and their families.			9/1/2024 - 8/31/2025	General Revenue (GR)		Annual renewal of Lease Agreement to provide in-kind space to NAMI in exchange for educational and support services to consumers and their families.
31	NAMI Greater Houston	Education and Support Classes to Families of Consumers	\$41,100.00	\$41,100.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual Renewal to provide Education and Support Classes to Families of Consumers.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
32	Prosumers	Consultation and training services for the Development and Implementation of a Consumer Empowerment Group in Harris County	\$18,000.00	\$18,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	Annual renewal of Consultation and Training Service Agreement for the Development and Implementation of a Consumer Empowerment Group in Harris County.
33	Teladoc Health, Inc. (fka MyStrength, Inc.)	Mental Health Web Based Mobile Application Software for the Consumer Behavioral Health and Wellness Program	\$42,000.00	\$42,000.00	4/1/2024 - 3/31/2025	State Grant	Consumer Driven	Annual renewal of Mental Health Web Based Mobile Application Software Agreement for the Behavioral Health and Wellness Program.
34	The Furniture Bank	Furniture Voucher Services for Consumers	\$80,000.00	\$80,000.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Agreement to provide Furniture Voucher Services for Consumers.
35	Treatment Advocacy Center	Assisted Outpatient Treatment ("AOT") Training and Technical Assistance Services	\$5,000.00	\$5,000.00	8/1/2024 - 7/31/2025	State	N/A	Renewal of training, technical and collaborative assistance Agreement to provide Agency staff with the skills to establish and maintain a successful and sustainable AOT program.
36	VeriCorp	Service Agreement for Tenant Screening Services	\$577.00	\$577.00	9/1/2024 - 8/31/2025	State Grant	Consumer Driven	Annual renewal of Tenant Screening Services Agreement for individuals applying for Section 811 Project Rental Assistance Housing Program.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							
37	RKG Parking Solutions	Parking Lease for spaces located at Franklin Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.	\$36,000.00	\$36,000.00	10/1/2024 - 9/30/2025	County		Annual renewal of Parking Lease for spaces located at Franklin Lofts Garage Premier Parking, 201 Main Street, Houston Texas 77002 as needed for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown.
38	Shirajb LP	Property Lease located at 817 Southmore, Suite 150, Pasadena, TX	\$16,800.00	\$16,800.00	9/1/2024 - 8/31/2025	Federal	None	Annual renewal of property Lease for IDD located at 817 Southmore, Suite 150, Pasadena, TX.
39	The ARC of Greater Houston	In-kind space in exchange for special education advocacy support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.			9/1/2024 - 8/31/2025	General Revenue (GR)		Renewal of contract for in-kind space which allows the ARC to provide Services to the Harris Center in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.
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Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2022-0580	
Contractor Name*	
Robert McIntyre	
Service Provided* (?)	
Crisis Line Debriefing Group facilitation	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
A seed a Mary Cub with a d Ferry (2)	
Agenda Item Submitted For: (?)	050 000 000
Information Only (Total NTE Amount is Less than \$	
Board Approval (Total NTE Amount is \$250,000.00Grant Proposal	or more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other .
Contract Description / Type	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 6,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 7001
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT143275
Contract Requestor* Janice Cote
Contract Owner* Jennifer Battle
File Upload (?) ID2022-0580 - Robert McIntyre - Service Quote FY24.pdf 45.93KB
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 Amoun	ts Charged to each Budget	Unit
Budget Unit Number* 7001	Amount Charged to Unit* \$ 6,000.00	Expense/GL Code No.* 549005
Budget Manager* Ilejay, Kevin	Secondary Bud Campbell, Ricar	
Provide Rate and Rate Descriptio \$100 per hour debriefing	ns if applicable * (?)	
Project WBS (Work Breakdown S	tructure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 6,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source* State Grant		
Contract Content Change	es	○
Are there any required changes to Yes No Will the scope of the Services cha		
Yes NoIs the payment deadline differentYes No	than net (45)?*	
Are there any changes in the Peri		
Are there any changes to the Sub Yes No File Upload (?)	omission deadlines for notes or supp	orting documentation?*
Contract Owner		
Contract Owner* (?) Please Select Contract Owner		
Jennifer Battle Budget Manager Approve	al(s)	

Approved by		
kevin ilejay		
Contract Owner Approval		0
Approved by		
Tennifer Battle		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude		

Lease

Other

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

- Yes
- No
- Unknown

Pooled Contract

Renewal of Existing Contract

Contract NTE*(?) \$ 0.00
Rate(s)/Rate(s) Description USCRI agrees to pay The Harris Center a rate of \$46.00 per hour for a 6.5-hour course or not to exceed amount of \$300.00 per completed course.
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
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?*
Were Services delivered as specified in the contract?*
Were Services delivered as specified in the contract?*
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?* (?)
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
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 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?*(?)
Were Services delivered as specified in the contract?* No Did Contractor perform duties in a manner consistent with standards of the profession?* 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
Were Services delivered as specified in the contract?* No Pid 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?*(?)
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?*(?)
Were Services delivered as specified in the contract?* 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
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?*(?)
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 Information for	or Next Fiscal Year	⊙
Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 5,000.00	420000
Budget Manager*	Secondary Bu	udget Manager*
Ilejay, Kevin	Campbell, Rica	
Provide Rate and Rate Descri	ptions if applicable* (?)	
Each trainer paid at rate of \$46.		
Project WBS (Work Breakdow	Structure)*(?)	
N/A	in Structure) (1)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 5,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts	
Contract Funding Source*		
State Grant		
Contract Content Char	nges	lacktriangle
Are there any required change	es to the contract language?* (?)	
Yes No	to the contract language.	
	*	
Will the scope of the Services	change?	
Is the payment deadline differ	ent 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 sup	porting documentation?*
○ Yes ⊙ No		Panaces V TT This promite to the
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Jennifer Battle		
Dudget Manage	ove VoV	
Budget Manager Appr	oval(s)	8

Contract Owner Approval Approved by Jenuser Bactle Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 6/20/2024	Approved by		
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	keviu ilejay		
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Contract Owner Approval	That is a second of the second	Ó
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Approved by		
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Tennifer Battle		
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 	Contracts Approval		
 No, reject entire submission Return for correction Approved by * Approval Date * 	Approve*		
Approved by * Approval Date *	Yes		
Approved by * Approval Date *	No, reject entire submission		
Approval Date*	 Return for correction 		
Approval Date*	Approved by *		
		Approval Date*	
	Belinda Stude		

HARRIS Annual Renewal Evalua	ation	
Current Fiscal Year Contract Informati	on	
Current Fiscal Year		
2024		
Contract ID#*		
2021-0209		
Contractor Name *		
Ascend HR Corp		
Service Provided * (?)		
Agency-Wide Recruitment Services as-needed for Hui	man Resources.	
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	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)		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
☐ Pooled Contract✓ Renewal of Existing Contract	Cother Control of the	
Vendor/Contractor a Historically Underutilized Bu	siness (HUB) (?)	
○ Yes		
• No		
Unknown		

Contract NTE* (?) \$ 200,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1108
G/L Code(s)* 592000
Current Fiscal Year Purchase Order Number* FY24 PO CT143337
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?* (?)
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 Amount	ts Charged to ea	ch Budget U	nit	
Budget Unit Number*	Amount Charged t \$ 75,000.00		Expense/GL Code No.* 592000	
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Description	ns if applicable * (?)			
Project WBS (Work Breakdown St NA	tructure)* (?)			
Fiscal Year* (?) 2025		Amount* (?) \$ 75,000.00		
Next Fiscal Year Not to Exceed Ar	mount for Master Pool	ed Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Change	9 S		Ć.	
Are there any required changes to	o the contract languag	re?* (?)		
Will the scope of the Services cha	ange?*			
Is the payment deadline different Yes No	than net (45)?*			
Are there any changes in the Peri	formance Targets?*			
Are there any changes to the Sub	omission deadlines for	notes or suppor	ting documentation?*	
File Upload (?)				
Contract Owner			6	
Contract Owner* (?) Please Select Contract Owner				
Ninfa Escobar				
Budget Manager Approv	al(s)	Alien Was and Laboratory		

Approved by		
Ricardo Campbell		
Contract Owner Approval		٥
Approved by		
Ninfa Escobar		
Contracts Approval		
Approve*		
• Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
Approved by *	Approval Date*	
Approved by* Belinda Stude	Approval Date* 6/27/2024	

Current Fiscal Year Contract Informati	On.
Note that the second of the	OII -
Current Fiscal Year	
2024	
Contract ID#*	
2024-0844	
Contractor Name*	
GenSolutions LLC	
Service Provided* (?)	
Generator Maintenance Services	
	•
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Draguement Method(e)*	
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
	☐ Tag-On
Request for Quote	Consumer Driven
Request for Quote Interlocal	
	✓ Other extension of contract
Interlocal	
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	■ Consultant
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Consultant New Contract/Agreement
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Consultant New Contract/Agreement Amendment to Existing Contract
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Interlocal Not Applicable (If there are no funds required) 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
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Bus	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

Contra	ct NTE* (?)
\$ 27,00	00.00
Rate(s)/Rate(s) Description
Unit(s)	Served*
1899	
G/L Co	de(s)*
557000	
Curren	t Fiscal Year Purchase Order Number*
CT143	
Contra	ct Requestor*
Sarah I	
	ct Owner*
	cCorquodale
File Up	oload (?)
Evalu	uation of Current Fiscal Year Performance
Have t	nere been any significant performance deficiencies within the current fiscal year?*
	⊚ No
Were 9	Services delivered as specified in the contract?*
	No
	ntractor perform duties in a manner consistent with standards of the profession?*
	No No
	ntractor adhere to the contracted schedule?* (?)
	○ No
	eports, billing and/or invoices submitted in a timely manner?* (?)
	◎ No
Did Co	entractor provide adequate or proper supporting documentation of time spent rendering services for the
	○ No
1	ontractor render services consistent with Agency policy and procedures?* (?) No
	ined legally required standards for certification, licensure, and/or training?* (?)
	○ No
Rene	ewal Determination
Is the	contract being renewed for next fiscal year with this Contractor?* (?)
	No
Rene	ewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit* \$ 40,000.00	Expense/GL Code No.* 557000
Budget Manager* Campbell, Ricardo Secondary Budget Manager* Campbell, Ricardo		
Provide Rate and Rate Descrip generator maintenance now inclu	. Villed	
Project WBS (Work Breakdown	n Structure) * (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 40,000.00	
Next Fiscal Year Not to Exceed Contract Funding Source*	Amount for Master Pooled Contracts	
General Revenue (GR)		
Contract Content Chan	sano	<u> </u>
Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?)	
Is the payment deadline differen	ent than net (45)?*	
Are there any changes in the F	Performance Targets?*	
Yes No		
Are there any changes to the S	Submission deadlines for notes or supp	porting documentation?*
Yes No		
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?)		
Please Select Contract Owner		
Todd McCorquodale		
Budget Manager Appro	oval(s)	<u> </u>
entreprise de la companya de la comp		

Approved by		
Ricardo Campbell		
Contract Owner Approval		Ô
Approved by		
Todd McCorquodale		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

Mental Health and IDD	
Current Fiscal Year Contract Informati	on <u> </u>
Current Fiscal Year	
2024	
Contract ID#*	
7780	
Contractor Name *	
Bud Griffin Customer Support, Inc.	
Service Provided* (?)	
Service and Maintenance Support for UPS AC	
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 12,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT142389
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?* (?) Pres 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 Amou	nts Charged to each Budge	t Unit		
Budget Unit Number*	Amount Charged to Unit* \$ 7,000.00	Expense/GL Code No.* 553003		
Budget Manager* Campbell, Ricardo	Secondary Budget Manager* Campbell, Ricardo			
Provide Rate and Rate Descripti \$750 bimonthly	ons if applicable * (?)			
Project WBS (Work Breakdown S N/A	Structure)* (?)			
Fiscal Year* (?) 2025	Amount* (?) \$ 7,000.00			
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR)				
Contract Content Chang	jes	⊙		
Are there any required changes Yes No	to the contract language?* (?)			
Will the scope of the Services cl	hange?*			
Is the payment deadline differen	Is the payment deadline different than net (45)?* Yes No			
Are there any changes in the Pe Yes No	rformance Targets?*			
Are there any changes to the Su Yes No	bmission deadlines for notes or sup	porting documentation?*		
File Upload (?)				
Contract Owner		<u> </u>		
Contract Owner* (?) Please Select Contract Owner				
Mustafa Cochinwala				
Budget Manager Approv	/al(s)	©		

Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Mustafa Cochinnala		
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/8/2024	

Strans Annual Renewal Evaluation Mental Health and IDD	ation
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year	
2024	
Contract ID#*	
2021-0128	
*	
Contractor Name*	
Don'Angelo & Company, LLC	
Service Provided* (?)	
Executive Coaching Program.	
Renewal Term Start Date*	Renewal Term End Date*
7/1/2024	12/31/2024
Term for Off-Cycle Only (For Reference Only)	
A and a Kenn On health of Franco	
Agenda Item Submitted For: (?)	050 000 00
Information Only (Total NTE Amount is Less than \$	
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Coaching Service(s) Agreement.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUR) (2)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 17,000.00
Rate(s)/Rate(s) Description \$8,500.00 partial payment and \$8,500.00 final payment for six-month program.
Unit(s) Served* 1110
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143637
Contract Requestor* Christina Gerardo
Contract Owner* Kendra Thomas
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?* No
Did Contractor adhere to the contracted schedule?* (?)

Were reports, billing and/or invoices submitted in a timely manner?* (?)
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
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?* (?)
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
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?* (?)
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?* (?)
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 Information for Next Fiscal Year			
Budget Units and Amo	ounts Charged to each Budge	t Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1110	\$ 17,000.00	542000	
Budget Manager*	Secondary Bu	ıdget Manager*	
Campbell, Ricardo			
Provide Rate and Rate Descri	ptions if applicable* (?)		
Project WBS (Work Breakdow	n Structure)* (?)		
N/A			
Fiscal Year* (?)	Amount* (?)		
2024	\$ 17,000.00		
Contract Funding Source* General Revenue (GR) Contract Content Char	nges	•	
Are there any required change	es to the contract language?* (?)		
Will the scope of the Services Yes No	change?*		
Is the payment deadline differ	rent than net (45)?*		
Are there any changes in the Yes No	Performance Targets?*		
Are there any changes to the Submission deadlines for notes or supporting documentation?* No No			
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Kendra Thomas			
Budget Manager Appr	oval(s)	•	

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Kendra Thomas		
Contracts Approval		
Approve*		
• Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

Mental Health and IDD		
Current Fiscal Year Contract Informati	on	
Current Fiscal Year 2024		
Contract ID#*		
6840		
Contractor Name*		
Empowered Systems Holdings, LLC dba Empowered S	Systems, LLC	
Service Provided * (?)		
AutoAudit Software License, Training and Maintenance		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)		
✓ Information Only (Total NTE Amount is Less than \$2	250,000.00)	
Board Approval (Total NTE Amount is \$250,000.00		
Grant Proposal	,	
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	☐ Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	✓ Other Software License Agreement.	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
✓ Renewal of Existing Contract	Other	

NoUnknown

Contract NTE* (?) \$ 1,600.00	
Rate(s)/Rate(s) Description License Fee \$255.00 per Quarter	
Unit(s) Served* 1101	
G/L Code(s)* 553002	
Current Fiscal Year Purchase Order Number* CT143241	
Contract Requestor* David Fojtik	
Contract Owner* David Fojtik	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	⊙
Have there been any significant performance deficiencies within the cu	rrent fiscal year?*
Were Services delivered as specified in the contract?* Yes No 	
Did Contractor perform duties in a manner consistent with standards o Yes No	f the profession?*
Did Contractor adhere to the contracted schedule?* (?) See Yes See No	
Were reports, billing and/or invoices submitted in a timely manner? * (?. ● Yes ● No	
Did Contractor provide adequate or proper supporting documentation of Agency?* (?)	of time spent rendering services for the
Yes No	
Did Contractor render services consistent with Agency policy and process Yes No	edures?* (?)
Maintained legally required standards for certification, licensure, and/o	r training?* (?)
Renewal Determination	Ō
Is the contract being renewed for next fiscal year with this Contractor? Yes No	* (?)
Renewal Information for Next Fiscal Year	0

Budget Units and Amou	unts Charged to ea	ch Budget U	Jnit
Budget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.* 551003
Budget Manager* Campbell, Ricardo		Secondary Budg Campbell, Ricard	
Provide Rate and Rate Descrip	tions if applicable* (?)		
Project WBS (Work Breakdown AutoAudit Software License, Train			
Fiscal Year* (?) 2025		Amount* (?) 5 1,600.00	
Next Fiscal Year Not to Exceed 1,600.00	Amount for Master Poole	ed Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Chan	ges		
Are there any required changes	s to the contract language	e ?* (?)	
Will the scope of the Services of Yes No	change?*		
Is the payment deadline differe Yes No	ent than net (45)?*		
Are there any changes in the P Yes No	erformance Targets?*		
Are there any changes to the S Yes No	ubmission deadlines for	notes or suppor	ting documentation?*
File Upload (?)			
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
David Fojtik	100		
Budget Manager Appro	oval(s)		

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
David Wayne Pejtik		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/14/2024	

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Mental Health and IDD				
Current Fiscal Year Contract Information	on 📀			
Current Fiscal Year				
2024				
Contract ID#*				
2022-0419				
Contractor Name *				
GTY Software Inc. dba Bonfire Interactive Ltd				
Service Provided* (?)				
Procurement Management Platform Service License ar	nd Support.			
Renewal Term Start Date *	Renewal Term End Date*			
10/1/2024	9/30/2025			
10/1/2024	3/30/2025			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
✓ Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal			
Request for Proposal	Sole Source			
Request for Application	Request for Qualification			
Request for Quote	▼ Tag-On			
☐ Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Contract Description / Type				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Amendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	IT/Software License Agreement			
 Pooled Contract ✓ Renewal of Existing Contract 	LeaseOther			
Toneward Change Contract	Circle			
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)			
Yes				
No				
Unknown				

Contract NTE* (?) \$ 37,500.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1128
G/L Code(s)* 551002, 553002
Current Fiscal Year Purchase Order Number* FY24 PO CT143165
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?*
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?* (?) (**) (**) (**)
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to	each Budget	Unit
Budget Unit Number*	Amount Charg \$ 17,500.00	ed to Unit*	Expense/GL Code No.* 551002
Budget Manager* Campbell, Ricardo		Secondary Bud	dget Manager* rdo
Budget Unit Number* 1128	Amount Charg \$ 20,000.00	ed to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Bu Campbell, Rica	dget Manager* rdo
Provide Rate and Rate Descrip \$37,500	otions if applicable* (?)	
Project WBS (Work Breakdown	n Structure)* (?)		
Fiscal Year* (?)		Amount* (?) \$ 37,500.00	
Contract Funding Source* State Contract Content Chan	iges		⊙
	iges		Ô
Are there any required change Yes No	s to the contract lang	uage ?* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference of the No	ent than net (45)?*		
Are there any changes in the F	Performance Targets?	*	
Are there any changes to the S	Submission deadlines	for notes or supp	orting documentation?*
File Upload (?) DIR-TSO-4363 _ Texas Departm	ent of Information Resc	ources.pdf 4	13.57KB
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Nina Cook			

Inproved by		
Approved by		
Ricardo Campbell		
Contract Owner Approval		Ó
Approved by		
Mina Cook		
Contracts Approval		
Approve*		
Yes		
Yes No, reject entire submission		
Yes		
Yes No, reject entire submission		
Yes No, reject entire submission Return for correction	Approval Date*	

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sienta neam anu 1717		Theory the last
Current Fiscal Year Contract Informati	on	0
Current Fiscal Year		
2024		
Contract ID#*		
7620		
Contractor Name*		
J. Taylor & Associates, LLC d/b/a JTaylor		
Service Provided* (?)		
Consultant provides analysis and support services in r	elation to Provider and Physician	
Compensation Programs for the Agency.		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	8/31/2025	
Term for Off-Cycle Only (For Reference Only)		
Term for one-syste 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		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment# Other		
- Cition		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal Request for Application	Sole Source Request for Qualification	
Request for Quote	Tag-On	
☐ Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)		
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor BAA/DUA	Service/MaintenanceIT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
Yes		
No		
Unknown		

Contract NTE* (?)
\$ 60,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1108
G/L Code(s)*
542000
Current Fiscal Year Purchase Order Number* CT143226
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 Amo	ounts Charged to each Budget	Unit
Budget Unit Number* 1108	Amount Charged to Unit* \$ 60,000.00	Expense/GL Code No.* 542000
Budget Manager*	Secondary Bu	dget Manager*
Campbell, Ricardo	Campbell, Rica	ardo
Provide Rate and Rate Descri	ptions if applicable * (?)	
NA		
Project WBS (Work Breakdow	vn Structure)* (?)	
NA		
Fiscal Year* (?)	Amount* (?)	
2024	\$ 60,000.00	
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts	
*		
Contract Funding Source* General Revenue (GR)		
Contract Content Cha	nges	ů.
Are there any required chang	es to the contract language?* (?)	
Yes No		
Will the scope of the Services	change?*	
Yes No		
Is the payment deadline diffe	rent 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 supp	porting documentation?*
Yes No	oddinionion doddinion in meteo at eapp	
File Upload (?)		
File Opioau (:)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Ninfa Escobar		
Budget Manager App	roval(s)	○

Approved by

Contract Owner Approval

Approved by

Minfa Escolar

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

7/1/2024

Marks Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
6665	
Contractor Name *	
NFS Hospitality Corporation, Inc.	
Service Provided * (?)	
Rendezvous Workspace meeting room booking software	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or 1)	
Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	
● No	
Unknown	

Contract NTE* (?) \$ 12,641.36
Rate(s)/Rate(s) Description
nate(e), nate(e), Description
Unit(s) Served* 1130
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* CT143221
Contract Requestor* Shawnti Boswell
Contract Owner* Mustafa Cochinwala
File Upload (?) 6665 NFS Techologies - Renewal Quotation Cover Period 1st Nov 2024 - 31st Oct 2025.pdf 74.58KB
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* See No.
Were Services delivered as specified in the contract?* 9 Yes 9 No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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
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Renewal Information for	or Next Fiscal Year	<u> </u>
Budget Units and Amo	ounts Charged to each Bo	udget Unit
Budget Unit Number*	Amount Charged to Unit	Expense/GL Code No.*
1130	\$ 11,503.12	574000
Budget Manager*	Second	ary Budget Manager*
Campbell, Ricardo	Campbe	II, Ricardo
Provide Rate and Rate Descri	ptions if applicable * (?)	
See attached		
Project WBS (Work Breakdow	n Structure)* (?)	
N/A		
Fiscal Year* (?)	Amoun	t* (?)
2025	\$ 11,50	3.12
Next Fiscal Year Not to Excee	d Amount for Master Pooled Con	tracts
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chair	naes	
Are there any required change Yes No	es to the contract language?* (?)	
Will the scope of the Services	change?*	
Yes No		
Is the payment deadline differ	ent 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 Appr	oval(s)	<u> </u>

Ricardo Campbell		
Contract Owner Approval		C
Approved by		
Mustafa Cochinwata		
Contracts Approval		
Contracts Approval		
Contracts Approval Approve* Yes No, reject entire submission		
Contracts Approval Approve* Yes		
Contracts Approval Approve* Yes No, reject entire submission Return for correction		
Contracts Approval Approve* Yes No, reject entire submission	Approval Date*	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approval Date* 6/14/2024	

✓ Renewal of Existing Contract ✓ Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) ✓ Yes No Unknown

Contract NTE* (?) \$ 30,000.00
Rate(s)/Rate(s) Description see RFP info from previous year
Unit(s) Served* 1899
G/L Code(s)* 557001
Current Fiscal Year Purchase Order Number* CT143513
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?* 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?* (?) (a) Yes (a) No
Maintained legally required standards for certification, licensure, and/or training?* (?) (a) Yes (b) 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 Amou	nts Charged to each Bu	ıdget Unit
Budget Unit Number*	Amount Charged to Unit* \$ 30,000.00	Expense/GL Code No.* 557001
Budget Manager* Campbell, Ricardo		ary Budget Manager*
Provide Rate and Rate Descripti individual company pricing in RFP,		
Project WBS (Work Breakdown s	Structure)* (?)	
Fiscal Year* (?) 2025	Amount \$ 30,000	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Con	tracts
Contract Funding Source* General Revenue (GR)		
Contract Content Chang	les	•
Are there any required changes Yes No	to the contract language?* (?)	
Will the scope of the Services cl	nange?*	
Is the payment deadline differen	t than net (45)?*	
Are there any changes in the Pe Yes No	rformance Targets?*	
Are there any changes to the Su Yes No	bmission deadlines for notes o	or supporting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?) Please Select Contract Owner		
Todd McCorquodale		
Budget Manager Approv	rai(s)	

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Todd McCorquedale		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/7/2024	

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2021-0215 Contractor Name* P-Emergency Evacuation Services Service Provided* (?) **Emergency Evacuation Lodging Services** Renewal Term Start Date* Renewal Term End Date* 9/1/2024 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other

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

Yes

No

Unknown

Contract NTE* (?) \$ 46,779.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* 3390, 9210, 9247, 9261, 9264, 9403, 9407, 9810
G/L Code(s)* 595031
Current Fiscal Year Purchase Order Number* CT143285
Contract Requestor* Darryl Coleman
Contract Owner* Carrie Rys
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?* 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?* (?) (**) (**) (**)
Maintained legally required standards for certification, licensure, and/or training?* (?) (e) Yes (ii) 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.*

3390

\$ 5,847.37

595031

Budget Manager* Johnson, Kenyonika Secondary Budget Manager*

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9210

\$ 5,847.37

595031

Budget Manager*

Secondary Budget Manager* Ramirez, Priscilla

Oshman, Jodel

Amount Charged to Unit*

Expense/GL Code No.*

9247

\$ 5,847.37

595031

Budget Manager*

Oshman, Jodel

Budget Unit Number*

Secondary Budget Manager*

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9261

\$ 5,847.37

Budget Manager* Secondary Budget Manager* Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9264

\$ 5,847.37

595031

Budget Manager* Ramirez, Priscilla

Secondary Budget Manager*

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9403

\$ 5,847.37

595031 Secondary Budget Manager*

Budget Manager* Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9407

\$ 5,847.37

595031

Budget Manager* Ramirez, Priscilla

Secondary Budget Manager*

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9810

\$ 5,847.37

595031

Budget Manager*

Secondary Budget Manager*

Oshman, Jodel

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable * (?)

Daily rate per occupant we house during emergency.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)		
2024	\$ 5,847.37		
Next Fiscal Year Not to Exceed Amount fo	r Master Pooled Contracts		
Contract Funding Source*			
General Revenue (GR)			
Contract Content Changes		(4)	
Are there any required changes to the core Yes No	itract language?* (?)		
Will the scope of the Services change?*			
Yes No			
Is the payment deadline different than net	(45)?*		
Are there any changes in the Performance	Targets 2*		
Yes No	raigets:		
Are there any changes to the Submission	deadlines for notes or supporting documentation?*		
○ Yes ● No			
File Upload (?)			
Contract Owner		•	
Contract Owner* (?)			
Please Select Contract Owner			
Carrie Rys			
Budget Manager Approval(s)		0	
Approved by	Approved by		
Konyonika Tohnson	Todel Oshman		
Approved by			
Priscitta M. Ramirez			
Contract Owner Approval		•	
Approved by			
Carrie Taylor Rys			

Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/7/2024

Stranger Annual Renewal Evaluation Mental Health and IDD	ation
Current Fiscal Year Contract Informati	on <u></u>
Current Fiscal Year	
2024	
Contract ID#*	
6638	
Contractor Name*	
Performance Logic, Inc	
Service Provided* (?)	
Project Management Software to Track Agency Project	t Performance
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$:	
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	♂ Other -
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	
Memorandum of Understanding	New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
✓ Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
(B) Hallander	

Contract NTE* (?) \$ 11,726.00	
Rate(s)/Rate(s) Description	
vary	
Unit(s) Served*	
1128, 1130 and 1177	
G/L Code(s)* 553002	
Current Fiscal Year Purchase Order Number* CT143166	
Contract Requestor*	
Maria Richardson	
Contract Owner*	
Carrie Rys	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	<u>~</u>
Have there been any significant performance deficiencies within the current fiscal	year?*
○ Yes ⑥ No	
Were Services delivered as specified in the contract?*	
Yes No	
Did Contractor perform duties in a manner consistent with standards of the profes	ssion?*
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 spe	nt rendering services for the
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	(2)
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Yes No	
Renewal Information for Next Fiscal Year	•

1177	Amount Charged to Unit* \$ 522.00	Expense/GL Code No.* 553002	
Budget Manager* Campbell, Ricardo		nry Budget Manager* I, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1130	\$ 1,566.00	553002	
Budget Manager*	Seconda	rry Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
1128	\$ 3,654.00	553002	
Budget Manager*	Seconda	ary Budget Manager*	
Campbell, Ricardo	Campbell	I, Ricardo	
	Amount' \$ 5,742.0		
2025 Next Fiscal Year Not to Excee		00	
Next Fiscal Year Not to Excee 5,742.00 Contract Funding Source*	\$ 5,742.0	00	
Next Fiscal Year Not to Excee 5,742.00 Contract Funding Source* General Revenue (GR)	\$ 5,742.0	00	
Next Fiscal Year Not to Excee 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 5,742.0	00	
5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 5,742.0 ed Amount for Master Pooled Contr nges	00	
Next Fiscal Year Not to Excee 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 5,742.0 ed Amount for Master Pooled Control inges les to the contract language?* (?)	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Cha	\$ 5,742.0 ed Amount for Master Pooled Control inges les to the contract language?* (?)	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Services Yes No	\$ 5,742.0 ed Amount for Master Pooled Control nges les to the contract language?* (?) s change?*	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required change Yes No Will the scope of the Services	\$ 5,742.0 ed Amount for Master Pooled Control nges les to the contract language?* (?) s change?*	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Character there any required change Yes No Will the scope of the Services Yes No Is the payment deadline difference Yes No	\$ 5,742.0 ed Amount for Master Pooled Control inges les to the contract language?* (?) s change?* rent than net (45)?*	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Chan Are there any required change Yes No Will the scope of the Services Yes No	\$ 5,742.0 ed Amount for Master Pooled Control inges les to the contract language?* (?) s change?* rent than net (45)?*	00	
Next Fiscal Year Not to Exceed 5,742.00 Contract Funding Source* General Revenue (GR) Contract Content Character of the Services No Will the scope of the Services Yes No Is the payment deadline difference of the Services No Are there any changes in the Yes No	\$ 5,742.0 ed Amount for Master Pooled Control inges les to the contract language?* (?) s change?* rent than net (45)?*	racts	

Contract Owner		<u>^</u>
Contract Owner* (?) Please Select Contract Owner Carrie Rys		
Budget Manager Approval(s)		6
Approved by		
Ricardo Campbell		
Contract Owner Approval		
Approved by		
Carrie Taylor Rys		
Contracts Approval		
Approve*		
YesNo, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/7/2024	

Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0604 Contractor Name* PHactory Consulting, LLC Service Provided* (?) Housing Development Consultant Services for the development of 26 housing units located at 6160 South Loop East, Houston, Texas Renewal Term Start Date* Renewal Term End Date* 9/1/2024 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Other -Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Lease Pooled Contract Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE* (?) \$ 39,000.00
Rate(s)/Rate(s) Description \$195 per hour
Unit(s) Served* 1101
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143290
Contract Requestor*
Veronica Franco
Contract Owner*
Carrie Rys
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
Yes No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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 Amo	unts Charged to ea	ach Budget l	Jnit
Budget Unit Number* 1101	Amount Charged \$ 49,000.00	to Unit*	Expense/GL Code No.* 542000
Budget Manager*		Secondary Budg	get Manager*
Campbell, Ricardo	SOURCE CONT. (ANY OWN COMES THE THE TAY ON TO THE TAY ON THE THE TAY OF THE T	Campbell, Ricard	
Provide Rate and Rate Descrip	otions if applicable * (2)		
n/a	otions if applicable 107		
Project WBS (Work Breakdown	n Structure)* (?)		
n/a			
Fiscal Year* (?)		Amount* (?)	
2025		\$ 49,000.00	
Contract Funding Source*			
Next Fiscal Year Not to Exceed			
Contract Funding Source* General Revenue (GR)			
化等度扩张 2000年 1000年 100			
Contract Content Char	nges		
Are there any required change	es to the contract langua	ge?* (?)	
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline differ	ent than net (45)?*		
Yes No			
Are there any changes in the I	Performance Targets?*		
Yes No			
Are there any changes to the	Submission deadlines fo	r notes or suppo	rting documentation?*
⊚ Yes ⊚ No			
File Upload (?)			
Contract Owner		and the state of t	<u> </u>
Contract Owner* (?)			
Please Select Contract Owner			
Carrie Rys			
Budget Manager Appr	oval(s)		<u> </u>

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
Carrie Taylor Rys		
Contracts Approval		A CALL TO A CALL
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *		
0	Approval Date*	
Belinda Stude	6/13/2024	

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2022-0395	
Contractor Name*	
P-Real Estate Surveyor Services	
2	
Service Provided*(?)	
To provide Agency Wide Property Survey Services for I Acquisitions, or Sales on an as needed basis.	large and small Properties,
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding Affiliation or Preceptor	 Amendment to Existing Contract Service/Maintenance
Affiliation or Preceptor BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
⊕ Yes	
○ No	
Unknown	

Contract NTE* (?)
\$ 20,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
1899
G/L Code(s)*
557001
Current Fiscal Year Purchase Order Number*
ct143510
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 Amoun	ts Charged to each Budge	t Unit	
Budget Unit Number* 1899	Amount Charged to Unit* \$ 20,000.00	Expense/GL Code No.* 557001	
Budget Manager* Campbell, Ricardo	Secondary Be Campbell, Ric	udget Manager* ardo	
Provide Rate and Rate Description see RFP for individual company pric NTE			
Project WBS (Work Breakdown Si	ructure)* (?)		
Fiscal Year* (?) 2025	Amount* (?) \$ 20,000.00		
Next Fiscal Year Not to Exceed Ar 20,000.00	nount for Master Pooled Contracts		
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es	<u> </u>	
Are there any required changes to	o the contract language?* (?)		
Will the scope of the Services cha	ange?*		
Is the payment deadline different Yes No	than net (45)?*		
Are there any changes in the Performance Targets?* Yes No			
Are there any changes to the Submission deadlines for notes or supporting documentation?* See No.			
File Upload (?)			
Contract Owner		<u> </u>	
Contract Owner* (?) Please Select Contract Owner			
Todd McCorquodale			
Budget Manager Approva	al(s)	0	

Approved by		
Ricardo Campbell		
Contract Owner Approval		<u> </u>
Approved by		
Todd McCorquedale		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/7/2024	

	tion
Current Fiscal Year Contract Informatio	n
Current Fiscal Year	
2024	
Contract ID#*	
2022-0414	
Contractor Name*	
P-Realtor/Brokerage Services	
Service Provided* (?)	
Contract for Realtor/ Brokerage services for acquisitions needed basis. ARVO Realty Advisors- (HUB-MBE) ? Pollan Hausman Real Estate Services, LLC-(HUB- MV JLL CBRE	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 color Grant Proposal Revenue	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 coordinate Grant Proposal Revenue SOW-Change Order-Amendment#	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 coordinate Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Information Only (Total NTE Amount is Less than \$20 Board Approval (Total NTE Amount is \$250,000.00 con Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 colors Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 color 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	Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 color 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	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of 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
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 or 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 Application Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

● Yes U 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



Renewal Information for	or Next Fiscal Year			(
The state of the s	ana, mana ao amin'ny fivondronan'i Araban dia ao amin'ny faritr'i Aora ao amin'ny faritr'i Aora ao amin'ny fari	Min who discount shift has been de-	SA E CONTROL DE LA CONTROL DE	and the Market Market and Arthur and Arthur
Budget Units and Amo	unts Charged to eac	ch Budget U	nit	
Budget Unit Number*	Amount Charged to	Unit*	Expense/GL (Code No.*
119	\$ 0.00		0000000	
Budget Manager*	S	econdary Budge	et Manager*	
Campbell, Ricardo	С	ampbell, Ricardo		
Provide Rate and Rate Descrip	otions if applicable * (?)			
)				
Project WBS (Work Breakdow	n Structure)* (?)			
n/a				
Fiscal Year* (?)		mount* (?)		
2025	\$	0.00		
Ocontract Funding Source* General Revenue (GR)		d Contracts		
Contract Funding Source* General Revenue (GR) Contract Content Chai	nges			
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No	nges			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No	nges			
Contract Funding Source* General Revenue (GR) Contract Content Chai	nges es to the contract language			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Please Explain* Remove George E. Johnson Proconflict of Interest	nges es to the contract language operties, LLC-(HUB-WBE)-			
Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services	nges es to the contract language operties, LLC-(HUB-WBE)-			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services Yes No	nges es to the contract language operties, LLC-(HUB-WBE)- s change?*			
Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required change Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services Yes No Is the payment deadline diffe	nges es to the contract language operties, LLC-(HUB-WBE)- s change?*			
Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required chang Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services Yes No Is the payment deadline difference of the Services Yes No	nges es to the contract language operties, LLC-(HUB-WBE)- s change?* rent than net (45)?*			
Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required change Yes No Please Explain* Remove George E. Johnson Pr	nges es to the contract language operties, LLC-(HUB-WBE)- s change?* rent than net (45)?*			
Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services Yes No Is the payment deadline difference of the Services Yes No Are there any changes in the	nges es to the contract language operties, LLC-(HUB-WBE)- s change?* rent than net (45)?* Performance Targets?*	9 ?* (?)	rting documenta	tion?*
Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required change Yes No Please Explain* Remove George E. Johnson Pr Conflict of Interest Will the scope of the Services Yes No Is the payment deadline difference of the Services Yes No Are there any changes in the Yes No	nges es to the contract language operties, LLC-(HUB-WBE)- s change?* rent than net (45)?* Performance Targets?*	9 ?* (?)	rting documenta	tion?*

Contract Owner* (?)		
Please Select Contract Owner		
Kendra Thomas		
Budget Manager Approval(s)		
Approved by		
Ricardo Campbell		
Contract Owner Approval		0
Approved by		
Kendra Thomas		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	6/26/2024	

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	on 🔿
Current Fiscal Year	
2024	
Contract ID#*	
7326	
*	
Contractor Name*	
Southeast Texas Regional Advisory Council (SETRAC)
Service Provided*(?)	
Hospital Healthcare Preparedness Program ("HPP")	
Renewal Term Start Date *	Renewal Term End Date*
	6/30/2025
7/1/2024	6/30/2025
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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE * (?) \$ 125.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2379	
G/L Code(s)* 595000	
Current Fiscal Year Purchase Order Number* CT143198	
Contract Requestor* Darryl Coleman	
Contract Owner* Kendra Thomas	
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?*	
Did Contractor perform duties in a manner consistent with standards of the profession?	*
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 rend Agency? * (?)	dering services for the
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 Amount	s Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit* \$ 125.00	Expense/GL Code No.* 595000
Budget Manager* Campbell, Ricardo	Secondary B Campbell, Ric	udget Manager* ardo
Provide Rate and Rate Description 125.00	s if applicable * (?)	
Project WBS (Work Breakdown Str N/A	ructure)* (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 125.00	
Next Fiscal Year Not to Exceed An	nount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
Contract Content Change	S	•
Are there any required changes to Yes No Will the scope of the Services cha Yes No		
Is the payment deadline different t	han net (45)?*	
Yes No Are there any changes in the Perfo	ormance Targets?*	
Are there any changes to the Subr	nission deadlines for notes or sup	pporting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?) Please Select Contract Owner Carrie Rys		
Budget Manager Approva	l(s)	

Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Carrie Taylor Rys		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *		
Approved by	Approval Date*	
Belinda Stude	6/13/2024	
Deunau June		

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M	net	a (USA)			H

contract ID#* 24 25 26 26 26 26 27 28 29 20 20 20 20 20 20 20 20 20	4449)
contract ID#* 265 contractor Name * Contractor N	4449)
ontractor Name * P Imaging, Inc. d/b/a DocuNav Solutions ervice Provided * (?) serfiche licenses, maintenance & support (Dir-CPO-4) enewal Term Start Date * 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
ontractor Name * P Imaging, Inc. d/b/a DocuNav Solutions ervice Provided * (?) serfiche licenses, maintenance & support (Dir-CPO-4) enewal Term Start Date * 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
P Imaging, Inc. d/b/a DocuNav Solutions ervice Provided* (?) serfiche licenses, maintenance & support (Dir-CPO-4) enewal Term Start Date* 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
P Imaging, Inc. d/b/a DocuNav Solutions ervice Provided* (?) serfiche licenses, maintenance & support (Dir-CPO-4) enewal Term Start Date* 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
ervice Provided* (?) serfiche licenses, maintenance & support (Dir-CPO-4 enewal Term Start Date* 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
enewal Term Start Date * 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
enewal Term Start Date * 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	4449)
enewal Term Start Date * 21/2024 erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	
erm for Off-Cycle Only (For Reference Only) genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	
genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	Renewal Term End Date*
genda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	9/20/2025
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	
Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal	
Grant Proposal	250,000.00)
	or more)
Revenue	
SOW-Change Order-Amendment#	
Other	
ocurement Method(s)*	
Check all that Apply	
	Occupatition Branch
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
ontract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Renewal of Existing Contract	Lease Other
endor/Contractor a Historically Underutilized Busin	
Yes	
No.	

Contract NTE* (?) \$ 83,324.71
Rate(s)/Rate(s) Description
Unit(s) Served* 1130
G/L Code(s)* 553003
Current Fiscal Year Purchase Order Number* CT143154
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?*
Were Services delivered as specified in the contract?*
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 Amour	nts Charged to ea	ach Budget	Jnit
Budget Unit Number*	Amount Charged \$ 85,000.00	to Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Bud Campbell, Ricard	
Provide Rate and Rate Description	ons if applicable * (?)		
Project WBS (Work Breakdown S N/A	structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 85,000.00	
Next Fiscal Year Not to Exceed A	mount for Master Poo	led Contracts	
Contract Funding Source* General Revenue (GR)			
Contract Content Change	es		•
Are there any required changes to Yes No	to the contract langua	ge ?* ^(?)	
Will the scope of the Services ch	ange?*		
Is the payment deadline different Yes No	than net (45)?*		
Are there any changes in the Per Yes No	formance Targets?*		
Are there any changes to the Sub	omission deadlines for	r notes or suppo	erting documentation?*
File Upload (?)			
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner Mustafa Cochinwala			
Budget Manager Approve	al(s)		\odot

Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
YesNo, reject entire submission	
Yes	
YesNo, reject entire submissionReturn for correction	
YesNo, reject entire submission	Approval Date*
YesNo, reject entire submissionReturn for correction	Approval Date* 6/8/2024
 Yes No, reject entire submission Return for correction Approved by *	

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	<u></u>
Current Fiscal Year 2024	
Contract ID#* 2021-0078	
Contractor Name* Angelica Padilla d/b/a Lice Care Solutions, LLC	
Service Provided* (?) Lice Removal Services for Consumers.	
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 Board Approval (Total NTE Amount is \$250,000.00 or not grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	T/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 5,000.00
Rate(s)/Rate(s) Description 9403 \$ 600.00 543053; 9501 \$ 4,400.00 543053
Unit(s) Served* 9403; 9501
G/L Code(s)* 543053
Current Fiscal Year Purchase Order Number* CT143189
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?* No Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?* 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

	ondary Budge nte, Giovanni	et Manager*
Puer Amount Charged to U	nte, Giovanni	
	nit*	
\$ 4,400.00		Expense/GL Code No.*
		543053
	ondary Budge	et Manager*
Puer	nte, Giovanni	
7	nit*	Expense/GL Code No.*
\$ 150.00		543053
		et Manager*
Puer	nte, Giovanni	
Amount Charged to U	nit*	Expense/GL Code No.*
\$ 600.00		543053
	Secondary Budget Manager*	
Puer	nte, Giovanni	
Amount Charged to U	nit*	Expense/GL Code No.*
\$ 300.00		543053
		et Manager*
Puer	nte, Giovanni	
· · · · · · · · · · · · · · · · · · ·		
ions if applicable (7)		
Christian (2)		
Structure) (1)		
Amo	ount* (?)	
\$ 6,0	050.00	
	Amount Charged to U \$ 150.00 Secondary Amount Charged to U \$ 600.00 Secondary Amount Charged to U \$ 300.00 Secondary Amount Charged to U \$ 300.00 Secondary Amount Charged to U \$ 300.00 Secondary Amount Charged to U \$ 300.00	Puente, Giovanni Amount Charged to Unit* \$ 150.00 Secondary Budge Puente, Giovanni Amount Charged to Unit* \$ 600.00 Secondary Budge Puente, Giovanni Amount Charged to Unit* \$ 300.00 Secondary Budge Puente, Giovanni Amount Charged to Unit*

Is the payment deadline different than net (45) Yes No	?*	
Are there any changes in the Performance Tar	gets?*	
Are there any changes to the Submission dead Yes No	dlines for notes or supporting doc	umentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner Kim Kornmayer		
Budget Manager Approval(s)		0
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*		
00	Approval Date*	
Belinda Stude	6/8/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0730 Contractor Name* Texas Textiles Services, LTD Service Provided* (?) Linen and laundry services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock. Renewal Term Start Date* Renewal Term End Date* 9/1/2024 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes ○ No Unknown

Contract NTE* (?) \$ 60,191.86	
Rate(s)/Rate(s) Description	
As outlined in RFQ recommendations	
Unit(s) Served*	
6500, 9403, 9407, 9261, 9264, 9501,9502, 9267	
G/L Code(s)* 543032	
Current Fiscal Year Purchase Order Number* CT143415	
Contract Requestor* Priscilla Ramirez	
Contract Owner*	
Kim Kornmayer	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	Ó
Have there been any significant performance deficiencies within the current fiscal year? *	
Yes No	
Were Services delivered as specified in the contract?*	
⊚ Yes ⑤ 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 rende Agency? $^{\star}(?)$	ring services for the
● 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	<u> </u>

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9403 \$ 15,847.00 543032

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9261 \$ 10,565.00 543032

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9264 \$ 3,962.00 543032

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9501 \$ 4,402.00 543032

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9502 \$ 4,842.00 543032

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.*

9267 \$ 3,522.00 543032

Budget Manager * Secondary Budget Manager *

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

9405 \$ 3,521.00 543032

Budget Manager* Secondary Budget Manager*

Ramirez, Priscilla Puente, Giovanni

Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. *

6500 \$ 11,843.38 543032

Budget Manager* Secondary Budget Manager*

Williams-Wesley, Sheenia Adams, Betty

Provide Rate and Rate Descriptions if applicable * (?)

As outlined in current agreement for year 2.

Project WBS (Work Breakdown Structure) * (?)

n/a

Fiscal Year* (?)	Amount* (?)	
2025	\$ 58,504.38	
	annellini na Al-Care (an Care) and Care) and an exercise and a service of the care of the	anciental Desilbert (enn destata) i prodesti introducirale tenn destata ancienta interessa.
Next Fiscal Year Not to Exceed Amount for Master P	ooled Contracts	
Contract Funding Source*		
State Grant		
Contract Content Changes		<u> </u>
Are there any required changes to the contract lange	uage?* (?)	
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 document	ation?*
⊚ Yes ◉ No		
File Upload (?)		
Contract Owner		○
Contract Owner* (?)		
Please Select Contract Owner		
Kim Kornmayer		
Budget Manager Approval(s)		<u> </u>
Approved by	Approved by	
Priscitta M. Ramirez	Sheenia Williams-Westey	
Contract Owner Approval		
Approved by		
Kin KORNMAYER		
Contracts Approval		
	andrewene in the second second is and the second	

Approve*

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

Approved by *

Belinda Studo

Approval Date*
6/12/2024

Annual Renewal Evaluation **Current Fiscal Year Contract Information** Select Header For This Contract* CPEP/Crisis Services **Current Fiscal Year** 2024 Contract ID#* 7848 Contractor Name* X-Ray Mobile Texas, Inc. Renewal Term Start Date Renewal Term End Date 9/1/2024 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease

Other

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

- Yes
- No
- Unknown

Renewal of Existing Contract

Contract NTE * (?) \$ 13,849.99	
Rate(s)/Rate(s) Description Total Cost of X-Ray: \$150.00; Cost of X-ray Interpretation: \$0.00; stat fee: \$25.00; Afterhours/Weekend/Holiday. fee: \$50.00; Set-up fee per Procedure: \$0.00	
Unit(s) Served* 9403, 9407, 9261, 9264, 9501, 9205, 9209, 9502, 9267	
G/L Code(s)* 543031	
Current Fiscal Year Purchase Order Number* CT143216	
Contract Requestor* Patricia Singh	
Contract Owner* Kim Kornmayer	
File Upload (?) EXHIBIT A1 - X-RAY MOBILE TEXAS.pdf 1.27MB	
Evaluation of Current Fiscal Year Performance	⊙
Have there been any significant performance deficiencies within the current fiscal Yes No	al year?*
Were Services delivered as specified in the contract?* Yes No	
Did Contractor perform duties in a manner consistent with standards of the profe	ession?*
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 sp. Agency?* (?)	ent rendering services for the
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	<u> </u>
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No	

Budget Units and Amo	unts Charged to ea	ach Budge	t Unit
Budget Unit Number*	Amount Charged \$ 8,200.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Oshman, Jodel		Secondary Bu	udget Manager* illa
Budget Unit Number* 9209	Amount Charged \$ 1,100.00	to Unit*	Expense/GL Code No. * 543031
Budget Manager* Oshman, Jodel		Secondary Bu Ramirez, Prisc	udget Manager* illa
Budget Unit Number* 9403	Amount Charged \$ 1,890.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number* 9405	Amount Charged \$ 1,260.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number* 9407	Amount Charged \$ 450.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number*	Amount Charged \$ 150.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number*	Amount Charged \$ 300.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number* 9267	Amount Charged \$ 300.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager* nni
Budget Unit Number* 9264	Amount Charged \$ 1,250.00	to Unit*	Expense/GL Code No.* 543031
Budget Manager* Ramirez, Priscilla		Secondary Bu	udget Manager*

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 350.00	543031
Budget Manager*	Secondary	Budget Manager*
Ramirez, Priscilla	Puente, Gio	vanni
	international personal and relative to the state of the s	
Provide Rate and Rate Descript		
See EXHIBIT A1 - X-RAY MOBILE	E TEXAS.pdf	
Project WBS (Work Breakdown	Structure) (?)	
na		
Fiscal Year* (?)	Amount*	2)
2025	\$ 15,250.00	
Next Fiscal Year Not to Exceed and Contract Funding Source*	Amount for Master Pooled Contrac	ts
General Revenue (GR)		
Contract Content Chang	nes	
Are there any required changes	to the contract language?* (?)	
Will the scope of the Services c	hange?*	
Yes No		
Is the payment deadline differer	nt than net (45)?*	
Yes No		
Are there any changes in the Pe	erformance Targets?*	
○ Yes ⊙ No		
Are there any changes to the Si	ubmission deadlines for notes or s	upporting documentation?*
Yes No	abilition of a cadallico for flotoe of c	appointing accumentation.
File Upload (?)		
The Opioad (1)		
Contract Owner		Ô.
Contract Owner* (?)		
Please Select Contract Owner		
Kim Kornmayer		
Budget Manager Appro	val(s)	
Approved by	Approved I	ру
Todel Oshman	Prise	citta M. Ramirez

Contract Owner Approval		0
Approved by		
Kin Kop NMAYER		
Contracts Approval	A TOLERANDO AND	<u> </u>
Approved by		
	Approval Date	
Belinda Stude	6/12/2024	
Final Board Report Comments		0
Service Provided (?)		
Mobile X-Ray Services.		
Product/Service Description		
Mobile X-Ray Services		
Revised Comments For Board Report*		
Annual renewal of Agreement to provide Mobil	e X-Ray Services.	
Exclude this Renewal from Board Report?*		
Yes		
No		

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
7717	
Contractor Name*	
Lanier Parking Meter Services, LLC D/B/A REEF Park	
Service Provided* (?)	
Month-to-Month Parking Lease for Spaces at 1200 Bak	xer Street.
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (2)	
	250 000 00)
Information Only (Total NTE Amount is Less than \$2	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment#	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	or more)
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	or more) Competitive Proposal
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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	Competitive Proposal Sole Source
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 or 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	Competitive Proposal Sole Source Request for Qualification Tag-On
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 or 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant New Contract/Agreement
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant
Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant New Contract/Agreement Amendment to Existing Contract
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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other None Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

YesNoUnknown

Contract NTE * (?) \$ 84,000.00
Rate(s)/Rate(s) Description
\$70 per parking space; 100 parking spaces
Unit(s) Served* 6202
G/L Code(s)* 544005
Current Fiscal Year Purchase Order Number* FY24 PO CT143137
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?* No 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?* (?) (e) Yes (ii) 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 Cha	rged to each Budget	Unit
		unt Charged to Unit*	Expense/GL Code No.* 544005
	Budget Manager* Williams-Wesley, Sheenia	Secondary Bud Jiles, Monalisa	lget Manager*
	Provide Rate and Rate Descriptions if appl \$70 per parking space per month with up to 1		
	Project WBS (Work Breakdown Structure)	* (?)	
	Fiscal Year* (?) 2025	Amount* (?) \$ 84,000.00	
	Next Fiscal Year Not to Exceed Amount for		
	Contract Funding Source* County Contract Content Changes		
	Are there any required changes to the con Yes No	tract language?* (?)	
	Will the scope of the Services change?*		
	Is the payment deadline different than net Yes No	(45)?*	
	Are there any changes in the Performance Yes No	Targets?*	
	Are there any changes to the Submission of Yes No	deadlines for notes or supp	orting documentation?*
	File Upload (?)		
-	Contract Owner		<u></u>
	Contract Owner* (?) Please Select Contract Owner Monalisa Jiles		
-	Budget Manager Approval(s)		6

Approved by		
Succeia Wittiams-Westey		
Contract Owner Approval		0
Approved by		
Monalisa Tiles		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/8/2024	

Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Other Renewal of Existing Contract Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes O No

Unknown

Contract NTE* (?) \$ 15,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* 6500
G/L Code(s)* 6500
Current Fiscal Year Purchase Order Number* CT143179
Contract Requestor* Angela Babin
Contract Owner* Monalisa Jiles
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* No Yes No
Were Services delivered as specified in the contract?* No No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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 ⑤ 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 Amou	unts Charged to ea	ch Budget l	Jnit
Budget Unit Number*	Amount Charged t \$ 40,000.00	o Unit*	Expense/GL Code No.* 547003
Budget Manager* Williams-Wesley, Sheenia		Secondary Budg Adams, Betty	get Manager*
Provide Rate and Rate Descrip	tions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 40,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pool	ed Contracts	
Contract Funding Source* County			
Contract Content Chan	ges		•
Are there any required change	s to the contract languag	e?* (?)	
Will the scope of the Services (Yes No	change?*		
Is the payment deadline differe	ent than net (45)?*		
Are there any changes in the P	erformance Targets?*		
Are there any changes to the S	ubmission deadlines for	notes or suppo	rting documentation?*
File Upload (?)			
Contract Owner		ak di dan mandi mada	⊙
Contract Owner* (?) Please Select Contract Owner			
Monalisa Jiles Budget Manager Appro	val(s)		•

Approved by		
Sheenia Williams-Wesley		
Contract Owner Approval		0
Approved by		
Monatisa Tites		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
ippiorou by	Approval Date*	
Belinda Stude	6/8/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2024-0837 Contractor Name* Ambur L. Copland Service Provided* (?) Provide Respite and CFC services to a waiver individual. Renewal Term End Date* Renewal Term Start Date* 9/1/2024 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes ● No Unknown

Contract NTE* (?) \$ 13,202.00		
Rate(s)/Rate(s) Description 543009 \$8,050.00 ;543005 \$5,152.00		
Unit(s) Served* 3585		
G/L Code(s)* 543009 / 543005		
Current Fiscal Year Purchase Order N CT143581	lumber*	
Contract Requestor* Rosa Wells		
Contract Owner* Dr. Evanthe Collins		
File Upload (?)		
Evaluation of Current Fiscal	Year Performance	O
Have there been any significant performance of the Have there been any significant performance.	rmance deficiencies within the current fis	scal year?*
Were Services delivered as specified in Yes No	in the contract?*	
Did Contractor perform duties in a ma • Yes No	anner consistent with standards of the pro	ofession?*
Did Contractor adhere to the contractor Yes No	ed schedule?* (?)	
Were reports, billing and/or invoices s ● Yes ⊜ No	submitted in a timely manner?* (?)	
Did Contractor provide adequate or provide Agency?* (?)	roper supporting documentation of time s	spent rendering services for the
● Yes ○ No		
Did Contractor render services consis	stent with Agency policy and procedures	?* (?)
Yes No		
Maintained legally required standards ● Yes ● No	for certification, licensure, and/or trainin	g ?* (?)
Renewal Determination		Ô
Is the contract being renewed for next • Yes • No	t fiscal year with this Contractor?* (?)	
Renewal Information for Nex	kt Fiscal Year	•

Budget Units and Amo	unts Charged to e	ach Budge	t Unit
Budget Unit Number*	Amount Charged \$ 9,430.00	I to Unit*	Expense/GL Code No.* 543005
Budget Manager* Johnson, Kenyonika		Secondary Bu Kerlegon, Char	udget Manager* rles
Budget Unit Number* 3585	Amount Charged \$ 20,332.00	I to Unit*	Expense/GL Code No.* 543009
Budget Manager* Johnson, Kenyonika		Secondary Bu Kerlegon, Char	udget Manager* rles
Provide Rate and Rate Descrip			
Project WBS (Work Breakdown N/A	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 29,762.00	
Contract Funding Source* State Contract Content Char		oled Contracts	•
Are there any required change	s to the contract langua	ge?* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference. Yes No	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S	Submission deadlines fo	or notes or sup	porting documentation?*
File Upload (?)			
Contract Owner			⊘
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins			

Budget Manager Approval(s)		Ô
Approved by		
Kenyonika Tohuson		
Contract Owner Approval		<u></u>
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
• Yes		
No, reject entire submission Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/12/2024	

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on 🧸
Current Fiscal Year	
2024	
Contract ID#*	
2022-0547	
Contractor Name *	
Clarissa F. Smith	
Service Provided* (?)	
Providing CFC PS/HAB Services for Waiver Individuals	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	o
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	✓ Consumer Driven☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 9,970.00	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
3585 G/L Code(s)*	
543005	
Current Fiscal Year Purchase Order Number* CT143265	
Contract Requestor*	
Alicia Wilson	
Contract Owner* Dr. Evanthe Collins	
File Upload (?)	
Evaluation of Current Fiscal Year Perfo	
Yes No	
Were Services delivered as specified in the contrac • Yes • No	1?*
Did Contractor perform duties in a manner consiste ■ Yes □ No	ent with standards of the profession?*
Did Contractor adhere to the contracted schedule? Yes No	* (?)
Were reports, billing and/or invoices submitted in a • Yes • No	timely manner?* (?)
Did Contractor provide adequate or proper support Agency?* (?)	ing documentation of time spent rendering services for the
Yes No	
Did Contractor render services consistent with Age • Yes • No	ncy policy and procedures?* (?)
Maintained legally required standards for certificati Yes No	on, licensure, and/or training?* (?)
Renewal Determination	
Is the contract being renewed for next fiscal year w • Yes • No	ith this Contractor?* (?)
Renewal Information for Next Fiscal Ye	ear 🔿

Budget Units and Amo	ounts Charged to each Budge	et Unit
Budget Unit Number* 3585	Amount Charged to Unit* \$ 11,465.50	Expense/GL Code No.* 543009
Budget Manager*	Secondary B	sudget Manager*
Johnson, Kenyonika	Kerlegon, Cha	arles
Provide Rate and Rate Descrip		
11.50 per hourly rate for CFC Se	ervices	
Project WBS (Work Breakdow	n Structure)* (?)	
N/A		
Fiscal Year* (?)	Amount* (?)	SANNA CH. MICHIGARAIGH GAI GAIGH GAIGH GAIGH AN
2025	\$ 11,465.50	
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contracts	
Contract Funding Source*		
State		
Contract Content Char	nges	
Are there any required change	es to the contract language?* (?)	
○ Yes ● No	es to the contract language: (4)	
Will the scope of the Services	ahanga2*	
Yes No	change?	

Is the payment deadline differ Yes No	ent than net (45)?"	
Are there any changes in the I	Performance Targets?*	
Yes No		
Are there any changes to the	Submission deadlines for notes or sup	oporting documentation?*
Yes No		
File Upload (?)		
Contract Owner		<u> </u>
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Appro	oval(s)	Á
Dudget Manager Appl	SVAI(S)	

Approved by		
Kenyonika Tohnson		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2022-0439 Contractor Name* Josefa Yanez Hernandez Service Provided * (?) Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Renewal Term Start Date* Renewal Term End Date* 9/1/2024 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 Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes O No Unknown

Contract NTE* (?) \$ 21,500.00		
Rate(s)/Rate(s) Description \$10.00 per hour		
Unit(s) Served* 3585		
G/L Code(s)* 543005, 543009		
Current Fiscal Year Purchase Order Number*		
Contract Requestor* Alicia Wilson		
Contract Owner* Dr. Evanthe Collins		
File Upload (?)		
Evaluation of Current Fiscal Year Po	erformance	<u> </u>
Have there been any significant performance d	eficiencies within the current fisca	I year?*
Were Services delivered as specified in the con Yes No 	ntract?*	
Did Contractor perform duties in a manner cons ● Yes ● No	sistent with standards of the profe	ssion?*
Did Contractor adhere to the contracted schede Yes No	ule?* ^(?)	
Were reports, billing and/or invoices submitted • Yes • No	l in a timely manner?* (?)	
Did Contractor provide adequate or proper sup	oporting documentation of time spe	ent rendering services for the
Yes No		
Did Contractor render services consistent with Yes No	Agency policy and procedures?*	(?)
Maintained legally required standards for certif Yes No	fication, licensure, and/or training?	* (?)
Renewal Determination		⊙
Is the contract being renewed for next fiscal ye Yes No	ear with this Contractor?* (?)	
Renewal Information for Next Fisca	l Year	

Budget Unit Number* 3585	Amount Charged \$ 9,648.50	to Unit*	Expense/GL Code No.* 543005
	ti mata seatas		
Budget Manager*		Secondary Bud	
Johnson, Kenyonika		Kerlegon, Charle	es
Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
3585	\$ 23,920.00		543009
Budget Manager*		Secondary Bud	lget Manager*
Johnson, Kenyonika		Kerlegon, Charle	
Provide Rate and Rate Descriptions	s if applicable * (?)		
11.50 per hourly rate for CFC and Res	2. 5		
Project WBS (Work Breakdown Str	ucture) " (?)		
N/A			
_ * * * *			
Fiscal Year* (?)		Amount* (?)	
2025		\$ 33,568.50	
Next Fiscal Year Not to Exceed Am	ount for Master Poo	led Contracts	
Contract Funding Source*			
State			
Contract Content Changes			<u>^</u>
and the second		Com Charles and and had	
Are there any required changes to	the contract languag	ge?* (?)	
Will the scope of the Services char	nge?*		
○ Yes ◉ No	.501		
Is the payment deadline different the	nan net (45)?*		
○ Yes No			W
Are there any changes in the Perfo	rmance Targets?*		
○ Yes ● No			
Are there any changes to the Subm	nission deadlines for	r notes or sunn	orting documentation2*
Yes No	nssion deadines to	notes of supp	orting documentation.
File Upload (?)			
Contract Owner			
	en in en		
Contract Owner* (?)			
Please Select Contract Owner			

Budget Manager Approval(s)		<u> </u>
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		<u> </u>
Approved by		
Evanthe Collins		
Contracts Approval		Salar and the sa
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/13/2024	
Wanna Came		
Quina Giua		

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moran ma	(यस (अस्तास्तास्त अस्ता)

Mental Health and IDD	
Current Fiscal Year Contract Informati	ion
Current Fiscal Year	
2024	
0	
Contract ID#*	
2022-0441	
Contractor Name*	
KATIA RUBI LEMUS	
Service Provided * (?)	
Community First Choice (CFC) - Personal Assistance and Respite	Services/Habilitation (PAS/HAD)
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
◎ No	
Unknown	

Contract NTE * (?)	
\$ 25,910.00	
Rate(s)/Rate(s) Description	
\$10.00 per hour for Respite and CFC	
Unit(s) Served*	
3585	
G/L Code(s)*	
543005, 543009	
Current Fiscal Year Purchase Order Number*	
CT143269	
Contract Requestor*	
Alicia Wilson	
Contract Owner*	
Dr. Evanthe Collins	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Evaluation of Current Fiscal Teal Ferformance	
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ⑥ No	
Were Services delivered as specified in the contract?*	
⊚ Yes ⑤ 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	
Renewal Determination	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
● Yes ⊕ No	
Renewal Information for Next Fiscal Year	1000

Budget Units and Amo	unts Charged to ea	ach Budge	t Unit	
Budget Unit Number* 3585	Amount Charged \$ 9,602.50	to Unit*	Expense/GL C 543005	ode No.*
Budget Manager* Johnson, Kenyonika		Secondary Bu Kerlegon, Cha	udget Manager* rles	
Budget Unit Number* 3585	Amount Charged \$ 17,940.00	to Unit*	Expense/GL C 543009	ode No.*
Budget Manager* Johnson, Kenyonika		Secondary Bu Kerlegon, Cha	udget Manager* rles	
Provide Rate and Rate Descrip				
Project WBS (Work Breakdown N/A	n Structure)* (?)			
Fiscal Year* (?) 2025		Amount* (?) \$ 27,542.50		
Next Fiscal Year Not to Exceed	Amount for Master Poo	led Contracts		
Contract Funding Source* State				
Contract Content Chan	ges			Ó
Are there any required change Yes No	s to the contract langua	ge?* (?)		
Will the scope of the Services	change?*			
Is the payment deadline differe	ent than net (45)?*			
Are there any changes in the P Yes No	erformance Targets?*			
Are there any changes to the S Yes No	ubmission deadlines fo	notes or sup	porting documentation	on?*
File Upload (?)				
Contract Owner				O
Contract Owner* (?)				
Please Select Contract Owner Dr. Evanthe Collins				

Budget Manager Approval(s)		
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		0
Approved by		
Evantho Collins		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Approved by *	*	
Belinda Stude	Approval Date* 6/12/2024	
wainin Jimo	U I L L U L T	

HARRIS CENTER JOS

Annual Renewal Evaluation

Mental Health and IDD		
	THE THE PARTY OF T	
Current Fiscal Year Contract Informati	on	
Current Fiscal Year		
2024		
Contract ID#*		
2022-0442		
Contractor Name*		
Maria Cervantes		
Service Provided* (?)		
The provider will provide mental health and IDD Respi	te and/ or Community First Choice	
Personal Assistance/Habilitation services (CFC PAS/B		
Renewal Term Start Date*	Renewal Term End Date*	
9/1/2024	8/31/2025	
Town for 0# 0 als 0 als (5 - 5)		
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	Competitive Proposal	
Request for Proposal	☐ Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal		
Not Applicable (If there are no funds required)	☐ Other	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA Pooled Contract	☐ IT/Software License Agreement	
Renewal of Existing Contract Renewal of Existing Contract	☐ Lease ☐ Other	
Noneward Chaining Contract	Other	
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)	
○ Yes		
⊚ No		
Unknown		

Contract NTE* (?)	
\$ 24,460.00	
Rate(s)/Rate(s) Description	
\$10.00 per hour for individuals with LON 1 & 5 \$10.00 per hour for individuals with LON 8 & 6 \$10.00 per hour for up to 10 hours in a 24-hour period (Out of Home Respite)	
Unit(s) Served* 3585	
G/L Code(s)*	
543009, 543005	
Current Fiscal Year Purchase Order Number*	
CT143173	
Contract Requestor*	
Alicia Wilson	
Contract Owner*	
Dr. Evanthe Collins	
File Upload (?)	
	发展的
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?*	
Were Services delivered as specified in the contract?*	*
Were Services delivered as specified in the contract?*	*
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	*
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?* (?)	*
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 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?*(?)	*
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	
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?*(?)	
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 rend	
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 rend Agency?*(?)	
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 rend Agency?*(?) Yes No	
Were Services delivered as specified in the contract?* 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 rend Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) 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 rend 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?*(?)	
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 rend 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	
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 rend 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?*(?)	
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 rend 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 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.* 543005 3585 \$ 9,591.00 Secondary Budget Manager* Budget Manager* Kerlegon, Charles Johnson, Kenyonika Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* \$ 22,425.00 543009 Budget Manager* Secondary Budget Manager* Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) 11.50 per hourly rate for CFC and Respite Services Project WBS (Work Breakdown Structure) * (?) N/A Fiscal Year* (?) Amount* (?) \$ 32,016.00 2025 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?* 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)		o
Approved by		
Kenyonika Tohuson		
Contract Owner Approval		•
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
No, reject entire submissionReturn for correction		
Approved by *	*******	
Belinda Stude	Approval Date* 6/13/2024	
Deunaa Stuae	0/13/2024	

HARRIS CENTER for

Annual Renewal Evaluation

Current Fiscal Year Contract Informat	ion
Current Fiscal Year	
2024	
Contract ID#*	
7743	
Contractor Name *	
Mental Health America of Greater Houston, Inc	
Service Provided* (?)	
Oversight of Veterans Peer Support Processes in Har	ris County.
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
	0.01.2020
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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Dun	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
® No	
Unknown	

Contract NTE* (?)		
\$ 99,286.00		
Rate(s)/Rate(s) Description		
Unit(s) Served*		
2200		
G/L Code(s)*		
543053		
Current Fiscal Year Purchase Order Number*		
FY24 Po CT143192		
Contract Requestor*		
Sandra Brock		
Contract Owner*		
Lance Britt		
File Upload (?)		
Evaluation of Current Fiscal Year Pe	erformance	⊘
Management de reconstruction de la construction de		*
Have there been any significant performance de Yes No	eficiencies within the current f	iscal year?"
Were Services delivered as specified in the conf	tract? ^	
Yes No		
Did Contractor perform duties in a manner cons	sistent with standards of the p	rofession?*
Yes No		
Did Contractor adhere to the contracted schedu	ıle?* ^(?)	
Yes No		
Were reports, billing and/or invoices submitted	in a timely manner?* (?)	
Yes No		
Did Contractor provide adequate or proper supp Agency?* (?)	porting documentation of time	spent rendering services for the
Yes No		
Did Contractor render services consistent with	Agency policy and procedures	s ?* (?)
● Yes ○ No		
Maintained legally required standards for certifi	ication, licensure, and/or traini	ing ?* (?)
Yes No		
Renewal Determination		⊙
Is the contract being renewed for next fiscal year	ar with this Contractor?* (?)	
Yes No		
Renewal Information for Next Fiscal	l Year	<u> </u>

Budget Units and Amou	nts Charged to each Buc	lget Unit
Budget Unit Number*	Amount Charged to Unit* \$ 99,286.00	Expense/GL Code No.* 543053
Budget Manager* Shelby, Debbie	Secondar Hooper Jr.	y Budget Manager* , Michael
Provide Rate and Rate Descript	ons if applicable * (?)	
Project WBS (Work Breakdown	Structure) * (?)	
NA		
Fiscal Year* (?)	Amount*	(?)
2025	\$ 99,286.0	
Are there any required changes Yes No Will the scope of the Services of Yes No	to the contract language?* (?)	
Is the payment deadline differer Yes No	nt than net (45)? ^	
Are there any changes in the Pe	erformance Targets?*	
Are there any changes to the Su Yes No	ubmission deadlines for notes or	supporting documentation?*
File Upload (?)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Appro-	val(s)	

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		n,
Approved by		
Lauce Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

Current Fiscal Year Contract Informatio	on (
Current Fiscal Year	
2024	
Contract ID#*	
7522	
Contractor Name *	
NAMI Greater Houston	
Service Provided* (?)	
ease Agreement: The Harris Center provides space to and support services to consumers and their families.	o NAMI in exchange for educational
Renewal Term Start Date*	Renewal Term End Date*
5/31/2024	5/31/2024
Term for Off-Cycle Only (For Reference Only)	
Annual Many Colonia Mand France	
Agenda Item Submitted For: (?)	252 200 200
 Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 	
Grant Proposal	of more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Lease
Benewal of Existing Confract	Other Other
Tellewal of Existing Contract	
/endor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
	iness (HUB) (?)

Renewal Information for Next Fiscal Year	⊙
Yes No	
Is the contract being renewed for next fiscal year with this Contractor?* (?)	
Renewal Determination	<u> </u>
Maintained legally required standards for certification, licensure, and/or training Yes No	3. 5 (5)
Yes No	2 * (2)
Did Contractor render services consistent with Agency policy and procedures?	* (?)
Yes No	
Did Contractor provide adequate or proper supporting documentation of time s Agency? * (?)	pent rendering services for the
e Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes No	
Did Contractor adhere to the contracted schedule?* (?)	
Did Contractor perform duties in a manner consistent with standards of the pro Yes No	fession?*
● Yes ● No	
Were Services delivered as specified in the contract?*	
○ Yes ● No	
Evaluation of Current Fiscal Year Performance Have there been any significant performance deficiencies within the current fisc	cal year?*
File Upload (?)	
Contract Owner* Lance Britt	
Lance Britt	
Contract Requestor*	
Current Fiscal Year Purchase Order Number* NA	
G/L Code(s)* 408000	
1119	
Unit(s) Served*	
Rate(s)/Rate(s) Description	
\$ 0.00	
Contract NTE* (?)	

Budget Units and Amoun	ts Charged to each Budge	et Unit
Budget Unit Number* 3360	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 555000
Budget Manager* Smith, Janai	Secondary B Hooper Jr., M	udget Manager* ichael
Provide Rate and Rate Descriptio	ns if applicable* (?)	
n/a		
Project WBS (Work Breakdown S	tructure)* (?)	
n/a		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 0.00	
Next Fiscal Year Not to Exceed A	mount for Master Pooled Contracts	
Contract Funding Source*		
General Revenue (GR)		
Contract Content Change	es	O
Are there any required changes to	o the contract language?* (?)	
Yes No		
Will the scope of the Services cha	ange?*	
Yes No	134	
Is the payment deadline different	than net (45)?*	
● Yes ● No		
Are there any changes in the Perf	formance Targets 2*	
Yes No	offinance rargets?	
		*
Yes No	mission deadlines for notes or sup	oporting documentation?
File Upload (?)		
Contract Owner		⊙
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Approva	al(s)	<u> </u>

Approved by		
Ricardo Campbell		
Contract Owner Approval		٥
Approved by		
Lance Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission Return for correction		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/7/2024	

Markis Annual Renewal Evaluation

Current Fiscal Year Contract Informati	on C
Current Fiscal Year	
2024	
Contract ID#*	
021-0170	
contractor Name*	
rosumers	
ervice Provided* (?)	
consultation and training services for the developmen impowerment Group in Harris County	t and implementation of a Consumer
tenewal Term Start Date*	Renewal Term End Date *
/1/2024	8/31/2025
	3.0 112020
erm for Off-Cycle Only (For Reference Only)	
genda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$	250.000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
ontract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
endor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE * (?) \$ 18,000.00		
Rate(s)/Rate(s) Description		
Unit(s) Served* 2200		
G/L Code(s)* 542000		
Current Fiscal Year Purchase Order Numbe	r*	
Contract Requestor* Lance Britt		
Contract Owner* Lance Britt		
File Upload (?)		
Evaluation of Current Fiscal Year	r Performance	<u> </u>
Have there been any significant performance Yes No	ce deficiencies within the current	fiscal year?*
Were Services delivered as specified in the	contract?*	
Yes No		
Did Contractor perform duties in a manner Yes No	consistent with standards of the p	profession?*
Did Contractor adhere to the contracted sci	hedule?* (?)	
Were reports, billing and/or invoices submi	itted in a timely manner?* (?)	
⊚ Yes ⊚ No		
Did Contractor provide adequate or proper Agency?* (?)	supporting documentation of time	e spent rendering services for the
Yes No		
Did Contractor render services consistent v	with Agency policy and procedure	s?* (?)
Yes No		
Maintained legally required standards for co	ertification, licensure, and/or train	ing?* (?)
Renewal Determination		<u>~</u>
Is the contract being renewed for next fiscal Yes No	al year with this Contractor?* (?)	
Renewal Information for Next Fis	scal Year	<u> </u>

Budget Units and Amou	nts Charged to each Bu	udget Unit
Budget Unit Number* 2200	Amount Charged to Unit	Expense/GL Code No.* 542000
Budget Manager* Shelby, Debbie		ary Budget Manager* Jr., Michael
Provide Rate and Rate Descript	ions if applicable * (?)	
Project WBS (Work Breakdown n/a	Structure) * (?)	
Fiscal Year* (?)	Amoun	* (?)
2025	\$ 18,000	
General Revenue (GR) Contract Content Change Are there any required changes Yes No Will the scope of the Services of Yes No	to the contract language?* (?)	
Is the payment deadline difference of Yes No	nt than net (45)?*	
Are there any changes in the Pe	erformance Targets?*	
Yes No		
Are there any changes to the Su Yes No File Upload (?)	ubmission deadlines for notes o	or supporting documentation?*
rile opioad (?)		
Contract Owner		•
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Approv	val(s)	◇

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		0
Approved by		
Lauce Britt		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

Minnes Annual Renewal Evaluation

Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
6536	
5536	
Contractor Name*	
Teladoc Health, Inc. (fka MyStrength, Inc.)	
Service Provided * (?)	
Mental Health Web Based Mobile Application Software	e for a Consumer hehavioral health
and wellness program.	e for a Consumer behavioral nearth
Renewal Term Start Date*	Renewal Term End Date*
4/1/2024	3/31/2025
77 1720271	5/3 1/2023
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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
/endor/Contractor a Historically Underutilized Bus	siness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE * (?)	
\$ 42,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2212	
G/L Code(s)* 553002	
Current Fiscal Year Purchase Order Number* FY23 PO CT143591	
Contract Requestor* Chekesha Govan	
Contract Owner* Lance Britt	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ● No	
Were Services delivered as specified in the contract?*	
Yes No 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 render Agency?* (?)	ering services for the
⊚ Yes ⊚ No	
Did Contractor render services consistent with Agency policy and procedures?* (?) 9 Yes No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Yes No	
Renewal Determination	ô
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No	
Renewal Information for Next Fiscal Year	

Budget Units and Amoun	ts Charged to each E	Budget Unit		
Budget Unit Number* 2212	Amount Charged to Uni \$ 42,000.00	t* Expens	se/GL Code No.*	
Budget Manager* Shelby, Debbie		ndary Budget Manage r Jr., Michael	er*	
Provide Rate and Rate Description	ns if applicable * (?)			
0.00				
Project WBS (Work Breakdown St	tructure)* (?)			
0.00				
* * * * * * * * * * * * * * * * * * *	Amou	* (2)		
Fiscal Year* (?)	\$ 42,0			
2025	\$ 42,0	00.00		
Next Fiscal Year Not to Exceed Ar	mount for Master Pooled Co	entracts		
Contract Funding Source*				
State Grant				
Contract Content Change	es			•
Are there any required changes to	o the contract language?*	?)		
Yes No				
Will the scope of the Services cha	ange?*			
Yes No				
Is the payment deadline different	than net (45)?*			
Yes No	than not (10).			
Are there any changes in the Perf	iarmanaa Tarrata3*			
Yes No	offilance rargets?			
			*	
Are there any changes to the Sub	mission deadlines for notes	or supporting docu	mentation?"	
Yes No				
File Upload (?)				
			11/4.34	
Contract Owner				0
Contract Owner* (?)				
Please Select Contract Owner				
Lance Britt				
Budget Manager Approva	al(s)			<u> </u>
		Commission of the Commission o	tim die salie verme datum in mende time.	

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		<u> </u>
Approved by		
Lance Britt		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

HARRIS CENTER for

Mental Hearn and 1919	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
7566	
Contractor Name*	
The Furniture Bank	
Service Provided * (?)	
Furniture Voucher Services for Consumers	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
5,112024	0.0 1.2020
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	
Grant Proposal	of motoly
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	☐ Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 80,000.00
Rate(s)/Rate(s) Description \$200.00 per Consumer served on a monthly basis
Unit(s) Served* 2200
G/L Code(s)* 595000
Current Fiscal Year Purchase Order Number* CT143512
Contract Requestor* Lance Britt
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?* (?) No 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 Amou	nts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit* \$ 80,000.00	Expense/GL Code No.* 595009
Budget Manager* Shelby, Debbie	Secondary Bu Hooper Jr., Mic	dget Manager* hael
Provide Rate and Rate Descript	ions if applicable * (?)	
n/a		
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*		
State		
Contract Content Chang	jes	•
Are there any required changes	to the contract language?* (?)	
Yes No		
Will the scope of the Services c	hange?*	
Yes No		
Is the payment deadline differer	at than not (4E)2*	
Yes No	it than het (45)?	
Are there any changes in the Pe	erformance Targets?"	
	ubmission deadlines for notes or supp	porting documentation?*
Yes No		
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Appro	val(s)	

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		Ó
Approved by		
Lauce Britt		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 7840 Contractor Name* Treatment Advocacy Center Service Provided* (?) Will provide training, technical, and collaborative assistance to The Agency staff for one year to establish and maintain a successful and sustainable AOT program. Renewal Term Start Date* Renewal Term End Date* 8/1/2024 7/31/2025 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Grant Related Agreement Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) No Unknown

Contract NTE* (?) \$ 5,000.00	
Rate(s)/Rate(s) Description	
Unit(s) Served* 2200	
G/L Code(s)* 549005	
Current Fiscal Year Purchase Order Number* FY24 PO CT143116	
Contract Requestor* Lance Britt	
Contract Owner* Lance Britt	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	•
Have there been any significant performance deficiencies within the current fiscal ye	ar?*
Were Services delivered as specified in the contract?* No	
Did Contractor perform duties in a manner consistent with standards of the profession. Yes No	on?*
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 of Agency?* (?)	rendering services for the
Yes No	
Did Contractor render services consistent with Agency policy and procedures?* (?) (*) Yes (*) No	
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination	⊙
Is the contract being renewed for next fiscal year with this Contractor?* (?) • Yes • No	
Renewal Information for Next Fiscal Year	<u> </u>

Budget Units and Amou	nts Charged to each Budg	et Unit
Budget Unit Number* 2200	Amount Charged to Unit* \$ 5,000.00	Expense/GL Code No.* 549005
Budget Manager* Shelby, Debbie	Secondary Hooper Jr., I	Budget Manager* Michael
Provide Rate and Rate Descripti	ions if applicable* (?)	
n/a		
Project WBS (Work Breakdown	Structure)* (?)	
n/a		
Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contrac	ts
Contract Funding Source*		
State		
Contract Content Chang	jes	<u></u>
Are there any required changes Yes No	to the contract language?* (?)	
Will the scope of the Services c	hange?*	
Yes No		
Is the payment deadline differer	nt than net (45)?*	
Yes No		
Are there any changes in the Pe	erformance Targets?*	
Yes No		
Are there any changes to the Su	ubmission deadlines for notes or su	upporting documentation?*
Yes No		4.76.45.44.4.6
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Lance Britt		
Budget Manager Approv	val(s)	<u> </u>

Approved by		
Debbie Chambers Shelby		
Contract Owner Approval		٥
Approved by		
Lance Britt		
Contracts Approval		
Contracts Approval		
Approve*		
Approve* Yes		
Approve* Yes No, reject entire submission Return for correction		
Approve* Yes No, reject entire submission	Approval Date*	
Approve* Yes No, reject entire submission Return for correction Approved by*	Approval Date*	
Approve* Yes No, reject entire submission Return for correction		

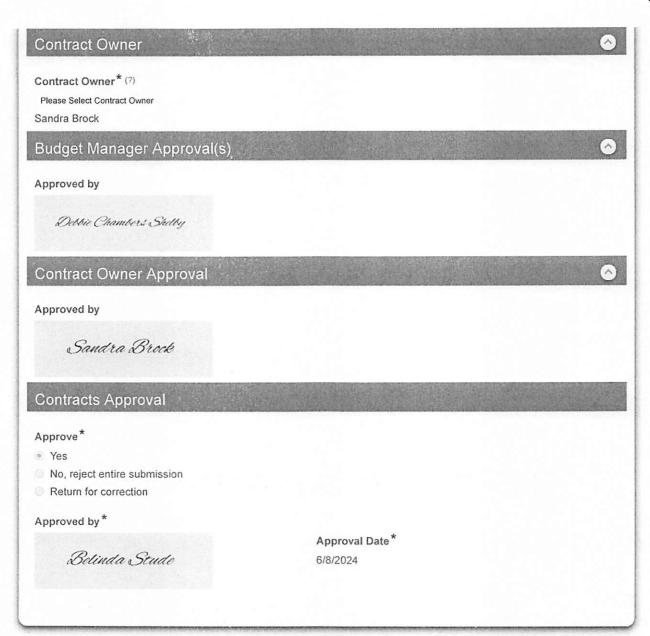
HARRIS CENTER for

Current Fiscal Year Contract Inforr	mation
Current Fiscal Year	
2024	
Contract ID#*	
2022-0538	
Contractor Name*	
√eriCorp	

Service Provided* (?)	
Service Agreement for Tenant Screening Service Project Rental Assistance Housing Program.	s for individuals applying for Section 811
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less to the second of the s	han \$250 000 00)
Board Approval (Total NTE Amount is \$250,00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Vendor/Contractor a Historically Underutilized	Business (HUB) (?)
Yes	
No	
Unknown	

Rate(s)/Rate(s) Description	
Unit(s) Served* 2802	
G/L Code(s)* 595000	
Current Fiscal Year Purchase Order Number* CT143282	
Contract Requestor* Sandra Brock	
Contract Owner* Sandra Brock	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	0
Have there been any significant performance deficiencies within the current file. Yes No	iscal year?*
Were Services delivered as specified in the contract?* • Yes • No	
	rofassion2*
Did Contractor perform duties in a manner consistent with standards of the positive of the pos	Tolession
	TOTESSION?
Yes No Did Contractor adhere to the contracted schedule?* (?)	TOTESSION?
 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 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 	
 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 Agency?*(?) 	spent rendering services for the
 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 Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures Yes No No Maintained legally required standards for certification, licensure, and/or training 	spent rendering services for the
 Yes No No Yes No No Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes No No Did Contractor provide adequate or proper supporting documentation of time Agency?* (?) Yes No No Did Contractor render services consistent with Agency policy and procedures Yes No 	spent rendering services for the
 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 Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures Yes No Maintained legally required standards for certification, licensure, and/or traini Yes No 	spent rendering services for the

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 577.00	595000
Budget Manager*	Secondary B	udget Manager*
Shelby, Debbie	Hooper Jr., Mi	
Shelby, Debble	nooper 3t., wi	ichaei
Provide Rate and Rate Description	is if applicable* (?)	
RATE:		
VERICORP NON-PROFIT		
PRICING: COUNTY CRIMINAL -		
\$11.00 PER COUNTY;		
PRO SCAN		
NATIONAL CRIMINAL		
DATABASE - \$7.00 PER		
APPLICANT;		
NATIONAL SEX OFFENDER -		
\$3.00 PER APPLICANT;		
SEE CONTRACT PRICE LIST		
FOR ADDITIONAL RATES.		
FY24 NTE \$577.00		
BUDGET UNIT-GL: 2802-595000		
Project WBS (Work Breakdown St	ructure)*(?)	
	dotal of	
See rate and descriptions above		
	•	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 577.00	
2025	\$ 577.00	
2025 Next Fiscal Year Not to Exceed An		
Next Fiscal Year Not to Exceed An		
Next Fiscal Year Not to Exceed An \$577.00		
Next Fiscal Year Not to Exceed An		
Next Fiscal Year Not to Exceed An \$577.00		
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant	nount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source*	nount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change	nount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change	nount for Master Pooled Contracts	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No	nount for Master Pooled Contracts S the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No	nount for Master Pooled Contracts S the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No	nount for Master Pooled Contracts S the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes No	nount for Master Pooled Contracts the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes No Is the payment deadline different to	nount for Master Pooled Contracts the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services cha	nount for Master Pooled Contracts the contract language?* (?)	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes on Yes No Is the payment deadline different to Yes No	nount for Master Pooled Contracts S the contract language?* (?) nge?* than net (45)?*	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services change Yes No Is the payment deadline different to Yes No Are there any changes in the Performance And Yes No	nount for Master Pooled Contracts S the contract language?* (?) nge?* than net (45)?*	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services changes No Is the payment deadline different to	nount for Master Pooled Contracts S the contract language?* (?) nge?* than net (45)?*	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services change Yes No Is the payment deadline different to Yes No Are there any changes in the Perform Yes No	nount for Master Pooled Contracts the contract language?* (?) nge?* than net (45)?* ormance Targets?*	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services change Yes No Is the payment deadline different to Yes No Are there any changes in the Perform Yes No Are there any changes to the Subrate No Are there any changes to the Subrate No	nount for Master Pooled Contracts the contract language?* (?) nge?* than net (45)?* ormance Targets?*	
Next Fiscal Year Not to Exceed An \$577.00 Contract Funding Source* State Grant Contract Content Change Are there any required changes to Yes No Will the scope of the Services change Yes No Is the payment deadline different to Yes No Are there any changes in the Perform Yes No	nount for Master Pooled Contracts the contract language?* (?) nge?* than net (45)?* ormance Targets?*	



Mental Health and IDD	
Current Fiscal Year Contract Information	on 📀
Current Fiscal Year 2024	
Contract ID#*	
2021-0133	
Contractor Name* RKG Parking Solutions	
Service Provided* (?)	
Parking Lease for spaces located at Franklin Lofts Gara Street, Houston Texas 77002 as needed for TRIAD, RE located at the Juvenile Detention Center downtown.	
Renewal Term Start Date*	Renewal Term End Date*
10/1/2024	9/30/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other None
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Vendor/Contractor a Historically Under	utilized Business (HUB) (?)	
○ Yes		
No		
Unknown		
Contract NTE * (?)		
\$ 36,000.00		
Rate(s)/Rate(s) Description		
Unit(s) Served*		
6701		
G/L Code(s)*		
544005		
Current Fiscal Year Purchase Order Nu	mber*	
FY24 PO CT143325		
Contract Requestor*		
Sheenia Williams-Wesley		
Contract Owner*		
Monalisa Jiles		
File Upload (?)		
Evaluation of Current Fiscal Y	ear Performance	
Have there been any significant perform	nance deficiencies within the current	fiscal year? *
Yes No		
Were Services delivered as specified in	the contract?*	
Yes No		
Did Contractor perform duties in a man	ner consistent with standards of the p	profession?*
Yes No		
	* (2)	
Did Contractor adhere to the contracted	d schedule?" (7)	
Yes No		
Were reports, billing and/or invoices su	ibmitted in a timely manner?* (?)	
Yes No		
Did Contractor provide adequate or pro Agency?* (?)	per supporting documentation of time	e spent rendering services for the
Yes No		
Did Contractor render services consist	ont with Agoney policy and procedure	x2* (?)
Yes No	ent with Agency policy and procedure	1
Maintained legally required standards f	or certification, licensure, and/or train	ning?* (?)
Yes No		
Renewal Determination		

Yes No Renewal Information for N Budget Units and Amount Budget Unit Number*	N. W. C.	each Budget	: Unit
	Amount Charge	***************************************	Unit
Budget Unit Number*	_	d to Unit*	
6702			Expense/GL Code No.* 544005
Budget Manager* Williams-Wesley, Sheenia		Secondary Bu Jiles, Monalisa	dget Manager*
Provide Rate and Rate Description \$150 per month per parking space fo	5.6		
Project WBS (Work Breakdown Str NA	ructure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 36,000.00	
Next Fiscal Year Not to Exceed Am	nount for Master Po	oled Contracts	
Contract Funding Source *			
Contract Content Change	S		Ć.
Are there any required changes to Yes No	the contract langu	age?* (?)	
Will the scope of the Services char	nge?*		
Is the payment deadline different t Yes No	han net (45)?*		
Are there any changes in the Perfo	ormance Targets?*		
Are there any changes to the Subn	mission deadlines f	or notes or supp	porting documentation?*
File Upload (?)			
Contract Owner			6
Contract Owner* (?) Please Select Contract Owner			

Budget Manager Approval(s)	
Approved by	
Sheenia Wittiams-Westey	
Contract Owner Approval	
Approved by	
Monalisa Tiles	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/8/2024

HARRIS Mental Health and IDD Annual Renewal Evalua	ation
Current Fiscal Year Contract Information	on ©
Current Fiscal Year	
2024	
Contract ID#*	
6681	
*	
Contractor Name*	
Shirajb LP	
Service Provided * (?)	
Property Lease at 817 Southmore, Suite 150, Pasaden	ıa, TX
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$2	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	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-OnConsumer Driven
InterlocalNot Applicable (If there are no funds required)	✓ Other None
That Applicable (If there are no talks requires)	Tone
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
☐ Affiliation or Preceptor☐ BAA/DUA	Service/Maintenance IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
VandariContractor - Historia-III III de million I Su	sinore (HIID) (2)
Vendor/Contractor a Historically Underutilized Bus	Silvess (FIOD) (1)
Yes No	
○ Unknown	

Contract NTE* (?) \$ 16,800.00		
Rate(s)/Rate(s) Description \$1200 per month		
Unit(s) Served* 3585		
G/L Code(s)* 126006		
Current Fiscal Year Purchase Order Number FY24 Po CT143292	r*	
Contract Requestor* Thomas Wills		
Contract Owner* Dr. Evanthe Collins		
File Upload (?)		
Evaluation of Current Fiscal Year	Performance	©
Have there been any significant performance Yes No Were Services delivered as specified in the		iscal year?*
Were Services delivered as specified in theYes No	Contract	
Did Contractor perform duties in a manner o ● Yes ○ No	consistent with standards of the pr	rofession?*
Did Contractor adhere to the contracted sch	hedule?* (?)	
Were reports, billing and/or invoices submit	tted in a timely manner?* (?)	
Did Contractor provide adequate or proper Agency?* (?)	supporting documentation of time	spent rendering services for the
Yes No Did Contractor render services consistent v	with Agency policy and procedures	5?* (?)
Yes NoMaintained legally required standards for continuous	ertification, licensure, and/or traini	ing?*(?)
● Yes ○ No Renewal Determination		<u>^</u>
Is the contract being renewed for next fisca ● Yes ○ No	al year with this Contractor?* (?)	
Renewal Information for Next Fis	scal Year	<u> </u>

Budget Units and Amou	unts Charged to each E	Budget Unit	
Budget Unit Number*	Amount Charged to Uni \$ 16,800.00	it* Expense/Gi	L Code No.*
Budget Manager* Johnson, Kenyonika		ndary Budget Manager* gon, Charles	
Provide Rate and Rate Descrip \$1,400.00 month to month basis	tions if applicable * (?)		
Project WBS (Work Breakdown	n Structure)* (?)		
Fiscal Year* (?) 2025		int* (?) 800.00	
Next Fiscal Year Not to Exceed 16,800.00	I Amount for Master Pooled Co	ontracts	
Contract Funding Source* Federal			
Contract Content Chan	nges	All particular and a Territorial Advanced before	<u> </u>
Are there any required change • Yes • No	s to the contract language?*	?)	
Please Explain* Property Manager has agreed to month instead of a lease agreem 1,400.00 per month.			
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference of Yes No	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S Yes No	Submission deadlines for note	s or supporting documen	tation?*
File Upload (?)			
Contract Owner	an in the state of	halings Smithlet and amorphism is all the constraint over	^
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins			

Budget Manager Approval(s)		<u> </u>
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		•
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
• Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/27/2024	

Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
7556	
Contractor Name*	
The ARC of Greater Houston	
Service Provided * (?)	
In-kind space in exchange for special education advocacy the community in exchange for leased space (1300 sq ft.) SW Freeway.	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Term for on-cycle only (For Reference only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$250)	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
1 Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Vendor/Contractor a Historically Under	utilized Business (HUB) (?)	
Yes		
No		
Unknown		
* (0)		
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 Nu	ımber*	
N/A		
Contract Requestor*		
Christina Gerardo		
Contract Owner*		
Kendra Thomas		
File Upload (?)		
, ne opioud (i)		
Evaluation of Current Fiscal \	Year Performance	
Have there been any significant perform	mance deficiencies within the current	fiscal year?*
Yes No		
Were Services delivered as specified in	a the contract?*	
	Title Contract?	
Yes No		
Did Contractor perform duties in a mar	nner consistent with standards of the	profession?*
Yes No		
	4.000	
Did Contractor adhere to the contracte	d schedule?* (?)	
Yes No		
Were reports, billing and/or invoices su	ubmitted in a timely manner?* (?)	
Yes No	abilities in a timely mariner.	
163 6 140		
Did Contractor provide adequate or pro	oper supporting documentation of tim	e spent rendering services for the
Agency?* (?)		
Yes No		
Did Contractor render services consist	ent with Agency policy and procedur	22*(?)
Yes No	and procedure	
TIES WIND		
Maintained legally required standards	for certification, licensure, and/or train	ning?* (?)
Yes No		
Renewal Determination		District Control of the Control of A

ixeliewai iiiloiiilatioii i	or Next Fiscal Year	
Budget Units and Amo	ounts Charged to each Budge	Unit
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 408000
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager* irdo
Provide Rate and Rate Descri N/A	ptions if applicable * (?)	
Project WBS (Work Breakdow N/A	vn Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2024 Next Fiscal Year Not to Excee Contract Funding Source*	\$ 0.00 d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Cha	d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chal Are there any required change Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source * General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services	d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Cha Are there any required change Yes No Will the scope of the Services Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source * General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No s the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Approved by	
Kendra Thomas	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/8/2024

EXHIBIT R-12

JULY 2024 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
1	Behavioral Health Industry News, Inc. d/b/a Open Minds	Consulting Services	\$54,030.00	\$33,660.00	\$87,690.00	1/15/2024 - 12/31/2024	General Revenue (GR)		Amendment to increase the NTE for additional consultation and technic assistance services.
2	Carasoft Tech	Quote came in after ECS Renewal	\$35,000.00	\$1,844.00	\$36,844.00	10/2/2024 - 10/1/2025	General Revenue (GR)	Amendment to FY25 Renewal	Amendment to increase the FY25 NTE due to annual quote was increased.
3	Masterword	These are language assessment services; we've used up the previous NTE limit and are increasing it based on usage.	\$5,000.00	\$2,500.00	\$7,500.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE due to an increase in usage of language assessment services.
	CPEP/CRISIS SERVICES								
	FORENSICS								
4	Partners Pharmacy of Texas, LLC	Pharmacy Services for the Youth Diversion Center	\$15,000.00	\$15,000.00	\$30,000.00	5/1/2024 - 8/31/2024	Federal	Request for Quote	Amendment to increase the NTE due to contracted Pharmacy cost exceeding proposed budget through FY24.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
5	Josefa Yanez-Hernandez	Community First Choice (CFC) Personal Assistance/Habilitation (PAS/HAD)	\$26,590.00	\$2,100.00	\$28,690.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Amendment to increase the NTE to pay for additional services hours as authorized and required by the Individual Plan of Care ("IPC").
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								
16									

	HARACHTER VINDENIES PRODUCTION DESIGNATION OF THE PRODUCTION OF TH	
Contract Section		
Select Header For This Contract*		
Administration		
Contractor*		
Behavioral Health Industry News, Inc. d/b/a Open Mind:		
Benavioral Health Industry News, Inc. 6/6/a Open Mind:		
Contract ID #*		
2024-0835		
Presented To*		
Resource Committee Full Read		
Full Board		
Date Presented*		
7/16/2024		
*		
Parties* (?)		
Open Minds and The Harris Center for Mental Health a	nd IDD	
Agenda Item Submitted For: * (?)		
✓ Information Only (Total NTE Amount is Less than \$2	250,000.00)	
Board Approval (Total NTE Amount is \$250,000.00		
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	✓ Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
☐ Interlocal	Consumer Driven	
 Not Applicable (If there are no funds required) 	Other	
Funding Information*		
New Contract		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
1/15/2024	12/31/2024	
If contract is off-cycle, specify the contract term (?)		
112 1227-1.		
Current Contract Amount *		
Current Contract Amount* \$ 54,030.00		

\$ 33,660.00

Revised Total Not to Exceed (NTE)*	
\$ 87,690.00	
Fiscal Year* (?)	Amount* (?)
2024	\$ 54,030.00
*	
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Carrie Rys	
Previous History of Contracting with Vendor	r/Contractor*
Yes ○ No ○ Unknown	
Please add previous contract dates and what 01/15/2024	at services were provided*
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	on .
Name*	
Open Minds	
Address*	
Address Street Address	
15 Lincoln Square Address Line 2	
	State / Province / Region
City Gettysburg	PA
Postal / Zip Code	Country US
17325	03
Phone Number*	
7173341329	

Email*					
Carrie.Rys@TheHarrisCenter.org Budget Section					•
	Marie Service Committee Committee Committee Committee Committee Committee Committee Committee Committee Commit	eli partitula de la			Constitution of Control
Budget Units and Amou	unts Charged to e	ach Budget Un	nit		
Budget Unit Number* 1101	Amount Charge \$ 54,030.00	d to Unit*	Expense/GL C 542000	Code No.*	
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager		
Provide Rate and Rate Descrip	tions if applicable * (?)				
Project WBS (Work Breakdown N/A	1 Structure)* (?)				
Requester Name		Submission Date			
Franco, Veronica		6/6/2024			
Budget Manager Appro	oval(s)				(c)
Approved by Ricardo Campbell		Approval Date 6/6/2024			
Procurement Approval		amenina Cennala di Antonia da Santa Senta da Santa Senta da Santa Senta Senta Senta Senta Senta Senta Senta Se		and the second s	<u> </u>
File Upload (?)					
Approved by		Approval Date			
Contract Owner Appro	val			ra Astronomico del Associato de	0
Approved by Carrie Taylor Rys		Approval Date 6/10/2024			
Contracts Approval					<u></u>
Approved by Belinda Stude		Approval Date 6/13/2024			
Final Board Report Co	mments	and the second of the second o			©

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

To provide The Harris Center with consultation and technical assistance related developing a prioritized set of strategic objectives to achieve The Harris Center's mission, growth objectives, and financial requirements.

Product/Service Description

Consulting Services

HARRIS Executive Contract Summary

Mental Health and IDD		
Contract Section		0
Contractor*		
Carasoft Tech		
Contract ID #*		
7844		
Presented To*		
Resource Committee		
Full Board		
*		
Date Presented*		
7/16/2024		
Parties* (?)		
Carasoft and The Harris Center		
Agenda Item Submitted For: * (?)		
✓ Information Only (Total NTE Amount is Less than \$2	50.000.00)	
Board Approval (Total NTE Amount is \$250,000.00 o		
☐ Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other Amendment to FY2	5 Renewal
Funding Information*		
New Contract Amendment		
Contract Term Start Date* (?)	Contract Term End Date * (?)	
10/2/2024	10/1/2025	
If contract is off-cycle, specify the contract term (?)		
Current Contract Amount*		
\$ 35,000.00		
Increase Not to Exceed*		
\$ 1,844.00		
Revised Total Not to Exceed (NTE)*		
\$ 36,844.00		

Fiscal Year* (?)	Amount* (?)
2025	\$ 36,844.00
2020	***************************************
Funding Course*	
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	✓ Other Amending FY25 Renewal
Justification/Purpose of Contract/Descrip	tion of Continue Prince Provided * (2)
	Stoff of Services Being Provided (1)
Quote came in after ECS Renewal	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Ven	dor/Contractor*
Yes No Unknown	
Please add previous contract dates and v	what services were provided*
FY21-FY24	
Vendor/Contractor a Historically Underut	ilized Rusiness (HUR)* (?)
Yes No Unknown	M254 245/1555 (1152)
Please provide an explanation*	
N/A	
Community Partnership* (?)	
○ Yes No ○ Unknown	
Supporting Documentation Upload (?)	
	DecuGian 06 17 2024
Harris Center for Mental Health Carahsoft -	198.59KB
Quote 48148820.pdf	
Vendor/Contractor Contact Per	con
vendon/contractor contact i er	3011
Name*	
Trevor Dunn	
Address*	
Street Address	
11493 Sunset Hills Road	
Address Line 2	
City	State / Province / Region
Reston	VA
Postal / Zip Code	Country
20190-5230	US

Phone Number* 7032307451 Email* trevor.dunn@carahsoft.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 553002 1130 \$ 36,844.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See Attached Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date Hurst, Richard 6/20/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 6/20/2024 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinwala 6/28/2024 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 7/1/2024

Harris Mental Health and IDD Executive Contract Sum	mary
Contract Section	lacktriangle
Contractor*	
Masterword	
Contract ID #*	
7317	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
6/25/2024	
Parties*(?)	
Masterword and The Harris Center	
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
✓ Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
○ New Contract ◎ Amendment	
Contract Term Start Date* (?)	Contract Term End Date* (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 5,000.00	
Increase Not to Exceed*	
\$ 2,500.00	
Revised Total Not to Exceed (NTE)*	
\$ 7,500.00	

Fiscal Year* (?)	Amount* (?)	
2024	\$ 7,500.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
✓ Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Descript	tion of Services Being Provided * (?)	
These are language assessment services; we		
increasing it based on usage.	to adda up the provided the mink and are	
Contract Owner*		
Ninfa Escobar		
Previous History of Contracting with Vend	or/Contractor*	
● Yes ○ No ○ Unknown		
Please add previous contract dates and w	hat services were provided*	
This is an existing service provider.		
Vendor/Contractor a Historically Underutil	lized Business (HUB)* (?)	
○ Yes ○ No ● Unknown		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Pers	son	C
Name*		
Melissa Seymore		
Address*		
Street Address		
303 Stafford Street		
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77079	US	
77079	00	
Phone Number*		
Phone Number		

Email*				
mseymore@masterword.com				
Budget Section	enter de la companya	and the second s		O
B			••	
Budget Units and Amou				
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL C	Code No.*
1108	\$ 7,500.00	Casandan, Budash	543018	
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	wanager	
Provide Rate and Rate Descript NA	ions if applicable* (?)			
Project WBS (Work Breakdown	Structure)* (?)			
NA				
Requester Name		Submission Date		
Escobar, Ninfa		6/21/2024		W. W. W. Carlotte and C. Carlo
Budget Manager Appro	val(s)			<u> </u>
Approved by				
Ricardo Campbell		Approval Date 6/21/2024		
Diameter Competent				
Procurement Approval				Ô
File Upload (?)				
Approved by Sign		Approval Date		
Notice that the second				۵
Contract Owner Approv	/al	Contract Condition of the Condition		
Approved by		Annual Data		
Ninfa Escobar		Approval Date 6/26/2024		
Contracts Approval		Madage and a substitute of the substitute and the substitute of th		
Approve*				
YesNo, reject entire submission				
Return for correction				

Approved by *

Belinda Stude

Approval Date* 6/27/2024

HAIRIS Executive Contract Sun	nmary
Contract Section	e de la companya de
Contractor*	
Partners Pharmacy of Texas, LLC	
Faithers Frialinacy of Texas, LLC	
Contract ID #*	
2023-0658	
Presented To*	
Resource Committee	
Full Board	
*	
Date Presented*	
6/18/2024	
Parties* (?)	
Partners Pharmacy of Texas, LLC and The Harris Center	er for MH and IDD Services
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$2	50 000 00\
Board Approval (Total NTE Amount is \$250,000.00 c	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
-	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
F	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/1/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Contract on County fiscal	
Current Contract Amount*	
\$ 15,000.00	
Increase Not to Exceed*	
\$ 15,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 30,000.00	

Fiscal Year* (?)	Amount* (?)	
2024	\$ 30,000.00	
Funding Source*		
Federal		
Contract Description / Type* (?)		
Service Action and the Control of th		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	 Amendment to Existing Contract Service/Maintenance 	
Affiliation or Preceptor BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description		
Contracted Pharmacy cost exceeding propose	d budget. Unable to pay contractor funding	
without increase to contract.		
Contract Owner*		
Monalisa Jiles		
Previous History of Contracting with Vendo	r/Contractor*	
	*	
Please add previous contract dates and who		
May 1, 2023 - August 31, 2024, Pharmacy serv	vices	
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person	on	6
* *		
Name*		
James Matthews		
Address*		
Street Address		
12503 Exchange Drive		
Address Line 2		
City	State / Province / Region	
Stafford	TX	
Postal / Zip Code	Country	
77477-3699	US	
Phone Number*		
800-378-9020		

Email*						
james.matthews@partnerspharmac	cy.com			6		
Budget Section		and the second s				
Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number* 6500	Amount Charge \$ 30,000.00	ed to Unit*	Expense/GL 547003	. Code No.*		
Budget Manager Williams-Wesley, Sheenia		Secondary Bu Adams, Betty	dget Manager			
Provide Rate and Rate Description/a	ons if applicable* (?)					
Project WBS (Work Breakdown S	Structure)* (?)					
Requester Name		Submission Da	ate			
Williams-Wesley, Sheenia	ol(o)	6/7/2024		^		
Budget Manager Approv	al(S)			9		
Approved by		Approval Date				
Sheenia Wittiams-Westey		6/7/2024				
Procurement Approval				•		
File Upload (?)						
Approved by		Approval Date				
Contract Owner Approva				6		
Approved by		Approval Date				
Monalisa Tiles		6/7/2024				
Contracts Approval						
Approve*						
Yes						
No, reject entire submissionReturn for correction						

Approved by *

Belinda Stude

Approval Date*
6/13/2024

Executive Contract Summary Contract Section Contractor* Josefa Yanez-Hernandez Contract ID #* 7140 Presented To* Resource Committee Full Board Date Presented* 7/16/2024 Parties* (?) Josefa Yanez-Hernandez, 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# Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Application Request for Qualification Tag-On Request for Quote Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2023 8/31/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 26,590.00 Increase Not to Exceed* \$ 2,100.00 Revised Total Not to Exceed (NTE)* \$ 28,690.00

Fiscal Year* (?)	Amount* (?)	
2024	\$ 28,690.00	
Funding Source*		
State		
Contract Description / Type* (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)	
The individuals received additional hours on pl		
Contract Owner*		
Dr. Evanthe Collins		
Previous History of Contracting with Vendo	or/Contractor*	
Yes No Unknown		
Please add previous contract dates and wh	at services were provided*	
9/1/2023-8/31/2024	at services were provided	
Vendor/Contractor a Historically Underutiliz	zed Rusiness (HUR)* (?)	
Yes No Unknown	Ecd Business (Nob)	
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Pers	on	Ć.
		economica, et a foresta especial de la companya de
Name*		
Josefa Yanez-Hernandez		
Address*		
Street Address		
514 Rosamond		
Address Line 2		
City	State / Province / Region	
Houston	Texas	
Postal / Zip Code	Country	
77076	USA	
*		
Phone Number*		
8328781389		

Budget Units and Amoun			
Budget Unit Number* 585	\$ 2,100.00	d to Unit"	Expense/GL Code No.* 543009
Budget Manager ohnson, Kenyonika		Secondary Budget Kerlegon, Charles	Manager
Provide Rate and Rate Descriptio	ns if applicable * (?)		
roject WBS (Work Breakdown S a	tructure)* (?)		
Requester Name		Submission Date	
Anthony, Patrina		6/27/2024	
Budget Manager Approv	al(s)		
Approved by			
11 0		Approval Date	
Kenyonika Tohuson		6/27/2024	
Contract Owner Approva	l		
Approved by			
		Approval Date	
Evantho Collins		6/27/2024	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
0. 0		Approval Date*	
Belinda Stude		6/27/2024	

EXHIBIT R-13

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

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

JULY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	Tulane University School of Public Health and Tropical Medicine	New Affiliation Agreement	New Contract	6/17/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in Tulane University School of Public Health and Tropical Medicine to complete field placements as part of their degree requirements.
2	University of St. Augustine for Health Sciences	New Affiliation Agreement to allow students enrolled in University of St. Augustine for Health Sciences to complete clinical field placements as part of their degree requirements.	New Contract	7/8/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in University of St. Augustine for Health Sciences to complete clinical field placements as part of their degree requirements.
	MOU					
3	RTI International	The purpose of amending this DUA is to allow for the use of RTI autoredacting software in the data sharing process between RTI and CCD.	Amendment	1/1/2018 - 12/31/2025	General Revenue (GR)	Amendment only. The purpose of amending this DUA is to allow for the use of RTI auto-redacting software in the data sharing process between RTI and CCD.
	REVENUE			960 C C C C C C C C C C C C C C C C C C C	gitana camana	
4	Above Standard Care	Individualized Skills and Socialization Services (ISS) Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
5	Avant Residential Community Services	ISS Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement to provide Individualized Skills and Socialization Services (ISS).
6	Communities In Schools of Houston, Inc.	Crisis Line Services	Renewal	9/1/2024 - 8/31/2025	Private Pay Source	Annual renewal of revenue Agreement to provide Crisis Line Services. [FY25 Revenue: \$39,700.00]
7	Community Services Associates, LLC	ISS Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement to provide Individualized Skills and Socialization Services (ISS).
8	Developmental Day Hab Activity Center	ISS Services	New Contract	7/1/2024 - 8/31/2025	Federal Grant	New revenue agreement for the Harris Center to provide both on and off-site social skills training/ ISS services.
9	Divine Embrace Health Services	Individualized Skills and Socialization Services ("ISS").	Renewal	9/1/2024 - 8/31/2025	Federal Grant	Annual renewal of Revenue Agreement for ISS program.
10	Glo's Hope Corporation	Individualized Skills and Socialization Services ("ISS").	Renewal	9/1/2024 - 8/31/2025	Federal Grant	Annual renewal of Revenue Agreement for ISS program.
11	The Center for Pursuit D/B/A The Center	Individualized Skills and Socialization Services ("ISS").	Renewal	9/1/2024 - 8/31/2025	Federal Grant	Annual renewal of Revenue Agreement for ISS program.
12	Vita Living Inc.	Individualized Skills and Socialization Services (ISS) Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
13	Volunteers of America Texas	Individualized Skills and Socialization Services (ISS) Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
14	Waymaker, LLC	Individualized Skills and Socialization Services (ISS) Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.
15	Weathers & Associates	Individualized Skills and Socialization	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.

100		
191	PATRICT	RRIS TER for
Pali	WALLS.	THE
L.A.	AMM	il Elli far
Ment	al Heaiti	and IDD

HARRS Executive Contract Sur	mmary	
Contract Section		0
Contract Cection		
Contractor*		
Tulane University School of Public Health and Tropical	Medicine	
Contract ID #*		
NA		
Presented To *		
Resource Committee		
Full Board		
Date Presented*		
7/16/2024		
Parties* (?)	_	
Tulane University School of Public Health and Tropical	I Medicine & 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		
5 Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On Consumer Driven	
✓ Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
6/17/2024	8/31/2028	
If contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	
2024	\$ 0.00	
Funding Source*		
General Revenue (GP)		

Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	✓ New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	□ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Descript	ion of Services Being Provided * (?)	
This agreement will allow students enrolled in		
and Tropical Medicine to complete field place		
	gh education while adhering to agency policy	
and procedures.		
Contract Owner*		
Ninfa Escobar		
B	*	
Previous History of Contracting with Vend	or/Contractor	
Yes No Unknown		
Vendor/Contractor a Historically Underutil	ized Business (HUB)* (?)	
Yes No Unknown		
* (2)		
Community Partnership* (?)		
Yes No Unknown		
Specify Name*		
Tulane University School of Public Health and	f Tropical	
Medicine		
Supporting Documentation Upload (?)		
APE Student Handbook 2024.pdf	399.31KB	
7.1 E StadSitt Haridason Esta-1.pul	COO.S IND	
Vendor/Contractor Contact Pers	son	
		, III
Name*		
Isabella Parise, MPH		
Address*		
Street Address		
1440 Canal St		
Address Line 2		
City	State / Province / Region	
New Orleans	LA	
Postal / Zip Code	Country	
70112	US	
Phone Number*		
(504) 988-5388		
Email*		
iparise@tulane.edu		
Budget Section		

Budget Units and Amou	ints Charged to e	ach Budget Un	nit
Budget Unit Number*	Amount Charged	I to Unit*	Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	t Manager
Provide Rate and Rate Descripti	ions if applicable* (?)		
Project WBS (Work Breakdown NA	Structure)* (?)		
Requester Name Daswani, Bianca		Submission Date 5/24/2024	
Budget Manager Approv	val(s)		Ô
Approved by		Approval Date	
Ricardo Campbell		5/28/2024	
Procurement Approval	an an an ann an an an an an an an an an		Ó
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approv	al		<u> </u>
Approved by		Approval Date	
Ninfa Escobar		5/30/2024	
Contracts Approval			
Approve* Yes			
No, reject entire submissionReturn for correction			
Approved by *		Approval Date*	
Belinda Stude		6/6/2024	

fental Health and IDD		
Contract Section		
Contractor*		elication and
Jniversity of St. Augustine for Health Sciences		
Contract ID #*		
2024-0901		
Presented To *		
Resource Committee		
Full Board		
Date Presented*		
5/1/2024		
Parties* (?)		
Jniversity of St. Augustine for Health Sciences & The H	larris Center for Mental Health and IDD	
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than \$2	50,000.00)	
Board Approval (Total NTE Amount is \$250,000.00 o	or more)	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment# Other		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote Interlocal	☐ Tag-On ☐ Consumer Driven	
Not Applicable (If there are no funds required)	Other	
, , , , , , , , , , , , , , , , , , , ,		
Funding Information *		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
7/8/2024	8/31/2028	
f contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	

Funding Source

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Sen	
New Affiliation Agreement to allow students enrolled in U	
Health Sciences to complete clinical field placements as	part of their degree requirements.
Contract Owner*	
Ninfa Escobar	
Brandon History of Contraction with Vandon Contract	*
Previous History of Contracting with Vendor/Contract	ctor
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
affiliation agreement	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No • Unknown	
Community Partnership * (?)	
Secretary and the secretary an	
Yes No Unknown	
Specify Name*	
University of St. Augustine for Health Sciences	
Supporting Documentation Upload (?)	
	b 2024
Affiliation Agreement Umbrella Contract - Updated March	175KB
REDLINE.doc	20.071/8
USAHS COI EXP 4-1-2025.pdf	80.37KB
Vendor/Contractor Contact Person	
vendon/Contractor Contact Ferson	
Name*	
University of St. Augustine for Health Sciences	
Address*	
Street Address	
5401 La Crosse Ave	
Address Line 2	
City	State / Province / Region
Austin	TX
Postal / Zip Code	Country
78739	US
Phone Number*	
904-770-3656	
Email*	
kloque@usa.edu	

Budget Section		Spartie suite Se Santalin de collès		<u> </u>
Budget Units and Amounts	Charged to ea	ach Budget Un	it	
Budget Unit Number* 1108	Amount Charged \$ 0.00	to Unit*	Expense/GL NA	Code No.*
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager	,
Provide Rate and Rate Descriptions	if applicable * (?)			
Project WBS (Work Breakdown Struc	cture)* (?)			
Requester Name Daswani, Bianca		Submission Date 5/15/2024		
Budget Manager Approval(s	s)	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		٥
Approved by		Approval Date		
Ricardo Campbell		5/16/2024		
Procurement Approval			alle a sala a	•
File Upload (?)				
Approved by Sign		Approval Date		
Contract Owner Approval				©
Approved by		Approval Date		
Ninfa Escobar		5/21/2024		
Contracts Approval				
Approve* • Yes				
No, reject entire submissionReturn for correction				
Approved by *		Approval Date*		
Belinda Stude		6/21/2024		

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8		860	per	Sept.	
B .	: 54	888	Will	us	
K 48 3	[6]	f fel h	Nill	Pal P.	
10.0	1	1,67 M	15, 21,	13914	10

Mental Health and IDD	lliai y
Contract Section	· ·
Contractor*	
RTI International	
Contract ID #*	
2023-0770	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
7/16/2024	
Parties*(?)	
RTI International and The Harris Center for Mental Heal	th and IDD
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
 Request for Application 	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven Other
Not Applicable (If there are no funds required)	Office
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/1/2018	12/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 0.00	
Increase Not to Exceed*	
\$ 0.00	
Revised Total Not to Exceed (NTE)*	
\$ 0.00	

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	✓ Other Data Use Agreement
Justification/Purpose of Contract/Descrip	ation of Services Being Provided* (?)
	w for the use of RTI auto-redacting software in
Contract Owner*	
Kim Kornmayer	
3.000 mm (1.000 mm (*
Previous History of Contracting with Vene	dor/Contractor
Yes No Unknown	
Please add previous contract dates and v	vhat services were provided*
DUA is currently in place.	
Vendor/Contractor a Historically Underut	ilized Business (HIIP)*(2)
	mized business (nob) (1)
Yes No Unknown	
Community Partnership * (?)	
○ Yes ○ No ◉ Unknown	
Supporting Documentation Upload (?)	
Harris Center DUA FINAL.pdf	3.3MB
Harris Center DOAT INAL.put	3.5WID
Vendor/Contractor Contact Per	son
Name*	
Daniel Wright	
Address*	
Street Address	
3040 E Cornwallis Rd	
Address Line 2	
PO Box 12194	
City	State / Province / Region
Reasearch Triangle Park	NC
Postal / Zip Code	Country
27709	US
Phone Number*	
919-316-3931	

Email*								
DWright@RTI.org								
Budget Section			6					
Budget Units and Amounts Charged to each Budget Unit								
Budget Unit Number*	Amount Charged to	Unit*	Expense/GL Code No.*					
7002	\$ 0.00		0					
Budget Manager	Secondary Budget I		t Manager					
Oshman, Jodel	Ra	mirez, Priscilla						
Provide Rate and Rate Descriptions if applicable * (?)								
na								
Project WBS (Work Breakdown	Structure)* (?)							
na								
Requester Name	Su	bmission Date						
Singh, Patricia	6/2	1/2024						
Budget Manager Approval(s)								
Approved by								
	Ap	proval Date						
Todel Oshman	6/2	1/2024						
Contract Owner Approv	al		6					
Approved by								
	Ap	proval Date						
KIM KOKNMAYER	6/2	6/21/2024						
Contracts Approval								
Approve*								
Yes								
No, reject entire submission								
Return for correction								
Approved by *	70							
Belinda Stude		proval Date* 25/2024						
Deunaa Staal	6/2	-0/2024						
NO SERVICE AND ADDRESS OF THE PARTY OF THE P								

HARRIS Annual Renewal Evaluation

Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
2023-0672	
Contractor Name *	
Above Standard Care	
Service Provided* (?)	
Individualized Skills and Socialization Services (ISS) F	Program
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
○ No	
Unknown	

Conf	tract NTE* (?)
\$ 0.0	00
Rate	(s)/Rate(s) Description
Unit	(s) Served*
3585	
G/L (Code(s)*
0000	
	ent Fiscal Year Purchase Order Number*
	tract Requestor*
Thon	nas Wills
Cont	tract Owner*
Dr. E	vanthe Collins
File	Upload (?)
Eva	aluation of Current Fiscal Year Performance
Have	e there been any significant performance deficiencies within the current fiscal year?*
	es les No
	e Services delivered as specified in the contract?*
	es No
Did (Contractor perform duties in a manner consistent with standards of the profession?*
Ye	es No
Did (Contractor adhere to the contracted schedule?* (?)
@ Y	es 💮 No
Were	e reports, billing and/or invoices submitted in a timely manner?* (?)
	es No
Did	Contractor provide adequate or proper supporting documentation of time spent rendering services for the
	ncy?* (?)
Y	es No
Did (Contractor render services consistent with Agency policy and procedures?* (?)
	es © No
	ntained legally required standards for certification, licensure, and/or training?* (?)
	es O NO
Rei	newal Determination
Is th	e contract being renewed for next fiscal year with this Contractor?* (?)
● Y	es No
Rei	newal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit						
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Expense/GL Cod	e No.*			
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles				
Provide Rate and Rate Description	ons if applicable * (?)					
Project WBS (Work Breakdown S	Structure)* (?)					
Fiscal Year* (?) 2025	Amount* (?)				
2025	mount for Master Pooled Contra	cts				
Contract Funding Source* Federal						
Contract Content Chang	es					
Are there any required changes to the contract language?* (?) Yes No						
Will the scope of the Services changes changes of the Services changes changes changes of the Services changes	ange?*					
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?* See No.						
File Upload (?) 20240508_FISCAL YEAR 2025.pd	f	66.96KB				
Contract Owner			^			
Contract Owner* (?) Please Select Contract Owner Dr. Evanthe Collins						
Budget Manager Approv	al(s)		8			

Approved by		
Konyonika Tehnson		
Contract Owner Approval		•
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes No reject active automicains		
No, reject entire submissionReturn for correction		
Approved by*		
	Approval Date*	
Belinda Stude	6/6/2024	

Current Fiscal Year Contract Information	n 💍
Current Fiscal Year	
2024	
Contract ID#*	
2023-0669	
Contractor Name *	
Avant Residential Community Services	
Service Provided * (?)	
Individualized Skills and Socialization Services (ISS) Pro	gram
individualized okilis and obcialization dervices (100) i re	gram
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$25	50,000,00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	more
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
- Culci	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
∀es	
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?*
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?* (?) 9 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 Amo	unts Charged to ea	ch Budget U	nit
Budget Unit Number*	Amount Charged t	o Unit*	Expense/GL Code No.*
Budget Manager* Johnson, Kenyonika		Secondary Budge Kerlegon, Charles	et Manager*
Provide Rate and Rate Descrip	otions if applicable * (?)		
Project WBS (Work Breakdown NA	n Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) 5 0.00	
Next Fiscal Year Not to Exceed	d Amount for Master Poole	ed Contracts	
Contract Funding Source* Federal			
Contract Content Char	iges		⊙
Are there any required change Yes No	es to the contract language	e?* (?)	
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference of Yes No	ent than net (45)?*		
Are there any changes in the F Yes No	Performance Targets?*		
Are there any changes to the \$	Submission deadlines for	notes or support	ing documentation?*
File Upload (?) 20240508_FISCAL YEAR 2025.	pdf	66.9	96KB
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		

Approval Date*
6/1/2024

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

Yes

No

Unknown

Contract NTE* (?) \$ 39,700.00
Rate(s)/Rate(s) Description
Unit(s) Served* 7001
G/L Code(s)* 420015
Current Fiscal Year Purchase Order Number*
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
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 Amou	unts Charged to each Budg	et Unit
Budget Unit Number* 7001	Amount Charged to Unit* \$ 39,700.00	Expense/GL Code No.* 420015
Budget Manager* Ilejay, Kevin	Secondary Campbell, F	Budget Manager*
Provide Rate and Rate Descrip	tions if applicable * (?)	
Project WBS (Work Breakdown NA	Structure)* (?)	
Fiscal Year* (?) 2025	Amount* (3	
Next Fiscal Year Not to Exceed	Amount for Master Pooled Contrac	ts
Contract Funding Source* Private Pay Source		
Contract Content Chan	ges	<u> </u>
Are there any required changes Yes No	s to the contract language?* (?)	
Will the scope of the Services	change?*	
Is the payment deadline differe	nt than net (45)?*	
Are there any changes in the P Yes No	erformance Targets?*	
Are there any changes to the S Yes No	ubmission deadlines for notes or s	upporting documentation?*
File Upload (?)		
Contract Owner		0
Contract Owner* (?) Please Select Contract Owner		
Jennifer Battle		
Budget Manager Appro	val(s)	

Approved by	
kevin ilejay	
Contract Owner Approval	
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	6/8/2024

90 HARRIS

Current Fiscal Year Contract Informati	on
Current Fiscal Year	
2024	
Contract ID#*	
2023-0634	
Contractor Name*	
Community Services Associates, LLC	
Service Provided * (?)	
SS program	
Renewal Term Start Date*	Renewal Term End Date*
0/1/2024	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	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
•	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	
Not Applicable (If there are no funds required)	Other
, , , , , , , , , , , , , , , , , , ,	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	IT/Software License Agreement
Pooled Contract Renewal of Existing Contract	Other
Tonowal of Existing Contract	Culci
/endor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Unit(s) Served* 3585
G/L Code(s)* 000000
Current Fiscal Year Purchase Order Number*
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 Amou	nts Charged to each Bud	lget Unit	
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expens	e/GL Code No.*
Budget Manager* Johnson, Kenyonika	Secondar Kerlegon,	y Budget Manage Charles	*
Provide Rate and Rate Descripti See attached.	ons if applicable * (?)		
Project WBS (Work Breakdown S NA	Structure)*(?)		
Fiscal Year* (?) 2025	Amount* \$ 0.00	(?)	
Next Fiscal Year Not to Exceed A	Amount for Master Pooled Contra	acts	
Contract Funding Source* Federal			
Contract Content Chang	es		•
Are there any required changes Yes No	to the contract language?* (?)		
Will the scope of the Services cl	nange?*		
Is the payment deadline differen	t than net (45)?*		
Are there any changes in the Pe Yes No	rformance Targets?*		
Are there any changes to the Su Yes No	bmission deadlines for notes or	supporting docun	nentation?*
File Upload (?) 20240508_FISCAL YEAR 2025.pd	lf	66.96KB	
Contract Owner		33.33ND	•
Contract Owner* (?)			
Please Select Contract Owner Dr. Evanthe Collins			***************************************
Budget Manager Approx	/al(s)		<u> </u>

Approved by	
Konyonika Tohnson	
Contract Owner Approval	
Approved by	
Evanthe Collins	
Contracts Approval	
Approve*	
Yes	
YesNo, reject entire submission	
Yes	
YesNo, reject entire submission	
 Yes No, reject entire submission Return for correction Approved by *	Approval Date*
YesNo, reject entire submissionReturn for correction	Approval Date* 6/1/2024

HARRIS Executive Contract Sur	nmary
Mental Health and IDD	
Contract Continu	
Contract Section	
Contractor*	
Developmental Day Hab Activity Center	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
6/24/2024	
Parties*(?)	
The Harris Center for Mental Health & IDD and Develo	opmental Day Hab. Activity 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	
Grant Proposal	
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)

Contract Term Start Date * (?)

7/1/2024

8/31/2025

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

NA

Fiscal Year* (?)

2025

Funding Source*

Federal Grant

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided* (?)
Developmental Day Hab Activity Center would like to co	
program to provide both on and off-site social skills train	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contra	ctor*
Yes No Unknown	
	*
Please add previous contract dates and what service	
Dates unknow. However, this provider had its own DH a provided services to The Harris Center's individuals.	ind
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)*(?)
○ Yes ○ No ● Unknown	
Community Partnership* (?)	
○ Yes ○ No ◉ Unknown	
Supporting Documentation Upload (?)	
20240508_FISCAL YEAR 2025.pdf	66.96KB
20240300_1130AL 1EAN 2023.pdf	55.55KB
Vendor/Contractor Contact Person	
Name*	
Debbie Elaine Morris, Director	
Address*	
Street Address	
7607 Coral Lake Drive	
Address Line 2	
City	State / Province / Region
Cypress	TX
Postal / Zip Code	Country
77433	US
Phone Number*	
713.449.4288	
Email*	
dayhab@sbcglobal.net	
Budget Section	•
Budget Units and Amounts Charged to	each Budget Unit

Expense/GL Code No.* **Budget Unit Number*** Amount Charged to Unit* 3585 \$ 0.00 **Budget Manager** Secondary Budget Manager Johnson, Kenyonika Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) See rates and description uploaded Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Wills, Thomas 6/24/2024 Budget Manager Approval(s) Approved by Approval Date Kenyonika Johnson 6/25/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 6/25/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 6/26/2024

HARRIS CENTER Jor

Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2024	
Contract ID#*	
2023-0643	
Contractor Name*	
Divine Embrace Health Services	
Service Provided* (?)	
Individualized Skills and Socialization Services ("ISS").	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
	010 112020
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 o	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	✓ Other Revenue Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
No No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description Vary.
Unit(s) Served* N/A
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?* (?) 9 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 Amoun	nts Charged to e	ach Budg	et Unit
Budget Unit Number* 3585	Amount Charged	d to Unit*	Expense/GL Code No.*
Budget Manager* Johnson, Kenyonika		Secondary I Kerlegon, Ch	Budget Manager* narles
Provide Rate and Rate Description	ons if applicable*(?)		
Project WBS (Work Breakdown S	Structure)* (?)		
Fiscal Year* (?) 2025		Amount* (?) \$ 0.00	
Next Fiscal Year Not to Exceed A	Amount for Master Poo	oled Contract	ts
Contract Funding Source* Federal Grant			
Contract Content Chang	es		
Are there any required changes Yes No	to the contract langua	ige?* (?)	
Will the scope of the Services characters of Yes No	nange?*		
Is the payment deadline differen Yes No	t than net (45)?*		
Are there any changes in the Per Yes No	rformance Targets?*		
Are there any changes to the Su Yes No	bmission deadlines fo	or notes or su	ipporting documentation?*
File Upload (?) 20240508_FISCAL YEAR 2025.pd	If		66.96KB
Contract Owner			•
Contract Owner* (?) Please Select Contract Owner			
Dr. Evanthe Collins Budget Manager Approv	ral(s)		<u> </u>

Contract Owner Approval Approved by Evanthe Collins Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Belinda Stude Approval Date* 6/24/2024	Approved by		
Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Kenyonika Tohnson		
Evanthe Collins Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*	Contract Owner Approval		<u>•</u>
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Approved by		
Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date*	Evanthe Collins		
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 	Contracts Approval		
No, reject entire submission Return for correction Approved by * Approval Date *	Approve*		
Return for correction Approved by * Approval Date *	Yes		
Approved by * Approval Date *			
Approval Date*	Return for correction		
Approval Date*	Approved by *		
Belinda Stude 612412024		Approval Date*	
	Belinda Stude	6/24/2024	

HARRIS CENTER

Current Fiscal Year Contract Information	on 🕒
Current Fiscal Year	
2024	
Contract ID#*	
2023-0644	
Contractor Name*	
Glo's Hope Corporation	
Service Provided * (?)	
Individualized Skills and Socialization Services ("ISS").	
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
	5.6 2010
Term for Off-Cycle Only (For Reference Only)	
A would be a Cub without Four (2)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250,000,000
Board Approval (Total NTE Amount is \$250,000.00	
	of more)
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	✓ Other Revenue Contract.
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description
Vary.
Unit(s) Served*
N/A
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?*
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 Amount	s Charged to each Budg	et Unit
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*
Budget Manager* Johnson, Kenyonika	Secondary I Kerlegon, Ch	Budget Manager* narles
Provide Rate and Rate Description See attached	s if applicable * (?)	
Project WBS (Work Breakdown Str	ructure)* (?)	
NA		
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00	
Next Fiscal Year Not to Exceed Am	ount for Master Pooled Contract	s
Contract Funding Source*		
Federal Grant		
Contract Content Change	S 1	0
Are there any required changes to	the contract language?* (?)	
Yes No		
Will the scope of the Services char	nge?*	
Yes No		
Is the payment deadline different to	han net (45)?*	
Yes No		
Are there any changes in the Perfo	rmance Targets?*	
Yes No		
Are there any changes to the Subn Yes No	nission deadlines for notes or su	pporting documentation?*
File Upload (?)		
20240508_FISCAL YEAR 2025.pdf		66.96KB
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approva	l(s),	0

Approved by		
Kenyonika Tohnson		
Contract Owner Approval		<u> </u>
Approved by		
Evanthe Collins		
Contracts Approval		
Contracts Approval		
Approve* Yes		
Approve* Yes No, reject entire submission		
Approve* Yes		
Approve* Yes No, reject entire submission		
Approve* Yes No, reject entire submission Return for correction Approved by *	Approval Date*	
Approve* Yes No, reject entire submission Return for correction	Approval Date* 6/24/2024	
Approve* Yes No, reject entire submission Return for correction Approved by *		

HARRIS ...

Mental Health and IDD	
Current Fiscal Year Contract Information	on
Current Fiscal Year	
2024	
Contract ID#*	
2023-0674	
Contractor Name *	
The Center for Pursuit D/B/A The Center	
Service Provided * (?)	
Individualized Skills and Socialization Services ("ISS").	
Renewal Term Start Date*	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$3	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s) *	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Ø Other Revenue Contract
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
No	
Unknown	

Contract NTE* (?)	
\$ 0.00	
Rate(s)/Rate(s) Description Vary.	
Unit(s) Served*	
N/A	
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?* (?)	
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	100
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 Amo	unts Charged to each Bu	dget Unit	
Budget Unit Number*	Amount Charged to Unit* \$ 0.00	Ex;	pense/GL Code No.*
Budget Manager* Secondary Budget Manager			ager*
Johnson, Kenyonika	Kerlegon	Charles	
Provide Rate and Rate Descrip See attached	otions if applicable* (?)		
Project WBS (Work Breakdown	n Structure)* (?)		
NA			
***************************************			or an internation confidence and representations and real entratement and factorized terminal terminal terminal
Fiscal Year* (?) 2025	Amount ³ \$ 0.00	(?)	
	\$ 0.00		
Next Fiscal Year Not to Exceed	d Amount for Master Pooled Contr	acts	
Contract Funding Source*			
Federal Grant			
Contract Content Char Are there any required change Yes No	nges es to the contract language?* (?)		⊘
Will the scope of the Services	change?*		
○ Yes ◉ No			
Is the payment deadline differen	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the s	Submission deadlines for notes o	supporting do	ocumentation?*
File Upload (?)			
20240508_FISCAL YEAR 2025.	pdf	66.96KB	
Contract Owner		Protos de de maior de la companya del la companya de la companya d	⊙
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		•

Approved by		
Kenyonika Tohuson		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/24/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2024 Contract ID#* 2023-0652 Contractor Name* Vita Living Inc. Service Provided* (?) Individualized Skills and Socialization Services (ISS) Program Renewal Term End Date* Renewal Term Start Date* 9/1/2024 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 Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract 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)* 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?* No Yes No
Were Services delivered as specified in the contract?*
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 Amo	unts Charged to each Budge	t Unit	
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.*	
Budget Manager*	Secondary Budget Manager*		
Johnson, Kenyonika	Kerlegon, Cha	rles	
Provide Rate and Rate Descrip See attached rates Project WBS (Work Breakdown NA			
Fiscal Year* (?)	Amount* (?)		
2025	\$ 0.00		
Next Fiscal Year Not to Exceed 000 Contract Funding Source* Federal	d Amount for Master Pooled Contracts		
Contract Content Char	од во продости и в во били постоя и де и выполня под односного и выполня под односного и выполня под односного	•	
Are there any required change Yes No	es to the contract language?* (?)		
Will the scope of the Services Yes No	change?*		
Is the payment deadline difference of Yes No	ent than net (45)?*		
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S Yes No	Submission deadlines for notes or sup	porting documentation?*	
File Upload (?) 20240508_FISCAL YEAR 2025.	pdf	66.96KB	
Contract Owner			
Contract Owner* (?)			
Contract Owner* (?) Please Select Contract Owner			
Contract Owner* (?)			

Approved by		
Kenyonika Tehnson		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

HARRIS CENTER for

Mental Health and IDD	
Current Fiscal Year Contract Information	on <u>C</u>
Current Fiscal Year	
2024	
Contract ID#*	
2022-0598	
Contractor Name*	
Volunteers of America Texas	
Service Provided * (?)	
Individualized Skills and Socialization Services (ISS) P	rogram
Renewal Term Start Date*	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
○ Yes	
○ No	
Unknown	

\$ 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
the state of the s
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?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor perform duties in a manner consistent with standards of the profession?* No Pid Contractor adhere to the contracted schedule?* (?)
Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?* (?) 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?*(?)
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
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?*(?)
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 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?*(?)
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?*(?)
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?*(?)
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
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
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

Budget Units and Amou	ints Charged to each Bu	ıdget Unit	
Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expen	se/GL Code No.*
Budget Manager*	Seconda	ary Budget Manag	er*
Johnson, Kenyonika	Kerlegor	n, Charles	
Provide Rate and Rate Descript See attached rates Project WBS (Work Breakdown NA			
Fiscal Year* (?)	Amount	* (?)	
2025	\$ 0.00		
Contract Funding Source* Federal Contract Content Change Are there any required changes	LESSON OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF T		
Yes No	to the contract language.		
Will the scope of the Services of Yes No	change?*		
Is the payment deadline differe Yes No	nt than net (45)?*		
Are there any changes in the Po	erformance Targets?*		
Are there any changes to the S Yes No	ubmission deadlines for notes o	or supporting docu	mentation?*
File Upload (?)			
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Contract Owner			•
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins Budget Manager Appro	val(s)		•
The same of the sa			

Approved by		
Kenyonika Tohnson		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Informati	on ©
Current Fiscal Year	
2024	
Contract ID#* 2022-0574	
Contractor Name * Waymaker	
Service Provided* (?) Individualized Skills and Socialization Services (ISS) F	Program
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: (7)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (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?*
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?* (?) 9 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 Amoun	ts Charged to eacl	n Budget Uni	t
Budget Unit Number*	Amount Charged to \$ 0.00	Unit*	Expense/GL Code No.*
Budget Manager*	Se	condary Budget	Manager*
Johnson, Kenyonika	Ke	rlegon, Charles	
Provide Rate and Rate Description See attached rates	ns if applicable * (?)		
Project WBS (Work Breakdown St	ructure)* (?)		
NA			
Reconstruction and the control of th			
Fiscal Year* (?)	An	nount* (?)	
2025	\$ 0	0.00	
Next Fiscal Year Not to Exceed Ar 000 Contract Funding Source* Federal Contract Content Change		Contracts	
Are there any required changes to Yes No	o the contract language?	* (?)	
Will the scope of the Services cha	inge?*		
Is the payment deadline different Yes No	than net (45)?*		
Are there any changes in the Perf	ormance Targets?*		
Are there any changes to the Sub Yes No	mission deadlines for no	otes or supportin	g documentation?*
File Upload (?)			
20240508_FISCAL YEAR 2025.pdf		66.96	KB
Contract Owner			<u> </u>
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Approva	al(s)		⊙

Approved by		
Kenyonika Tohuson		
Contract Owner Approval		٥
Approved by		
Evanthe Collins		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	6/6/2024	
Deunau Peauc	0.012.024	

HARRIS CENTER for

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on <u>C</u>
Current Fiscal Year	
2024	
Contract ID#*	
2023-0653	
Contractor Name *	
Weathers & Associates	
Service Provided * (?)	
Individualized Skills and Socialization Services (ISS) P	rogram
Renewal Term Start Date *	Renewal Term End Date*
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
returned our opinio only (i or restoration only)	
Agenda Item Submitted For: (?)	250 000 00)
 Information Only (Total NTE Amount is Less than \$: Board Approval (Total NTE Amount is \$250,000.00 	
Grant Proposal	or more)
▼ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	Competitive Proposal
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
No● Unknown	
CHRIOWII	

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?* See 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 Amo	unts Charged to each B	udget Unit	
Budget Unit Number*	Amount Charged to Unit \$ 0.00	* Expense/	GL Code No.*
Budget Manager*		dary Budget Manager*	
Johnson, Kenyonika	Kerlego	on, Charles	
Provide Rate and Rate Descrip	otions if applicable * (?)		
See attached rates			
Project WBS (Work Breakdown	Structure)* (?)		
NA			
Fiscal Year* (?)	Amoun	* * (?)	
2025	\$ 0.00		
Next Fiscal Year Not to Exceed	Amount for Master Pooled Cor	ntracts	
Contract Funding Source*			
Federal			
Contract Content Chan	iges		<u> </u>
Are there any required change	s to the contract language?* (?)		
Yes No			
Will the scope of the Services	change?*		
Yes No			
Is the payment deadline differen	ent than net (45)?*		
Yes No			
Are there any changes in the F	Performance Targets?*		
Are there any changes to the S	Submission deadlines for notes	or supporting docume	entation?*
File Upload (?) 20240508_FISCAL YEAR 2025.	pdf	66.96KB	
20210000_1100712 1271112020.		55.05.N2	
Contract Owner			
Contract Owner* (?)			
Please Select Contract Owner			
Dr. Evanthe Collins			
Budget Manager Appro	oval(s)		

Approved by		
Konyonika Tohnson		
Contract Owner Approval		
Approved by		
Evanthe Collins		
Ovanine Citino		
Contracts Approval		
Contracts Approval Approve* Yes		
Contracts Approval Approve* Yes No, reject entire submission		
Contracts Approval Approve* Yes No, reject entire submission		
Contracts Approval Approve* Yes No, reject entire submission Return for correction		
Contracts Approval Approve* Yes No, reject entire submission	Approval Date*	

EXHIBIT R-14

Supplier Diversity Report

Q3 FY2024

Presented by: Stanley Adam, MBA July 16, 2024



Overview

RFP Advertisement – Examples

• Q3 FY2024 HUB Spent Report

RFP Advertisements - Example (Houston Chronicle)

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Pharmacy Inventory Services

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B10 FRIDAY, MAY 10, 2024

Notice to Creditors

HOUSTON CHRONICLE | HOUSTONCHRONICLE,COM

LEGAL NOTICES

Notice to Creditors

HoustonChronicle.com/Place-Legals

Legal Bids & Proposals

legals@chron.com

Legal Bids & Proposals

713.362.6868

NOTICE OF COMPETITIVE BIDS

Harris County is requesting offers for the projects listed below. Offer requirements, including item description(s), submission due dates and times, type of pricing, payment method, and any bonding requirements, may be obtained online at https://purchasing.harriscountybc.gov, or in the Purchasing Agent's office. Return

offers to Harris County Purchasing Agent, 1111 Fannin, 12th Floor, Houston, Texas 77002, no later than 2:00 p.m. local time in Houston, Texas on specified due dates.

Legal Bids & Proposals

Bids/	Proposals D	ue May 13, 2024	
Job Job	24/0070 24/0078	Detention Security Screening Equipment Professional Architectural and/or Engineering Services to Provide Program Management, Estimating, Scheduling, and Risk Assessment Services for the Management of CDBG-DR and	CDBG-MIT Projects
Job Job	24/0097 24/0098	Intelligent Transportation System Services & Equipment High Definition Closed-Circuit Television Cameras, Associated Equipment, Maintenance and Related Items	obba iiii i rojeob
Job Job Job Job Job Job	24/0108 24/0112 24/0114	Lactation Support and Services for ACCESS Harris Strategic Planning Consulting Services Aerial Spraying for Mosquito Control	
Job	24/0121	Residential Treatment for Males and Females Who Are Under Community Supervision	
Job Job	24/0122 24/0139	General Drainage System Repairs in North Harris County Construction of Water Distribution, Wastewater Collection, Storm Water, Paving, and Lift Station for East Aldine Estates Subdivision, Precinct 2	

Bids/Proposals Due May 20, 2024

Job 24/0140 Job 24/0141

00	23/0493	Virtual Reality Equipment, Implementation, Training and Support Services
ob	24/0035	American Rescue Plan Act (ARPA) Technical Assistance, Portfolio Management, and Compliance Support
ob ob	24/0060 24/0106	CMI Courthouse Audio/Video Systems Upgrade New Enterprise Case Management system with Electronic Medical Record
ob	24/0133	Pharmaceutical Distributor

Reconstruction of Single Family Homes

Bids/Proposals Due June 3, 2024

Job	24/0115	Quick Clearance of Stalled and/or Abandoned Vehicles from
		Harris County Freeways
Job	24/0124	American Rescue Plan Act (ARPA) Single-Family Home
		Rehabilitation
Job	24/0144	Drainage and Related Infrastructure Improvements along Dula
		Lane - 2022, Precinct 3
Job	24/0157	Modifications to the Inverness Forest Levee
Job	24/0158	Professional Architectural and/or Engineering Services to Conduc
		a Transportation Master Plan
Job	24/0161	Construction of Sidewalks and Trail along Huffmeister Road
		(Phase 2), Precinct 3

Bids/Proposals Due June 10, 2024

Job Job	24/0149 24/0166	Climate-Controlled Food Locker System Implementation Renovation of Radiographics Lab at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday
Job	24/0170	May 28, 2024) Modernization of the Green Elevators at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday, May 28, 2024)

Bids/Proposals Due June 17, 2024

Job 24/0069 State Highway (SH) 225 / Sam Houston Tollway East (SHTE) Interchange Construction, Package 1

Legal Bids & Proposals

Austin Commercial is soliciting proposals for the MD Anderson Clinical Services Building Project for Bid Package Interiors and rebidding select scopes for BP1, 2, and 4. The project is located in Houston, TX. All project and bidding documents can be accessed through Building Connected Interested parties must email David Nolan at

houstonestimating@austin-ind.com to gain access. Sealed bids are due on 06/04 at 2PM through Building Connected. All interested Texas HUB organizations are encouraged to propose.

HOUSTON GATEWAY ACADEMY, INC.

is accepting sealed bids for vended meals for the National School Lunch Pro gram (NSLP) for the 2024-2025 school year. Proposals are due by May 15, 2024 at 2:00 PM CST. Visit https://www.hgasc hools.org/apps/pages/rfp24 for the full

Legals/Public Notices

Public Notice

The annual return of the EOG Scholarship Fund is available, at the address noted below for inspection during normal business hours, by any citizen who so requests within 180 days after publication of this notice of its availability

EOG Scholarship Fund 1111 Bagby, Sky Lobby 2 Houston, Texas 77002

The principal manager is Michele L. Hatz, President Telephone (713) 651-7000

HoustonChronicle. com/Advertise

NOTICE TO CREDITORS

NOTICE TO CREDITORS AD

Contact our team:

legals@chron.com

OR

Visit our 24/7 website to place, anytime: HoustonChronicle.com/Place-Legals

*Includes first 36 lines and 1 Affidavit of

Publication. \$2.00 each additional line.

Notice is hereby given that original Letters Testamentary for the Estate of Jean Kitty Wadey Graham, were issued on 04/30/2024, in Cause No. 524790, pending in the Probate Court of Harris County Probate Court #1, Texas, to: Lorraine Hornby. All persons having claims against this Estate which is currently being administered are required to present them to the undersigned within the time and in the manner prescribed by law

c/o: Abhijit Modak Attorney at Law 21227 Álbany Park Lane Spring, Texas 77379 DATED the May 7, 2024 A/ Abbiiit Modak PLH0U0044856

Legal Bids & Proposals

Legal Bids & Proposals

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RFP Advertisements – Example (Forward Times)

4A May 8 - 14, 2024

SEZEN Continued from Front Page

CLASSIFIEDS

REQUEST FOR PROPOSAL

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REQUEST FOR PROPOSAL

FORWARD TIMES

Harris County Commissioner Ellis **Praises Megan Thee Stallion's** Nonprofit for Donating \$35K for Improvements to Precinct One's Youth Education Town. Declares May 2 "Megan Thee Stallion Day in Harris County"



Renovations Include Improved Space for Literacy, Computer Lab and Fine Arts Studio By: Forward Times Newswire

with a \$35,000 donation from Grammy, awarehold to the state of the help of 50. The state of the state

the precinct's Lincoln Community Center in Acres Homes, serves 5,000-plus children, teens, young

RFP Advertisements – Example (La Information)

Del 9 al 15 de Mayo 2024



COMISIÓN DE CALIDAD AMBIENTAL DEL ESTADO DE TEXAS



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACIÓN

PERMISO NO. WQ0002656000

SOLICITUD. BASF Corporation, 602 Copper Road, Presport, Texas 775-41, que pouse un terminal de almacesamiento de ameniaco ambidro, ha solicitado a la Cominión de Cabinda Armbiental del Entedo de Tenas (CEEQ) para renovar el Perminio No. WQ00002656000 (BEALT). No. TX TX0006600) del Sintena a la Cabinda Armbiental del Entedo de Tenas (CEEQ) para renovar el Perminio No. WQ00002656000 (BEALT). No. TX TX0006600) del Sintena a manentalizante y de flajo versable la La platena esta tibacada 1451 Novigation Boudevard en el Condodo de Permo-to-Market Road 1405, de alla suna zenja al contado de la platena hasta una zenja de demaja, y de alla suna zenja al contado de la ceretera a lo lægo de Farm-to-Market Road 1405, de alla suna zenja al borade de la cuevetera a lo lægo de Leves Bond, de silia i suna zenja al contado de la ceretera a lo lægo de Farm-to-Market Road 1405, de alla suna zenja al borade de la cuevetera a lo lægo de Leves Bond, de silia i suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de la Senta de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de la Senta de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de la Senta de Permo-to-Market Road 1405, de alla suna zenja al contado de la Caretera de la Senta de la Senta de la Caretera de la

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Despuis de complete la revisión técnica, el Director Ejecutivo puede preparar un bornador del permiso y centirá una Decisión Pediminar sobre la solicitud. El aviso de la solicitud y de decisión preliminar serán publicados y entrados a los que están en la lista de correro de las personaso a lo largo del condado que desean recibir los avisos, y los que están en la lista de correro que desean recibir avisos de esta solicitud. El aviso dará la fecha limite para someter connectarios públicos.

COMENTARIO PÚBLICO (REUNIÓN PÚBLICA. Untel puedo presentar comestarios públicos o pedir una reunión pública sobre esta solicidad e la proprieto de una reunión pública es de la oportunidad dels presenter comentarios o hacor preguntes acera de la solicinal. La TCGO realiza musa reunión pública si el Director Ejecutivo determina que hay un grado de interés público sufficiente en la solicinal de si un legislador local lo pide. Una reunión pública no es una antidencia administrativa de los contenescions.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Despois del plazo para prosentar consentarios públicos, el Director Ejecutivo consideraria dodo los comentarios aparçandos y geoparate un arespirate poble por establicação, escular entre establicação, de la rector establicação, a tenencia publica de la solicituda da para sido referida directomente a uma audiencia administrativa de los contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicituda o erá neutrádo para corte a todos los que comentarios que la decisión del Director Ejecutivo sobre la solicituda de rein auxidado para correa a todos los que comentarios que destable y a las una reconsideración del Director Ejecutivo y para pedir una sudiencia administrativa de lo confencioso. Una sudiencia administrativa de lo confencioso e un procedenismo legal sumba e au procedenismo legal acción en un tribunal de districto destado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y minnero de teléfono; el nombre del colicitante y nimero del permano, in ubicación y dictancia de su propiedado no común al público en general; una licita de toda los correctiones de hecho en disputa que usted presente del urante de priorido de comentarior; y la declaración "[hô-mosorion] colicita-solicitamos una sudiencia de caso impugnado". Si presenta la pelación para una audiencia de caso impugnado ". Si presenta la pelación para una audiencia de caso impugnado nombre y la dirección de un mirentero del grupo que seria afectado adversamente por la planta o la actividad propueta; provere la información indicada anteriormente con respecto a la ubicación del miembro afectado dy su distancia de la planta o actividad propueta; esplicar cómo y porque el miembro seria afectado, y cue ejectar cómo per periamente por periamente por periamente que periamente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propueta; esplicar cómo y porque el miembro seria afectado, y cue ejectar cómo perfuente al propeto del grupo.

Después del cierre des todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración por a uma audiencia de caso impugnado a los Comeniamados de la TCEQ para su consideración indemante uma resumén programada de la Comisión. La Comisión sólo puede conceder uma solicitud de uma audiencia de caso impugnado sobre los termas que el solicitante haya presentados en sus comenciarsos opertumos, que no faceron retirados posteriormentes. Si se concede una audiencia, el terma de la sundencia estará para o caba en caba que el portunto que no faceron retirados posteriormentes. Si se concede un audiencia, el terma de la sundencia estará aprendir de caba de la caba de la

LISTADE CORREO. Si sonate comentarios públicos, un pedido para una andiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por comeo los avisos públicos en relación con la solicinal Además, paede pedir que la TCEQ pouga su nombre en una o nata de las lates contros signistentes (1) la lista de correo permanente para recibir los avisos de de solicinante indicado por nombre y minero del permis o específico y/o (2) la lista de correo de todas las solicinades en un condado específico. Si desea que se apregue su nombre en una de las listas designes cuali late(s) y em por correo y pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN DE LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente via http://nxxxxli.kica.pleza.en.or/inicia/Commandi e por escrito dirigidos a la Comisión de Caldadd Ambiental de Texas, Oficial de la Secretaria por como composito de caldadd Ambiental de Texas, Oficial de la Secretaria porcione, incluyendo su nombre, nimero de selédico, dirección de corso electránico y disención finicamenta formar parte del registro público de la Agencia. Para obtener más información en españo, puede la Inazza al 1-800-687-6400. Si desea información en españo, puede llazas al 1-800-687-6400. Si desea información en españo, puede llazas al 1-800-687-6400.

También se puede obtener información adicional del BASF Corporation a la dirección indicada arriba o llamando a Yasuko Dodd, P.E., Especialista ambiental senior, al 979-415-6952.

Fecha de emisión 26 de abril de 2024

Solicitud de Propuesta – Houston-Galveston Area Council – Servicios Públicos – Equipos Médicos, de Seguridad y de Rescate de Emergencia – EE11-24

H-GAC está solicitando respuestas para seleccionar fabricantes, concesionarios, distribuidores y proveedores de Equipos Médicos, de Seguridad y de Rescate de Emergencia para poner este tipo de productos y servicios a disposición de los Clientes del Programa de Compras Cooperativas de HGACBuy bajo contratos de tipo general.

Para ver los documentos de la licitación, visite https://www.hgacbuy.org/bid-notices.

Fecha limite de respuesta: junio 20, 2024 @ 12:00 P.M. CST

EFFICIENCY

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- BAÑO
- PARQUEO
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NIVELACIÓN DE CASAS,
REMODELACIÓN
CEMENTO, PISOS, DRIVEWAY,
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NUEVAS, ESTRUCTURAS
COMERCIÁLES. 10 AÑOS DE
EXPERIENCIA. PRESUPUESTO
GRATIS. LLAMA PARA MAS
INFORMACIÓN AL 832-417-7698

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Periódico Información - Edición 2007



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MAY 10-16, 2024 HOUSTON BUSINESS JOURNAL | 45

LEGALS

INVITATION TO BIDDERS

The requirements of Subchapter J. Chapter 552, Government Code, may apply to this Bid and the bidder agrees that the Contract Documents can be terminated if the bidder knowingly or intentionally fails to comply with a requirement of that subchapter.

Scaled Bids selder-seed to Meritage Homes of Texas, LLC on behalf of For Band County Municipal Utility District No. 141, Attention Barbara T. Desten, Perallent, Board of Directors, will be received at the office of R.G. Miller lingineers, Inc., 16340 Park Ten Place, Saite 550, Houston, Texas 77084, until 200 p.m. Local Time, Thursday, May 23,

The Owner reserves the right to reject any or all Bids and to waive all defects and tregulatities in bidding or bidding process except the time for submixing a Bid. The successful bidder, if any, will be the responsible bidder, which in the Board's judgment will be most advantageous to the District and result in the best and most economical.

The requirements of Subchapter J, Chapter 552. Government Code, may apply to this Bid and the bidder agrees that the Contract Documents can be terminated if the bidder hanowingly or intentionally fails to comply with a requirement of that subchapter.

INVITATION TO BIDDERS

Scaled Bids, in duplicate, addressed to Bissonner 136, LLC, Astention Rosie Kaerzes, BL, will be received at the office of Kindey-Horn, 11700 Kay Freeway, Suite 800 Houston, TX 77043, until 10;50 a.m. Local Time, Friday June 7th, 2024, and then publicly opened and regular for Patring, Grading, and Utilities Plasse 1° for Kirkwood Crassing, Harris County,

The requirements of Subchapter J. Chapter 552. Government Code, may apply to this Bid and the bidder agrees that the Contract Documents can be terminated if the bidder knowingly or intentionally fails to comply with a requirement of that subchapter.

Scaled Bids addressed to KB Homes Lane Star, Inc. on behalf of Fore Bend County Municipal Utility District No. 181, Attention Burbars T. Dester, President, Board of Directors, will be received at the office of R.G. Miller Engineers, Inc., 16340 Park Ten Place, Suite 350, Houston, Texas 77084, until 22:00 p.m. Local Time, Thursday, May 23,

Copies of the bidding documents may be reviewed and obtained from www.CivcasUSA. com. Biddiers must register on this website to view anti/or abovenboad specifications, plans, soils report, and environmental reports for this Project. There is \underline{NQ} charge to view or download obcuments.

The Owner reserves the right to reject any or all Bids and to waive all defects and regularities in bidding pressess except the time for submixing a Bid. The successful bidder, if any, will be the responsible bidder, which is the Board's judgment completion of the Project.

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Pharmacy Inventory Services

ADVERTISEMENT FOR PROFESSIONAL ARCHITECTURAL SERVICES CITY OF HOUSTON

Project Description:

5803 Belfort Ave, Houston Tx 77033

Estimated Construction

Wednesday, May 15, 2024, 10:00 a.m.

Dial-in by phone: 1 936-755-1521 Conference ID: 469 596 862#

Contract Bid Managemer

ADVERTISEMENT FOR BIDS WESTCHASE DISTRICT

- and electrical service.

 Minor relocation of existing traffic signs.

 Critical utility locates for all monument sign sites.

 Minor site restoration for proposed monument sign sites,

 Traffic control to install proposed signs.

The Westchase District will award the contract to the most responsible hidder who, in the pludgment of the Westchase District, will be most advantageous to the Westchase District and results in the best and most economical completion of the project. Bidders shall also submit qualifications with their bids are forth in the contract documents.

RFP Advertisements – Example (WBEA Website)

BID OPPORTUNITIES

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Security and Privacy Risk Management Services and Platform with Vendor Security

Management Services

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, March 12, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/?tab=open/Opportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, March 20, 2024. Proposals must be submitted by 10:00 a.m., Tuesday, April 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



Bid Opportunities

Local Resources

State Resources

Federal Resources

Supplier Diversity Resources

Tue, Mar. 19, 2024 - Fri, 03. 22, 2024

WBENC National Conference

AMPLIFY

register website

Thu, Apr. 04, 2024

Thought Leaders

Fri, Apr. 05, 2024

register website

Fri, May. 03, 2024

register website

How To Get WBENC WBE

How To Get WBENC WBE

Diverse Supplier Events

HOME CONTACT BID OPPORTUNITIES WEEDIRECTORY

BID OPPORTUNITY RESOURCES

WBEA is committed to connecting women-owned businesses with corporate, state and government opportunities. Therefore, this webpage is designed to provide our members with the tools, education and information regarding available Supplier Diversity Events and Bid Opportunities or Requests for Proposals.

A Request for Proposal (referred to as RFP) is an early stage in a procurement process, issuing an invitation for suppliers, often through a bidding process, to submit a proposal on a specific commodity or service. The RFP process brings structure to the procurement decision and allows the risks and benefits to be identified clearly upfront. The RFP may dictate to varying degrees the exact structure and format of the supplier's response, so be sure you read all documentation carefully.

Lastly, the creativity and innovation that suppliers choose to build into their proposals may be used to judge supplier proposals against each other. Keep in mind that when submitting your proposal, it may be best to include your "One- page Wonder" marketing/ advertising tool. This is an introduction of your business to the corporation or prime contractor you're seeking to do business with.

If you are a contractor wanting to advertise your bid opportunity on the WBEA website, please email bids@wbea-texas.org.

HUB & SUB BID OPPORTUNITIES

Email HUB & SUB bid opportunities to bids@wbea-lexas.org. Please make sure that bid documents are in Microsoft Word or PDF format. The WBEA posts bid opportunities on the WBEA website once a week when staff is available.





RFP Advertisements – Example (HMSDC Website)

Act	ve
Includ	le in Revenue Calculations? *
Yes	
Name	*
Sec	urity and Privacy Risk Management Services and Platform with Vendor Security Management Services
Indus	try
	rofessional Services
×P	rofessional Services
× P	date 2024-04-02



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Q3 FY2024 HUB Report (1 of 2)

			Local Vendor		
Vendor Name	FY2024 Q2 Spend (\$)	Description	Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	719,149	Janitorial services	х	х	х
Rey De La Reza Architects	518,034	Architecture services	×	×	x
MSTRATEGIC	219,722	Design and Construction	×	×	x
Webhead	174,302	Technology Company	×	×	x
Metropolitan Landscape*	147,122	Landscape	×	×	x
Rekruiters	131,385	IT staffing	×	×	x
Universe Technical Translation	126,733	Translation and interpretation services	×	×	х
Right Now Pest	119,534	Pest Control and Exterminator	×	×	x
Innovation Network	117,001	Networks, storage & cloud migration	×	×	×
The Warring Group	66,600	PR/Media Relations	×	×	х
Physician Resources, INC	60,503	Temporary Staffing and Direct Hire Placement	×	×	×
SHI Government Solutions, INC	55,872	Computer Software &, Hardware	×	×	х
THR3EDESIGN	53,080	Architecture services	×	×	х
Landtech	37,220	Surveying	×	×	×
Nightingale Interpreting	34,219	Translation and interpretation services	×	×	х
LAB USA	33,120	Technology Company	×	×	х
Ascend HR	23,200	Recruitment	×	×	×
A-Rocket Moving & Storage	22,897	Moving services	×	×	x
DAAS Inc	19,487	Flooring Contractors	×	×	х
Modern Psychological & Allied	18,525	Psychological services	×	×	х
The Burnett Companies Consolidated	17,087	Specialist Staffing	×	×	×
Dura Pier Facilities Services, LTD	16,783	Facility services - construction	×	×	х
MasterWord Services INC	12,566	Translation and interpretation services	×	×	х
ATIME4MARKET	12,490	Marketing Consultant	×	×	х
Globo Language Solutions	9,036	Translation and interpretation services			x
Crystal Communications Ltd	7,435	Data, IP, and video communications systems integratio	×	×	х
Ultra Staff	5,629	Health Care Staffing Services	×	×	х
Auto Arch Architects LLC	5,000	Architecture services	×	×	×
Next Level Urgent Care	2,645	Urgent care/workers' comp	×	×	х
Viking Fence*	2,344	Fence	х	х	х
Houston Defender	883	African-American Newspaper	х	х	х
FORWARDTIMES	798	Black Owned Newspaper	х	х	х
Broaddus Planning, LLC	555	Consulting and Planning Services		х	х
Total HUB Spend	\$ 2,790,956				

^{*} Did not renew HUB certification during FY2023

Q3 FY2024 HUB Report (2 of 2)

- Q3 FY2024 HUB spend = \$2,790,956
- Q3 FY2024 discretionary spend = **\$16,756,100**
- HUB spend % = **17%**
- Exclusion categories from discretionary spend
 - Intergovernmental contracts
 - Key service contracts with non-profits (Easterseals)
 - University systems (BCM for residency program)
 - Enterprise software (EHR, ERP)
 - Leases
 - Supported housing
 - Pharmaceuticals

- Utilities
- Physician services
- Trade organizations (National Council, Texas Council)
- Employee reimbursements
- Employee benefits
- Consumer-chosen individuals for respite services

Thank you.