

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
(EXHIBIT 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

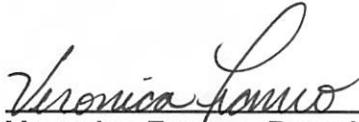
- A. July 2024 Contract Renewals 100K-250K
(EXHIBIT R-8)
- B. July 2024 Amendments 100K-250K
(EXHIBIT R-9)
- C. July 2024 New Contracts Under 100K
(EXHIBIT R-10)
- D. July 2024 Renewals Under 100K
(EXHIBIT R-11)

E. July 2024 Amendments Under 100K
(EXHIBIT R-12)

F. July 2024 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT 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		
	Original Budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 29,685,264	\$ 1,065,430
Expenditures	28,536,501	28,383,429	153,072
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 1,301,835	\$ 1,218,502
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(792,743)	(792,743)
Other Sources (Uses)	-	-	-
Change in Fund Balance/Net Position	\$ -	\$ 509,092	\$ 509,092

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 286,198,344	\$ 285,736,611	\$ (461,733)
Expenditures	285,365,011	284,078,343	1,286,668
Excess (Deficiency) of revenues over expenditures	\$ 833,333	\$ 1,658,268	\$ 824,935
Other Sources (Uses)			
Debt payment	\$ (833,333)	\$ -	\$ 833,333
Capital Outlay	-	(5,594,776)	(5,594,776)
Other Sources (Uses)	-	162,964	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 Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 10,145,271	\$ 11,304,775	1,159,504	11%	\$ 101,452,713	\$ 102,612,303	1,159,590	1%
Harris County and Local	5,420,027	5,154,665	(265,362)	-5%	54,200,273	52,523,856	(1,676,417)	-3% A
Federal Contracts and Grants	4,034,513	3,615,137	(419,376)	-10%	40,345,129	39,523,852	(821,277)	-2%
State Contract and Grants	1,128,277	1,068,432	(59,845)	-5%	11,282,774	9,161,363	(2,121,411)	-19% B
Third Party Billing	2,766,501	3,446,443	679,942	25%	27,665,005	31,511,273	3,846,268	14% C
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)	-29%	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	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% E
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	20,669,676	(8,125,164)	-65% F
Purchases, Repairs and Maintenance of:								
Equipment	597,697	803,382	(205,685)	-34%	5,976,972	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	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	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	
Other Sources (Uses)								
Debt payment	\$ (83,333)	\$ -	\$ 83,333		\$ (833,333)	\$ -	\$ 833,333	
Capital outlay	-	(792,743)	(792,743)		-	(5,594,776)	(5,594,776)	
Insurance proceeds	-	-	-		-	48,264	48,264	
Proceeds from Sale of Assets	-	-	-		-	114,700	114,700	
Change in Fund Balance/Net Position	\$ -	\$ 509,092	\$ 509,092		\$ -	\$ (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 Ended May - 2024		Fiscal Year to May - 2024	
	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 Ended May - 2024		Fiscal Year to May - 2024	
	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	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			
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	<u>78,337,482</u>	<u>87,409,262</u>	<u>9,071,780</u> 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	<u>\$ 119,572,600</u>	<u>\$ 128,643,656</u>	<u>\$ 9,071,056</u>
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	<u>\$ 82,210,447</u>	<u>\$ 82,210,447</u>	<u>\$ -</u>
Total Assets	<u><u>\$ 201,783,047</u></u>	<u><u>\$ 210,854,103</u></u>	<u><u>\$ 9,071,056</u></u>
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	<u>\$ 46,012,536</u>	<u>\$ 54,574,499</u>	<u>\$ 8,561,963</u>
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	<u>\$ 155,770,511</u>	<u>\$ 156,279,604</u>	<u>\$ 509,093</u>
Total Liabilities & Fund Balance/Net Position	<u><u>\$ 201,783,047</u></u>	<u><u>\$ 210,854,103</u></u>	<u><u>\$ 9,071,056</u></u>

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:

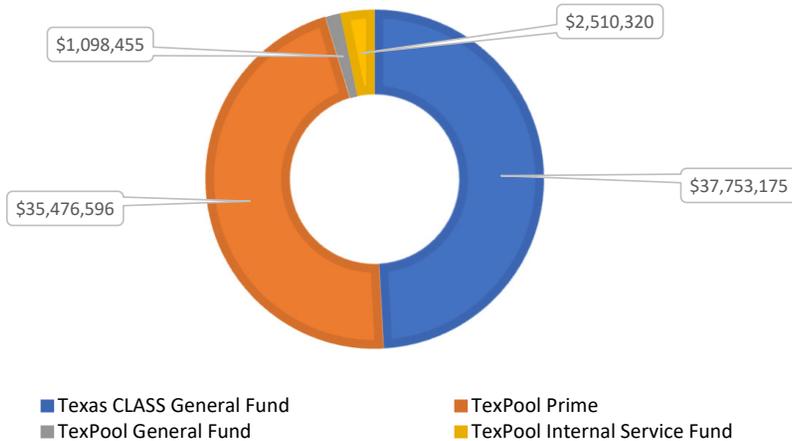
Fund Balance/Net Position	As presented	As reclassified	
	May - 2024	May - 2024	
Inventory and Capital Assets	82,907,932	-	(82,907,932)
Net Investment in Capital Assets	-	82,210,447	82,210,447 Capital Assets Investments net of related debt
Nonspendable	-	4,657,879	4,657,879 Nonspendable - Inventories, 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)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 27,143,016	\$ 17,700,000	\$ (7,200,000)	\$ 110,159	\$ 37,753,175	49.13%	5.43%
<i>TexPool</i>							
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%
<i>TexPool Sub-Total</i>	<u>38,911,187</u>	<u>-</u>	<u>-</u>	<u>174,184</u>	<u>39,085,371</u>	<u>50.87%</u>	<u>5.45%</u>
Total Investments	\$ 66,054,203	\$ 17,700,000	\$ (7,200,000)	\$ 284,343	\$ 76,838,546	100.00%	5.44%
Additional Interest on Checking Accounts				<u>69,986</u>			
Total Interest Earned during the current month				<u><u>\$ 354,329</u></u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.27%
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:

Shania D. Gonzalez

Controller

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

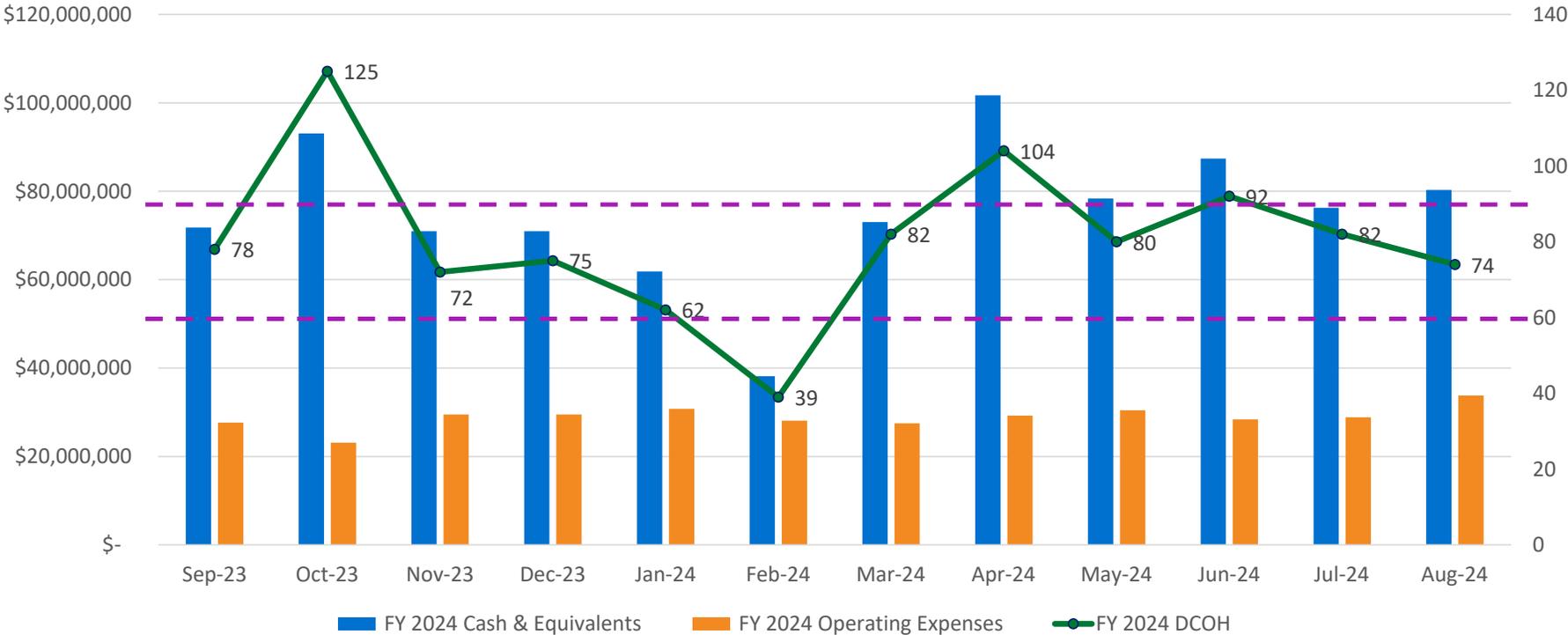
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jun-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,910,302	\$20,730,807
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,513,137	\$24,832,446
UNUM	Life Insurance	\$300,000	\$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.

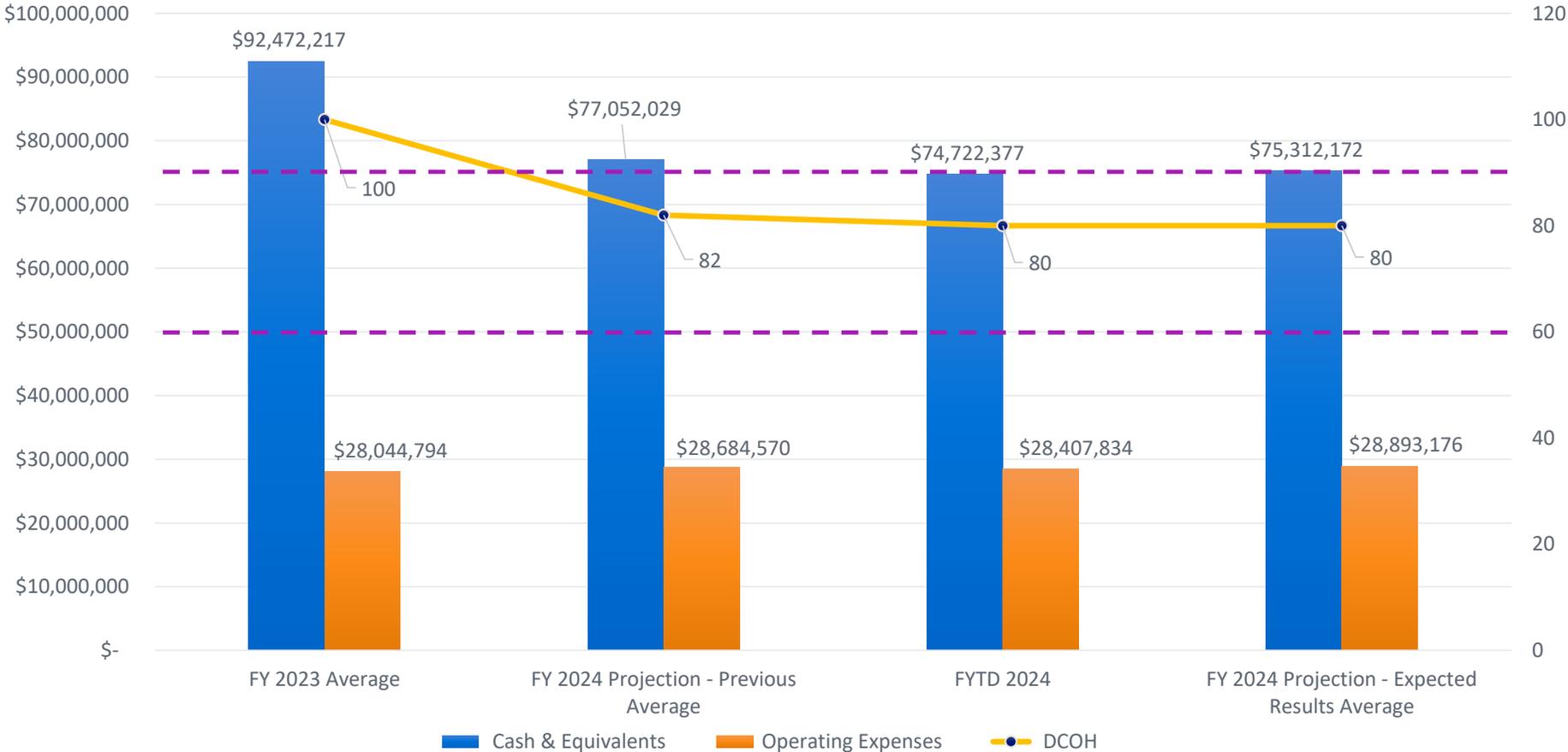
⁽²⁾ LFG Includes 05C & 06A payments

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



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

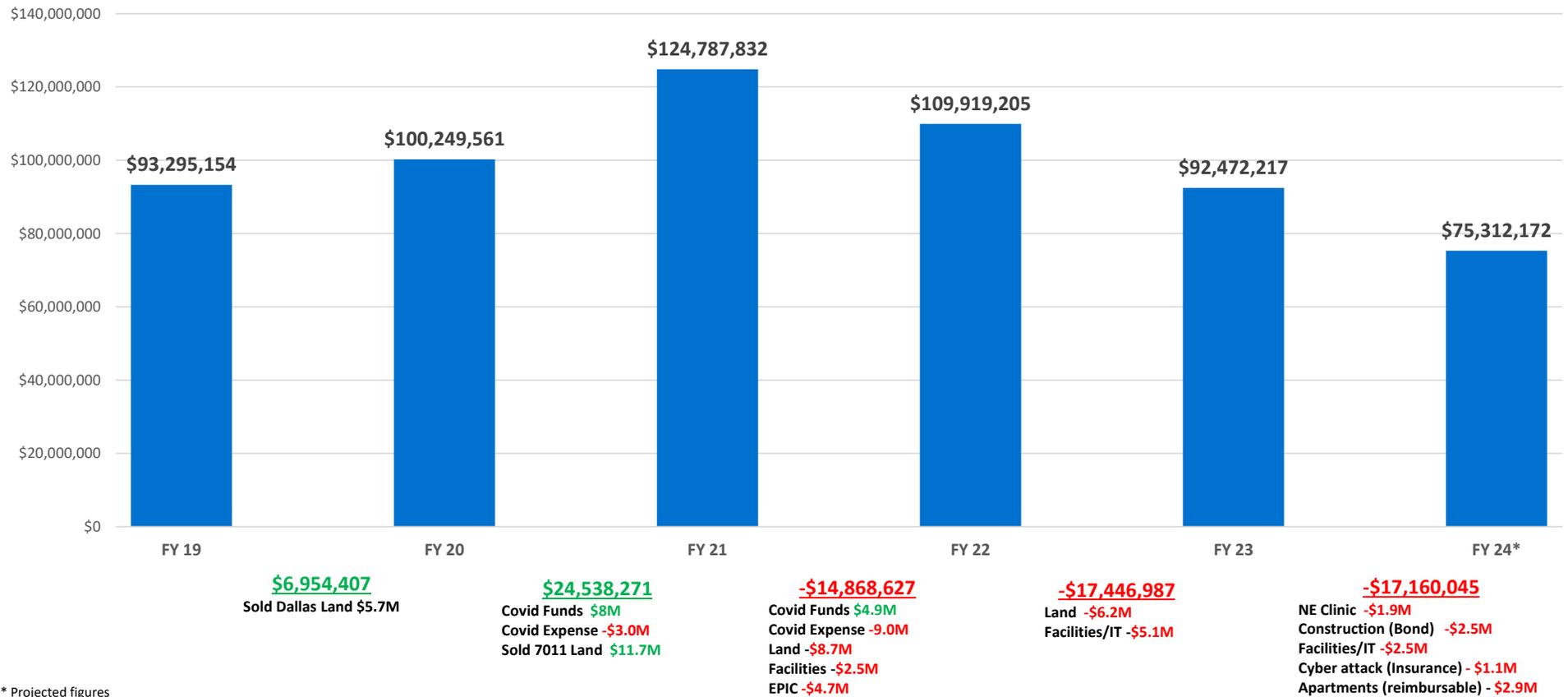
DCOH FY 2023 & FY 2024



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

FYTD exp = \$284,078,343

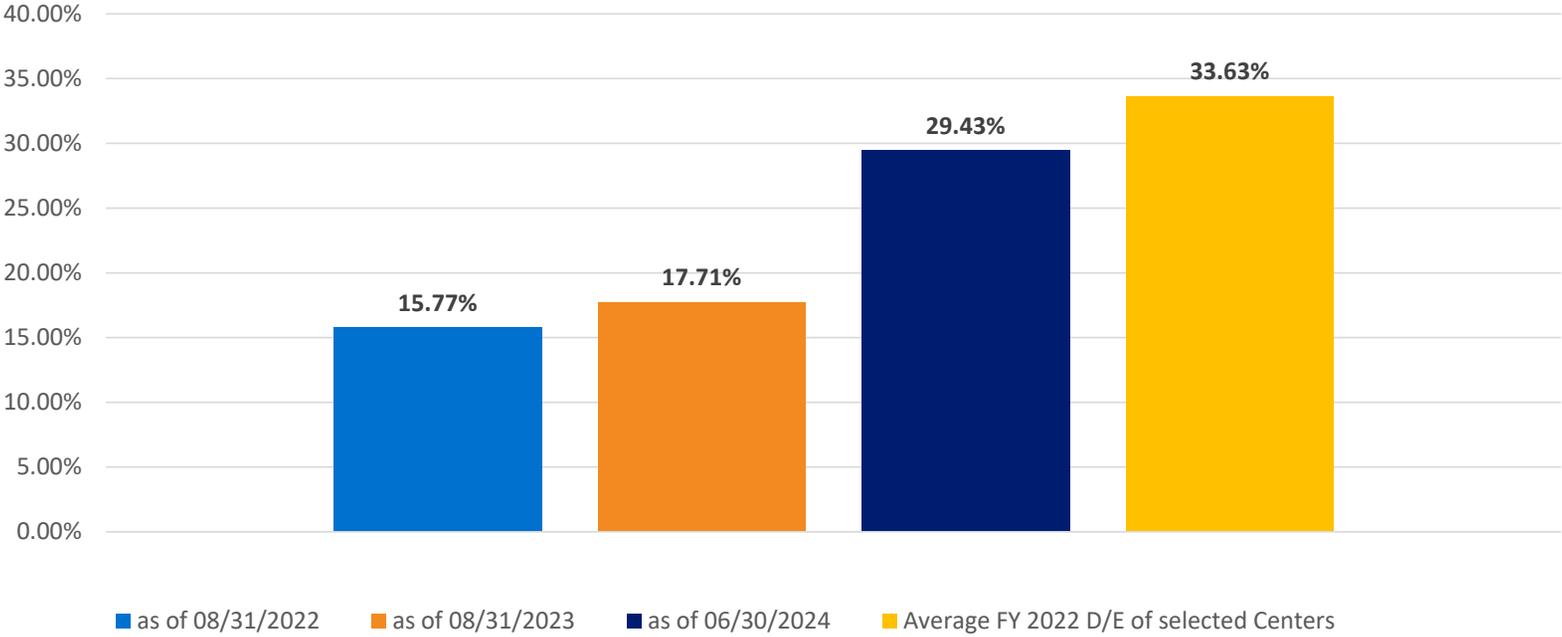
Financial Overview – Cash and Cash Equivalents



* Projected figures

Operating Expense	\$266,844,212	\$280,406,060	\$303,188,816	\$318,383,580	\$336,537,528	\$346,718,111*
Days Cash on Hand	128 Days	130 Days	150 Days	126 Days	100 Days	80 Days

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



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 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* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 3,117,100.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Community Inpatient Psychiatric Hospital Beds
12.2 beds per day at \$700

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ashley Sacriste

Address*

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

Postal / Zip Code

77074-5008

State / Province / Region

TX

Country

United States

Phone Number*

713-778-5210

Email*

Ashley.Sacriste@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 3,117,100.00	543044

Budget Manager	Secondary 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)* (?)

na

Requester Name	Submission Date
Singh, Patricia	6/17/2024

Budget Manager Approval(s)

Approved by



Approval Date
6/17/2024

Procurement Approval

File Upload (?)

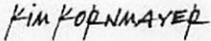
Approved by



Approval Date
6/21/2024

Contract Owner Approval

Approved by



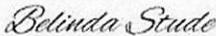
Approval Date
6/21/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*
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							
	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							



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0808

Contractor Name*

Block Builders, LLC

Service Provided* (?)

Construction of Apartments for the 6168 South Loop East, Houston, TX
(Projected construction through 8/31/2025) Funding only.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 7,142,296.12	900040
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$7,142,296.12 is the current balance on the PO as of 6/24/24, will need to be changed to match what balance is on 09/01/2024 when writing the new PO#

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.23 6168 Apartments

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,142,296.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0181

Contractor Name*

Clinical Laboratory Services, Inc.

Service Provided* (?)

Agency wide clinical laboratory services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1136	\$ 600,000.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 2,104.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 826.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 2,372.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,497.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,497.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,497.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 25,300.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 2,000.00	580000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,135.00	580000

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	\$ 826.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 825.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9404	\$ 1,403.00	580000

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 deadlines for notes or supporting documentation? *

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)



Approved by

Debbie Chambers-Shelby

Approved by

Priscilla M. Ramirez

Approved by

Jodel Oshman

Approved by

Shenia Williams-Wesley

Approved by

Sign

Contract Owner Approval



Approved by

Kia Denaac Walker

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/24/2024

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID#*

7827

Contractor Name*

Enterprise FM Trust

Service Provided* (?)

Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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



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.*
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*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 19,885.80	559000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 45,463.44	560500
Budget Manager*	Secondary 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	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 9,976.56	560500
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,892.76	559000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	
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	\$ 6,227.64	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 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.*
2214	\$ 3,491.04	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 34,228.08	560500
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 4,230.12	559000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 77,974.96	560500
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 13,793.28	559000
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
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 12,599.00	560500
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

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

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
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 3,981.36	560500
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Adams, Betty
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 954.84	559000
Budget Manager*		Secondary 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*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,832.72	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 95,321.16	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 21,390.60	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 15,243.96	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 2,761.20	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 4,778.28	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 907.80	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 5,318.40	560500
Budget Manager*		Secondary 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.*
9247	\$ 7,570.32	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 1,134.84	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 89,189.88	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 11,556.60	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 1,091.76	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 15,380.04	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 2,098.92	559000

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

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 825,512.76

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
825512.76

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Kenyonika Johnson

Approved by

Shonnia Williams-Wesley

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7137

Contractor Name*

McKesson Corporation

Service Provided* (?)

Agency Wide Medical Surgical Supplies [Tag-On through GPO Vizient]

Renewal Term Start Date*

7/1/2024

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 295,577.00

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?* (?)

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

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	547002

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

Budget Unit Number*	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.*
2801	\$ 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	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 120.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 456.00	547002
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 180.00	547002
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 1,200.00	547002
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 2,750.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 56,000.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 2,200.00	547002
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	\$ 8,400.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 3,500.00	547002
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	Puentes, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 1,177.00	547002
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Puentes, 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*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 856.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 856.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 856.00	547002

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

Provide Rate and Rate Descriptions if applicable* (?)

rates vary

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2024	\$ 295,577.00

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

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Kenyonika Johnson

Approved by

Tanai Lynnette Smith

Approved by

Jodel Oshman

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kia Denae Walker

Contracts Approval

Approve *

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

Approved by *

Bolinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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*

Egla MacKinney

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 Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 63,548.16	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 87,260.16	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1814	\$ 75,878.40	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 197,283.84	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1820	\$ 159,344.64	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 47,424.00	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 113,817.60	583000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 159,344.64	583000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 197,283.84	583000

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

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

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

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

Ricardo Campbell

Approved by

Shenica Williams-Wesley

Contract Owner Approval



Approved by

Carrie Taylor Rep

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6648

Contractor Name*

Master Pool for Youth Empowerment Services (YES Waiver)

Service Provided* (?)

Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver 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: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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? *

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.*
4913	\$ 350,000.00	543064
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

CLS services are provided at the following rate: \$17.50/15 minutes.

Para services are provided at the following rate: \$5/15 minutes.

Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED.

The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors.

Project WBS (Work Breakdown Structure)* (?)

N/A

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks, M.A., LSC

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

6515

Contractor Name *

Master Pool-Youth Empowerment Services (Yes Waiver)

Service Provided* (?)

Master Pooled Contract for Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
4913	\$ 350,000.00	543064
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

Specialized services are provided at a rate of \$19.36/15 minutes.

Services include Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.

Project WBS (Work Breakdown Structure)* (?)

N/A

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval



Approved by

William Williams Brink, III, LSC, S

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0186

Contractor Name*

The Council on Recovery

Service Provided* (?)

The Council will provide engagement, outreach, screening, referral (OSAR), and linkage services to clients of The Harris Center for Mental Health and IDD Services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

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.*
2234	\$ 793,354.00	543061

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

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 793,354.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI								
	LEASES								



Executive Contract Summary

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:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/25/2024

Contract Term End Date* (?)

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)

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 Amending FY25 Renewal

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

Updated quote received after original FY2025 ECS Renewal was completed.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY10 - FY24

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Aptean FY25.pdf

99.07KB

Vendor/Contractor Contact Person



Name*

Aptean Inc

Address*

Street Address

1155 Perimeter Center West

Address Line 2

City

Sandy Springs

Postal / Zip Code

30338

State / Province / Region

GA

Country

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

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

6/18/2024

Budget Manager Approval(s)

Approved by

Approval Date

6/18/2024

Contract Owner Approval

Approved by

Mustafa Cechinwala

Approval Date

6/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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
- 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 Amending FY25 Renewal

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

Updated quote received after original FY2025 ECS Renewal was completed.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY18-FY24

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

UKG FY2025 - SID 6140328.xlsx

78.17KB

Vendor/Contractor Contact Person

Name*

Chris Layne

Address*

Street Address

297 Billerica Road

Address Line 2

City

Chelmsford

Postal / Zip Code

01824-4119

State / Province / Region

MA

Country

US

Phone Number*

3037267503

Email*

chris.layne@kronos.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 374,840.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

6/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/20/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

6/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Executive Contract Summary

Contract Section



Contractor*

Aramark Correctional Service, LLC

Contract ID #*

7849

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/25/2024

Parties* (?)

The Harris Center for Mental Health & IDD and Aramark Correctional Service, 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#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 480,000.00

Increase Not to Exceed*

\$ 118,518.00

Revised Total Not to Exceed (NTE)*

\$ 598,518.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 598,518.00

Funding Source*

County

Contract Description / Type* (?)

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

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

3 invoices were not processed in fiscal year 2023 which carried into fiscal year 2024 in the amount of \$83,902.67 as well as over \$30K+ of encumbered funds that due to a technical issue we are unable to reallocate. Program is requesting to increase the NTE by \$118,518 to cover the remaining quarter of the fiscal year. Average monthly is spend is \$39,506.00.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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



Name*

David See

Address*

Street Address

701 North San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1217

State / Province / Region

TX

Country

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	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 10,063.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 11,181.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 12,299.00	543013

Budget Manager	Secondary 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)* (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

6/11/2024

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

6/11/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kim Kornmayer

Approval Date

6/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/13/2024

EXHIBIT R-6

JULY 2024
INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSJULY 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, Houston, 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.



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7542

Contractor Name *

Burke Center

Service Provided* (?)

Assistance with Psychological Testing/Evaluations.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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? * (?)

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.*
3355	\$ 2,500.00	543065
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$125.00 per assessment with a max. of 10
Contractor will provide assistance with Psychological
Testing/Evaluations.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)**Contract Owner****Contract Owner* (?)**

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

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*

6/1/2024

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 3,973.32

Rate(s)/Rate(s) 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 3,973.32	555000
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,973.32

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

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, Houston, Texas

Renewal Term Start Date *

6/1/2024

Renewal Term End Date *

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,934.40

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?*

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. *
3360	\$ 1,934.40	555000
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable * (?)

0.00

Project WBS (Work Breakdown Structure) * (?)

0.00

Fiscal Year * (?)	Amount * (?)
2025	\$ 1,934.40

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6111

Contractor Name*

City of Houston-Department of Health and Human Services

Service Provided* (?)

Property Lease for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, Texas

Renewal Term Start Date*

6/1/2024

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 3,581.28	555000
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable * (?)

0.00

Project WBS (Work Breakdown Structure) * (?)

0.00

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 Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Executive Contract Summary

Contract Section

Contractor*

Harris County Detention Facilities and Administrative Office 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 Detention Facilities and the Administrative Office of the District Courts

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/1/2023

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 3,402,477.42

Funding Source*

County

Contract Description / Type* (?)

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

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

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.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

March 22 - September 2023 court-ordered competency and sanity evaluations

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ricard 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

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

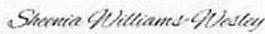
Williams-Wesley, Sheenia

Submission Date

6/26/2024

Budget Manager Approval(s)

Approved by



Approval Date

6/26/2024

Contract Owner Approval

Approved by



Approval Date

6/26/2024

Contracts Approval

Approve*

- Yes
- 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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1850	\$ 50.00	555000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 50.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/6/2024



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 District

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 412,257.37	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 72,145.04	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 30,919.30	543040

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 515,321.71

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jedid Oshman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7846

Contractor Name *

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

Service Provided* (?)

Harris Health will provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center 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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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****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)



Approved by

Todd Oshman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7829

Contractor Name*

Harris County Juvenile Probation Department

Service Provided* (?)

Transition Services for Harris County Juvenile Probation

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type*

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0804

Contractor Name *

Harris County on behalf of its Harris County Resources for Children and Adults Department

Service Provided* (?)

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. The Harris Center along with other community providers will act as a subcontractor by providing mental health and substance use treatment services through this grant.

Renewal Term Start Date *

9/30/2024

Renewal Term End Date *

9/29/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

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?* (?)

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	N/A
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 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 Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 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*

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?* (?)

- 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.*
2213	\$ 0.00	000000
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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*

7/1/2024

Renewal Term End Date*

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 7,611,641.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 7,611,641.00	na
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Adams, Betty	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 2,749,965.57

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shenia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(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 (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 10,000.00	596001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024



Executive Contract Summary

Contract Section ^

Contractor*

The University of Texas at San Antonio College of Business

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

The University of Texas at San Antonio College of Business & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2024

Contract Term End Date* (?)

5/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University of Texas at San Antonio College of Business to complete administrative field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

<https://business.utsa.edu/students/professional-development/internships.html>

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The University of Texas at San Antonio College of Business

Supporting Documentation Upload (?)

IS 4943_SOC Syllabus_Spg_2024.pdf 314.4KB

Vendor/Contractor Contact Person

Name*

Robert Kaufman

Address*

Street Address

UTSA

Address Line 2

City

San Antonio

Postal / Zip Code

78249

State / Province / Region

TX

Country

US

Phone Number*

210-458-4011

Email*

Robert.Kaufman@utsa.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name Daswani, Bianca	Submission Date 5/23/2024
------------------------------------------	-------------------------------------

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
5/23/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
5/23/2024

Contracts Approval

Approve*

- Yes
- 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# *

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 *

7/1/2024

Renewal Term End Date *

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)**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	\$ 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 Garner

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval

Approved by

Felecia Garner, HD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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*

7/1/2024

Renewal Term End Date*

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 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.*
2208	\$ 151,479.36	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

63.54 per hour for 52 hours per week for 8 months (2 residents)

63.54 per hour for 32 hours per week for 12 months (1 resident)

Project WBS (Work Breakdown Structure)* (?)

Psychiatric Residency program for Forensics, CAS, AMH
Outpatient and Crisis

Fiscal Year* (?)	Amount* (?)
2025	\$ 151,479.36

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

151,479.36

Contract Funding Source*

Federal Grant

Contract Content Changes

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

Yes No

Please Explain*

see file 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 (?)

0735 2025 changes.pdf

1.17MB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Felecia Garner

Budget Manager Approval(s) 

Approved by

Debbie Chambers & Shelly

Contract Owner Approval 

Approved by

Felecia Garner, HD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024

EXHIBIT R-7

Pharmacy Inventory Services - Project #FY24-0314

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



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.

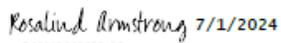
Seven (7) areas were evaluated: Overall Program, Understanding, Financial Condition, History, Past Performance, and Description of the Firm, Credentials of Staff, References and Cost.

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.

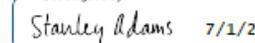
The initial fiscal year budget requested is \$90,000.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$450,000.00 funded annually. The Funding Source is 1135- 543067.

- 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, BSBA
 Buyer II

DocuSigned by:

 Nina Cook, MBA, CTCM, CTCD
 Director of Purchasing

DocuSigned by:

 Stanley Adams, MBA
 Interim Chief Financial Officer

Thank you.

EXHIBIT R-8

JULY 2024

RENEWALS 100k - 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 150,000.00	569010
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

FY25

Inspections \$36,793 + Service calls/deficiencies \$113,207 for

Total NTE \$150,000

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

1-Contract Period - 912024 to 8312025 (BT-13JU).xlsx

51.71KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 APRN providers employed by The Harris Center - required for compliance with provider compensation

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
1134	\$ 100,000.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See rate sheet

Project WBS (Work Breakdown Structure)* (?)

See rate sheet

Fiscal Year* (?)	Amount* (?)
2025	\$ 240,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Rachel Beasley

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Rachel Beasley

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/3/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

7786

Contractor Name *

Right Now Termite & Pest Control, Inc

Service Provided* (?)

Agency-Wide Pest Control and Bed Bug Treatment

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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 (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 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)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 180,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 social media management until further notice.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 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 Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 132,000.00	542000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

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

Carrie Rys

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Carrie Taylor Reys

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

5643

Contractor Name*

Labatt Institutional Supply Company d/b/a Labatt Food

Service Provided* (?)

Food Services for Consumers in the CRU

Renewal Term Start Date*

7/1/2024

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 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.*
9210	\$ 60,040.00	548001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 82,125.00	548001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 38,400.00	548001

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

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 180,565.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jedid Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0749

Contractor Name*

Amber Burks, MD d/b/a Texas Telepsychiatry Solutions, LLC

Service Provided* (?)

Telepsychiatry services to juveniles within the placement facilities

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 208,000.00

Rate(s)/Rate(s) Description

200.00 per hour for a min of 20 per week

Unit(s) Served*

6901

G/L Code(s)*

540503

Current Fiscal Year Purchase Order Number*

CT143413

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6901	\$ 208,000.00	540503
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable* (?)

200.00 per hour for a minimum of 20 per week

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 208,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shemica Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Fites

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0699

Contractor Name *

Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

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 *

10/1/2024

Renewal Term End Date *

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 85,551.00	547001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6303	\$ 80,000.00	547001

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 165,551.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sweenia Williams-Wesley

Contract Owner Approval

Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Scudo

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2022-0465

Contractor Name *

Baylor College of Medicine

Service Provided* (?)

Community Track Rotation for Psychiatric Resident Education Residents

Renewal Term Start Date *

7/1/2024

Renewal Term End Date *

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

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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

Fiscal Year* (?)	Amount* (?)
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 Shetty

Contract Owner Approval

Approved by

Felecia Garner, MD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

6650

Contractor Name*

Master Pool-Youth Empowerment Services (Yes Waiver)

Service Provided* (?)

Master Pool Contract for Family Supports, Paraprofessional Support, Respite Support and Supported Employment Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
4913	\$ 100,000.00	543064
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

Family Support Services are provided at the following rate:

In-home respite - \$3.75/15 minutes

Out-of-home respite - \$2.46/15 minutes

In-home and out-of-home respite In-home respite service is provided on a short-term basis because of the absence of, or need for relief for, the LAR or other primary caregiver of a YES Waiver participant.

Project WBS (Work Breakdown Structure)* (?)

N/A

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval

Approved by

Esther Williams-Brooks, M.A., LSP, C.S.

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/24/2024

EXHIBIT R-9

JULY 2024
AMENDMENTS 100k - 250k



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#
 Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/3/2024

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 240,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Financial and Grant Accounting require professionals with a specific skill set. Consultant will provide detailed review of grants and oversight of grant process and general ledger detail review at a near senior level. Current consultants have been invaluable and we will need to continue to utilize these professionals through the 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 services were provided*

Contract approved in December 2023 for current services

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

- Yes
- No
- Unknown

Please provide an explanation*

Employee Owned Company

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Pam Rodriguez

Address *

Street Address

21 Custom House Street

Address Line 2

Suite 210

City

Boston

Postal / Zip Code

02110

State / Province / Region

MA

Country

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. *
1122	\$ 80,000.00	540500

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
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
Beasley, Rachel

Submission Date
6/13/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
6/13/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Rachel Beasley

Approval Date

6/13/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/14/2024

EXHIBIT R-10

JULY 2024
NEW CONTRACTS
UNDER 100k



Executive Contract Summary

Contract Section ▲

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

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text" value="DIR 4857"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 72,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Hosted BaaS (Backup as a Service) for O365 platform. Email, OneDrive, Sharepoint, Teams

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY2012 - FY24
Hardware and Software Maintenance Agreements
MSP for O365 Tenant

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jamie Schanbachler

Address*

Street Address

16801 Greenspoint Park Drive

Address Line 2

Suite 200

City

Houston

State / Province / Region

TX

Postal / Zip Code

77060-2303

Country

US

Phone Number*

281-506-2479

Email*

jschanbachler@centretechnologies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 72,000.00	574000
Budget Manager		Secondary 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

Requester Name

Hurst, Richard

Submission Date

6/17/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/17/2024

Procurement Approval

File Upload (?)

Approved by

Nina Cook

Approval Date

6/21/2024

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

6/28/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

7/1/2024



Executive Contract Summary

Contract Section ▲

Contractor*

City Fire Protection LLC

Contract ID #*

2024-0888

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

The Harris Center and City Fire Protection LLC to Install (One-Time) and monitor intrusion alarm.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/10/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 3,500.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 4,500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

City Fire Protection LLC will install and monitor Harris Center location intrusion alarms.

Contract Owner*

Carrie Rys

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*

Robert Perez

Address*

Street Address

P.O. Box 24374

Address Line 2

City

Houston

Postal / Zip Code

77229

State / Province / Region

Texas

Country

United States

Phone Number*

8775772338

Email*

robertp@cityfireprotectionllc.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1806	\$ 299.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 299.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 299.00	569010

Budget Manager	Secondary 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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 299.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1888	\$ 299.00	569010

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	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

Billings, Veronica

Submission Date

5/29/2024

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

5/29/2024

Procurement Approval



File Upload (?)

Approved by

Sharon Brauner

Approval Date

5/29/2024

Contract Owner Approval



Approved by

Carrie Taylor Rys

Approval Date

6/21/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/21/2024



Executive Contract Summary

Contract Section

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 Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/24/2024

Contract Term End Date* (?)

6/28/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 6,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paloma Lopez

Address*

Street Address

722 Bonaventure Way

Address Line 2

City

Sugar Land

Postal / Zip Code

77479-4520

State / Province / Region

TX

Country

US

Phone Number*

281-325-5909

Email*

paloma.lopez@hilton.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 6,000.00	549009

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Escobar, Ninfa	6/17/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/17/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

6/17/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/17/2024



Executive Contract Summary

Contract Section



Contractor*

KP Management, LLC d/b/a USA Decon

Contract ID #*

2024-0884

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD AND KP MANAGEMENT, LLC USA DECON

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 12,410.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Pearland

Postal / Zip Code

77581-4752

State / Province / Region

TX

Country

US

Phone Number*

7138500555

Email*

kourtney@txmedwaste.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1153	Amount Charged to Unit* \$ 12,410.00	Expense/GL Code No.* 543026
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

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

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

Requester Name Vincent, Stacy	Submission Date 6/11/2024
-----------------------------------------	-------------------------------------

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
6/11/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date
6/12/2024

Contract Owner Approval

Approved by

Kia Denaac Walker

Approval Date
6/13/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
6/13/2024



Executive Contract Summary

Contract Section



Contractor*

Michelle Salazar-Martinez DBA Martinez Grants and Non-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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

6/17/2024

Contract Term End Date* (?)

9/30/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 36,250.00

Funding Source*

Private Grant

Contract Description / Type* (?)

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

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

We will be requesting a Grant Writer to help our application for FQHC Lookalike Status and New Access Point.

Contract Owner*

Stanley Williams

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 (?)

Attachment A - Scope of Work & Pricing.pdf	150.52KB
EHF - Health Promotion Neighborhood Coalition Project Budget	1.01MB
Revision -April 2024 - approved amended.xlsx	31.49KB
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

Postal / Zip Code

77073

State / Province / Region

TX

Country

USA

Phone Number*

281-796-6902

Email*

martinez.gnps@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 36,250.00	542000
Budget Manager	Secondary 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

Requester Name	Submission Date
Martinez, Janeth	6/12/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

6/12/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Dr. Stanley Williams, PhD

Approval Date

6/14/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024





Executive Contract Summary

Contract Section ▲

Contractor*

RJ Braniff Corporation D/B/A Automated Business Systems

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

The Harris Center for Mental Health and IDD
 R.J. Braniff Corporation DBA Automated Business Systems

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 1,075.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

New contract and contract terms with established vendor

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023 - 8/31/2024 Maintenance Service for Formax
Fold/Insert Machine

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Beverly

Address*

Street Address

5300 Hollister Street

Address Line 2

City

Houston

Postal / Zip Code

77040-6172

State / Province / Region

TX

Country

US

Phone Number*

7136821919

Email*

beverly@absservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 1,075.00	553001
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

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

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

Requester Name	Submission Date
Lievsay, Nicole	6/10/2024

Budget Manager Approval(s) 

Approved by	Approval Date
	6/11/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	6/11/2024

Contracts Approval

Approve*
 Yes
 No, reject entire submission
 Return for correction

Approved by*	Approval Date*
	6/24/2024



Executive Contract Summary

Contract Section



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 Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 42,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Patient Assistance Program ("PAP") Personal Computer Software, Maintenance and Support Services for Agency's PAP and Consumer Benefits Program ("CBO") Maintenance.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

9/01/2023-08/31/2024

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jerry Karnes

Address*

Street Address

2915 HOLLOW CREEK DR

Address Line 2

City

Houston

Postal / Zip Code

77082

State / Province / Region

Texas

Country

US

Phone Number*

2815584696

Email*

jkarnes@texapp.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 24,000.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1112	\$ 12,000.00	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 6,000.00	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Garland, Teri	6/3/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/3/2024

Approved by

Debbie Chambers Shelby

Approval Date

6/3/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

6/3/2024

Contract Owner Approval

Approved by

ANGELA BABIN

Approval Date

6/11/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/12/2024



Executive Contract Summary

Contract Section

Contractor*

The Men's Center Incorporated d/b/a ReCenter

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)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other **Emergency Declaration Act**

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/16/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 38,500.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

This Temporary Emergency Shelter Agreement is for a period of up to a maximum of thirty (30) days unless extended with approval of Provider staff.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name*

Steven Brinkman

Address*

Street Address

3809 Main St.

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

United States

Phone Number*

(832)649-6696

Email*

info@recenterhouston.com

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 38,500.00	595031

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

22 beds at \$500 per bed per month.

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	5/23/2024

Budget Manager Approval(s) 

Approved by



Approval Date
6/3/2024

Procurement Approval 

File Upload (?)

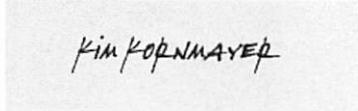
Approved by



Approval Date

Contract Owner Approval 

Approved by



Approval Date
6/3/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*
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-needed for Human Resources.	\$200,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Agreement for Agency-Wide Recruitment Services as-needed for 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)		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-on 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.

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID#*

2022-0580

Contractor Name*

Robert McIntyre

Service Provided* (?)

Crisis Line Debriefing Group facilitation

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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 Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 6,000.00	549005

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$100 per hour debriefing

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 6,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0298

Contractor Name*

US Committee for Refugees and Immigrants

Service Provided* (?)

To offer Mental Health First Aid training for refugees and immigrants, parents, caregivers, school personnel, community primary care, and specialty care providers.

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7003	\$ 5,000.00	420000
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Each trainer paid at rate of \$46.00 per hour

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0209

Contractor Name *

Ascend HR Corp

Service Provided* (?)

Agency-Wide Recruitment Services as-needed for Human Resources.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*(?)

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	\$ 75,000.00	592000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2024-0844

Contractor Name*

GenSolutions LLC

Service Provided* (?)

Generator Maintenance Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- 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 extension of contract

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 27,000.00

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

1899

G/L Code(s)*

557000

Current Fiscal Year Purchase Order Number*

CT143580

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 40,000.00	557000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 generator maintenance now including the residential houses

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
 General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 7,000.00	553003

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

Provide Rate and Rate Descriptions if applicable* (?)

\$750 bimonthly

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0128

Contractor Name*

Don'Angelo & Company, LLC

Service Provided* (?)

Executive Coaching Program.

Renewal Term Start Date*

7/1/2024

Renewal Term End Date*

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
1110	\$ 17,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 17,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

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 *

Belinda Stude

Approval Date *

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

6840

Contractor Name *

Empowered Systems Holdings, LLC dba Empowered Systems, LLC

Service Provided* (?)

AutoAudit Software License, Training and Maintenance.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 1,600.00

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 current fiscal year?*

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 1,600.00	551003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

AutoAudit Software License, Training and Maintenance.

Fiscal Year* (?)	Amount* (?)
2025	\$ 1,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

1,600.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

David Wayne Fojtik

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0419

Contractor Name *

GTY Software Inc. dba Bonfire Interactive Ltd

Service Provided* (?)

Procurement Management Platform Service License and Support.

Renewal Term Start Date *

10/1/2024

Renewal Term End Date *

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
1128	\$ 17,500.00	551002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 20,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$37,500

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 37,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

DIR-TSO-4363 _ Texas Department of Information Resources.pdf 413.57KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nina Cook

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Nina Cook

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/18/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 relation to Provider and Physician Compensation Programs for the Agency.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 60,000.00	542000

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 60,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Annual Renewal Evaluation

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 12,641.36

Rate(s)/Rate(s) 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 Technologies - 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 11,503.12	574000
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

Fiscal Year* (?)	Amount* (?)
2025	\$ 11,503.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/14/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0404

Contractor Name*

P-Agency Wide Appraisal Services

Service Provided* (?)

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

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)
individual company pricing in RFP, this is the pool NTE

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 30,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
30,000.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 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?*

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.*
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* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 5,847.37	595031
Budget Manager* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 5,847.37	595031
Budget Manager* Ramirez, Priscilla		Secondary Budget Manager* 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
Budget Manager* Ramirez, Priscilla		Secondary Budget Manager* 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* Oshman, Jodel		Secondary Budget Manager* 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* (?)

2024

Amount* (?)

\$ 5,847.37

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approved by

Jodel Ostman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

Carrie Taylor Rys

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

6638

Contractor Name *

Performance Logic, Inc

Service Provided* (?)

Project Management Software to Track Agency Project Performance

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 11,726.00

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****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.*
1177	\$ 522.00	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,566.00	553002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 3,654.00	553002

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

Provide Rate and Rate Descriptions if applicable* (?)

The unit cost of each license is \$522.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,742.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

5,742.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(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*

Belinda Stude

Approval Date*

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 49,000.00	542000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 49,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(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 *

Belinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0395

Contractor Name *

P-Real Estate Surveyor Services

Service Provided* (?)

To provide Agency Wide Property Survey Services for large and small Properties, Acquisitions, or Sales on an as needed basis.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 20,000.00	557001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

see RFP for individual company pricing, \$20,000 is the pool
NTE

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 20,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

20,000.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0414

Contractor Name*

P-Realtor/Brokerage Services

Service Provided* (?)

Contract 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

CBRE

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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.*
1119	\$ 0.00	0000000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

0

Project WBS (Work Breakdown Structure) * (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Please Explain *

Remove George E. Johnson Properties, LLC-(HUB-WBE)-
Conflict of Interest

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

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*

Belinda Stude

Approval Date*

6/26/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 *

7/1/2024

Renewal Term End Date *

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

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

Contract Description / Type

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

Vendor/Contractor a Historically Underutilized Business (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?*

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.*
1190	\$ 125.00	595000

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

Provide Rate and Rate Descriptions if applicable* (?)

125.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 125.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Carrie Taylor Rep

Contracts Approval

Approve*

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

Approved by*

Belinda Scude

Approval Date*

6/13/2024

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID# *

7765

Contractor Name *

VP Imaging, Inc. d/b/a DocuNav Solutions

Service Provided* (?)

Laserslice licenses, maintenance & support (Dir-CPO-4449)

Renewal Term Start Date *

9/21/2024

Renewal Term End Date *

9/20/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 85,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 85,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE * (?)

\$ 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? *

 Yes No

Were Services delivered as specified in the contract? *

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 600.00	543053

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 4,400.00	543053

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 150.00	543053

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 600.00	543053

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 300.00	543053

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

Provide Rate and Rate Descriptions if applicable* (?)

As outlined in current agreement.

Project WBS (Work Breakdown Structure)* (?)

n/a

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

2025	\$ 6,050.00
------	-------------

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State Grant

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Approved by

Suzenia Williams-Wesley

Contract Owner Approval



Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

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

9/1/2024

Renewal Term End Date

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 13,849.99

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 year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 8,200.00	543031
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,100.00	543031
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 1,890.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 1,260.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 450.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 150.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 300.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 300.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,250.00	543031
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 350.00	543031
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Puentes, Giovanni	

Provide Rate and Rate Descriptions if applicable (?)

See EXHIBIT A1 - X-RAY MOBILE TEXAS.pdf

Project WBS (Work Breakdown Structure) (?)

na

Fiscal Year* (?)	Amount* (?)
2025	\$ 15,250.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

Kim Kornmayer

Contracts Approval



Approved by

Belinda Stude

Approval Date

6/12/2024

Final Board Report Comments



Service Provided (?)

Mobile X-Ray Services.

Product/Service Description

Mobile X-Ray Services

Revised Comments For Board Report*

Annual renewal of Agreement to provide Mobile X-Ray Services.

Exclude this Renewal from Board Report?*

Yes

No



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 Baker Street.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other None |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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.*
6202	\$ 84,000.00	544005
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable* (?)

\$70 per parking space per month with up to 100 spaces

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 84,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sheena Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0658

Contractor Name*

Partners Pharmacy of Texas, LLC

Service Provided* (?)

Provide pharmacy services to Youth Diversion Center

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

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. *
6500	\$ 40,000.00	547003

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Adams, Betty

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Sheena Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Tiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Number*

CT143581

Contract Requestor*

Rosa Wells

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 9,430.00	543005

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 20,332.00	543009

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

Provide Rate and Rate Descriptions if applicable * (?)

11.50 hourly rate for Respite and CFC Services

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2025	\$ 29,762.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/12/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 11,465.50	543009
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

11.50 per hourly rate for CFC Services

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 11,465.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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*

CT143369

Contract Requestor*

Alicia Wilson

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,648.50	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 23,920.00	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* (?)
2025	\$ 33,568.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyonika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0441

Contractor Name*

KATIA RUBI LEMUS

Service Provided* (?)

Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAD) and Respite

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 25,910.00

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**

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

 Yes No

Were Services delivered as specified in the contract?*

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No

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

 Yes No**Renewal Determination**

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

 Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,602.50	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 17,940.00	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* (?)
2025	\$ 27,542.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyenika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/12/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0442

Contractor Name*

Maria Cervantes

Service Provided* (?)

The provider will provide mental health and IDD Respite and/ or Community First Choice Personal Assistance/Habilitation services (CFC PAS/BAB);

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,591.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 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* (?)
2025	\$ 32,016.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval

Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 Harris County.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 99,286.00	543053
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 99,286.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7522

Contractor Name *

NAMI Greater Houston

Service Provided* (?)

Lease Agreement: The Harris Center provides space to NAMI in exchange for educational and support services to consumers and their families.

Renewal Term Start Date *

5/31/2024

Renewal Term End Date *

5/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1119

G/L Code(s)*

408000

Current Fiscal Year Purchase Order Number*

NA

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?* (?)

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.*
3360	\$ 0.00	555000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/7/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2021-0170

Contractor Name*

Prosumers

Service Provided* (?)

Consultation and training services for the development and implementation of a Consumer Empowerment Group in Harris County

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 18,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143310

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?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 18,000.00	542000
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

6536

Contractor Name *

Teladoc Health, Inc. (fka MyStrength, Inc.)

Service Provided* (?)

Mental Health Web Based Mobile Application Software for a Consumer behavioral health and wellness program.

Renewal Term Start Date *

4/1/2024

Renewal Term End Date *

3/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 42,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2212

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 PO CT143591

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?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 42,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 42,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Skelley

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7566

Contractor Name*

The Furniture Bank

Service Provided* (?)

Furniture Voucher 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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 80,000.00	595009
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 80,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

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 *

8/1/2024

Renewal Term End Date *

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
- 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 Grant Related Agreement

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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 year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 5,000.00	549005
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2022-0538

Contractor Name *

VeriCorp

Service Provided* (?)

Service Agreement for Tenant Screening Services for individuals applying for Section 811 Project Rental Assistance Housing 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 577.00

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

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.*
2802	\$ 577.00	595000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions 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 Structure)* (?)

See rate and descriptions above

Fiscal Year* (?)	Amount* (?)
2025	\$ 577.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

\$577.00

Contract Funding Source*

State Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Sandra Brock

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Sandra Brock

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2021-0133

Contractor Name *

RKG Parking Solutions

Service Provided* (?)

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.

Renewal Term Start Date *

10/1/2024

Renewal Term End Date *

9/30/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other None

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 36,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

6701

G/L Code(s)*

544005

Current Fiscal Year Purchase Order Number*

FY24 PO CT143325

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance



Have there been any significant performance deficiencies within the current fiscal year?*

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

- Yes No

Did Contractor adhere to the contracted schedule?* (?)

- Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

- Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

- Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

- Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

- Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 36,000.00	544005
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

\$150 per month per parking space for up to 20 spaces

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 36,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s) 

Approved by

Sherina Williams-Wesley

Contract Owner Approval 

Approved by

Monalisa Jiles

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6681

Contractor Name*

Shirajb LP

Service Provided* (?)

Property Lease at 817 Southmore, Suite 150, Pasadena, TX

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text" value="None"/> |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- 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

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance 

Have there been any significant performance deficiencies within the current fiscal year? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession? *

Yes No

Did Contractor adhere to the contracted schedule? * (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner? * (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures? * (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training? * (?)

Yes No

Renewal Determination 

Is the contract being renewed for next fiscal year with this Contractor? * (?)

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 16,800.00	126006

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$1,400.00 month to month basis

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 16,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

16,800.00

Contract Funding Source*

Federal

Contract Content Changes 

Are there any required changes to the contract language?* (?)

Yes No

Please Explain*

Property Manager has agreed to our agency going month to month instead of a lease agreement. The monthly rent will be 1,400.00 per month.

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyonika Johnson

Contract Owner Approval 

Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/27/2024



Annual Renewal Evaluation

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 support services to individuals in the community in exchange for leased space (1300 sq ft.) on the 12th floor located at 9401 SW Freeway.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input checked="" type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

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?*

- 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.*
1119	\$ 0.00	408000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

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*

Belinda Stude

Approval Date*

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)	Sole Source	Amendment to increase the NTE for additional consultation and technical 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								



Executive Contract Summary

Contract Section

Select Header For This Contract*

Administration

Contractor*

Behavioral Health Industry News, Inc. d/b/a Open Minds

Contract ID #*

2024-0835

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/16/2024

Parties* (?)

Open Minds and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input checked="" type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/15/2024

Contract Term End Date* (?)

12/31/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 54,030.00

Increase Not to Exceed*

\$ 33,660.00

Revised Total Not to Exceed (NTE) *

\$ 87,690.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 54,030.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Contract Owner*

Carrie Rys

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

01/15/2024

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Open Minds

Address*

Street Address

15 Lincoln Square

Address Line 2

City

Gettysburg

Postal / Zip Code

17325

State / Province / Region

PA

Country

US

Phone Number*

7173341329

Email*

Carrie.Rys@TheHarrisCenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 54,030.00	542000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Franco, Veronica

Submission Date

6/6/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/6/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Carrie Taylor Rys

Approval Date

6/10/2024

Contracts Approval

Approved by

Belinda Stude

Approval Date

6/13/2024

Final Board Report Comments

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

Contract Section **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 \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Amendment to FY25 Renewal |

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

10/2/2024

Contract Term End Date* (?)

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* (?)

2025

Amount* (?)

\$ 36,844.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other Amending FY25 Renewal |

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Quote came in after ECS Renewal

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21-FY24

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center for Mental Health Carahsoft - DocuSign - 06.17.2024 -
Quote 48148820.pdf

198.59KB

Vendor/Contractor Contact Person



Name*

Trevor Dunn

Address*

Street Address

11493 Sunset Hills Road

Address Line 2

City

Reston

Postal / Zip Code

20190-5230

State / Province / Region

VA

Country

US

Phone Number*

7032307451

Email*

trevor.dunn@carahsoft.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 36,844.00	553002
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

Hurst, Richard

Submission Date

6/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/20/2024

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

6/28/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Executive Contract Summary

Contract Section



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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 5,000.00

Increase Not to Exceed*

\$ 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* (?)

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Justification/Purpose of Contract/Description of Services Being Provided* (?)

These are language assessment services; we've used up the previous NTE limit and are increasing it based on usage.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

This is an existing service provider.

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Melissa Seymore

Address*

Street Address

303 Stafford Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77079

Country

US

Phone Number*

281-589-0810, ext. 8122

Email*

mseymore@masterword.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 7,500.00	543018
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

6/21/2024

Budget Manager Approval(s)

Approved by



Approval Date

6/21/2024

Procurement Approval

File Upload (?)

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

6/26/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/27/2024



Executive Contract Summary

Contract Section



Contractor*

Partners Pharmacy 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 for MH and IDD Services

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/1/2024

Contract Term End Date* (?)

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* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Contracted Pharmacy cost exceeding proposed budget. Unable to pay contractor funding without increase to contract.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

May 1, 2023 - August 31, 2024, Pharmacy services

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

James Matthews

Address*

Street Address

12503 Exchange Drive

Address Line 2

City

Stafford

State / Province / Region

TX

Postal / Zip Code

77477-3699

Country

US

Phone Number*

800-378-9020

Email*

james.matthews@partnerspharmacy.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 30,000.00	547003

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Adams, Betty

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	6/7/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

6/7/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Monalisa Fites

Approval Date

6/7/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return 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#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

If contract is off-cycle, specify the contract term (?)

Current Contract Amount*

\$ 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* (?)

- | | |
|---------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Justification/Purpose of Contract/Description of Services Being Provided* (?)

The individuals received additional hours on plan.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023-8/31/2024

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Josefa Yanez-Hernandez

Address*

Street Address

514 Rosamond

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77076

Country

USA

Phone Number*

8328781389

Email*

alicia.wilson@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 2,100.00	543009
Budget Manager Johnson, Kenyonika	Secondary Budget Manager Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

11.50 per hour

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Anthony, Patrina

Submission Date

6/27/2024

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Approval Date

6/27/2024

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

6/27/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

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 MOUsJULY 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 auto-redacting 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						
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 Services (ISS) Program	Renewal	9/1/2024 - 8/31/2025	Federal	Annual renewal of Revenue Agreement for ISS program.



Executive Contract Summary

Contract Section



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 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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

6/17/2024

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

This agreement will allow students enrolled in Tulane University School of Public Health and Tropical Medicine to complete field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Tulane University School of Public Health and Tropical Medicine

Supporting Documentation Upload (?)

APE Student Handbook 2024.pdf 399.31KB

Vendor/Contractor Contact Person

Name*

Isabella Parise, MPH

Address*

Street Address

1440 Canal St

Address Line 2

City

New Orleans

Postal / Zip Code

70112

State / Province / Region

LA

Country

US

Phone Number*

(504) 988-5388

Email*

iparise@tulane.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	5/24/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/28/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

5/30/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Executive Contract Summary

Contract Section



Contractor*

University of St. Augustine for Health Sciences

Contract ID #*

2024-0901

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/1/2024

Parties* (?)

University of St. Augustine for Health Sciences & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/8/2024

Contract Term End Date* (?)

8/31/2028

If contract is off-cycle, specify the contract term (?)

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

affiliation agreement

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

University of St. Augustine for Health Sciences

Supporting Documentation Upload (?)

Affiliation Agreement Umbrella Contract - Updated March 2024 - REDLINE.doc	175KB
USAHS COI EXP 4-1-2025.pdf	80.37KB

Vendor/Contractor Contact Person



Name*

University of St. Augustine for Health Sciences

Address*

Street Address

5401 La Crosse Ave

Address Line 2

City

Austin

Postal / Zip Code

78739

State / Province / Region

TX

Country

US

Phone Number*

904-770-3656

Email*

klogue@usa.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

5/15/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

5/16/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

5/21/2024

Contracts Approval

Approve*

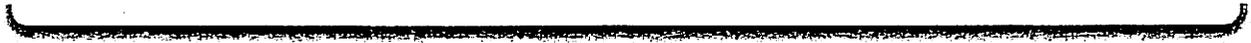
- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/21/2024





Executive Contract Summary

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 Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2018

Contract Term End Date* (?)

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* (?) 2025 **Amount* (?)** \$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other **Data Use Agreement**

Justification/Purpose of Contract/Description of Services Being Provided* (?)

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.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

DUA is currently in place.

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center DUA FINAL.pdf 3.3MB

Vendor/Contractor Contact Person

Name*

Daniel Wright

Address*

Street Address

3040 E Cornwallis Rd

Address Line 2

PO Box 12194

City

Reasearch Triangle Park

Postal / Zip Code

27709

State / Province / Region

NC

Country

US

Phone Number*

919-316-3931

Email*

DWright@RTI.org

Budget Section

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

Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

6/21/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

6/21/2024

Contract Owner Approval

Approved by

KIM KOENMAYER

Approval Date

6/21/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/25/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0672

Contractor Name *

Above Standard Care

Service Provided* (?)

Individualized Skills and Socialization Services (ISS) 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

CT000000

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached Rates

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2025

Contract Funding Source*

Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Keunika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0669

Contractor Name *

Avant Residential Community Services

Service Provided* (?)

Individualized Skills and Socialization Services (ISS) 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyenika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2022-0583

Contractor Name *

Communities In Schools of Houston, Inc.

Service Provided* (?)

Crisis Line Services

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 39,700.00

Rate(s)/Rate(s) Description

Unit(s) Served*

7001

G/L Code(s)*

420015

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Jennifer Battle

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 39,700.00	420015

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 39,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2023-0634

Contractor Name *

Community Services Associates, LLC

Service Provided* (?)

ISS 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

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66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evant'he Collins

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/1/2024



Executive Contract Summary

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 Developmental 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 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2024

Contract Term End Date* (?)

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
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

Justification/Purpose of Contract/Description of Services Being Provided* (?)

Developmental Day Hab Activity Center would like to contract with The Harris Center's ISS program to provide both on and off-site social skills training/services.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Dates unknown. However, this provider had its own DH and provided services to The Harris Center's individuals.

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

20240508_FISCAL YEAR 2025.pdf

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Vendor/Contractor Contact Person ^

Name*

Debbie Elaine Morris, Director

Address*

Street Address

7607 Coral Lake Drive

Address Line 2

City

Cypress

Postal / Zip Code

77433

State / Province / Region

TX

Country

US

Phone Number*

713.449.4288

Email*

dayhab@sbcglobal.net

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager	Secondary Budget Manager
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

Kenyonika Johnson

Approval Date

6/25/2024

Procurement Approval 

File Upload (?)

Approved by

Approval Date

Contract Owner Approval 

Approved by

Everette Collins

Approval Date

6/25/2024

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/26/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Revenue Contract |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
See attached

Project WBS (Work Breakdown Structure)* (?)
NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
Federal Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change?*
 Yes No

Is the payment deadline different than net (45)?*
 Yes No

Are there any changes in the Performance Targets?*
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)
20240508_FISCAL YEAR 2025.pdf 66.96KB

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



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*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Revenue Contract. |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination



Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

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66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

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 *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Revenue Contract |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal Grant

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

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66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

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 Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description**Unit(s) Served***

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?*(?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?*(?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?*(?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?*(?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?*(?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached rates

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

20240508_FISCAL YEAR 2025.pdf

66.96KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2022-0598

Contractor Name*

Volunteers of America Texas

Service Provided* (?)

Individualized Skills and Socialization Services (ISS) 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached rates

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2025

Contract Funding Source*

Federal

Contract Content Changes 

Are there any required changes to the contract language?* (?)

 Yes No

Will the scope of the Services change?*

 Yes No

Is the payment deadline different than net (45)?*

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

 Yes No

File Upload (?)

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Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s) 

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

- Yes
- No, reject entire submission
- Return for correction

Approved by *

Belinda Stude

Approval Date *

6/6/2024

Current Fiscal Year Contract Information 

Current Fiscal Year

2024

Contract ID# *

2022-0574

Contractor Name *

Waymaker

Service Provided* (?)

Individualized Skills and Socialization Services (ISS) 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

Budget Manager*	Secondary Budget Manager*
Johnson, Kenyonika	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See attached rates

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)

Yes No

Will the scope of the Services change?*

Yes No

Is the payment deadline different than net (45)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation?*

Yes No

File Upload (?)

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Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2023-0653

Contractor Name *

Weathers & Associates

Service Provided* (?)

Individualized Skills and Socialization Services (ISS) 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: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Vendor/Contractor a Historically Underutilized Business (HUB) (?)

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Thomas Wills

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

Have there been any significant performance deficiencies within the current fiscal year?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

Did Contractor perform duties in a manner consistent with standards of the profession?*

Yes No

Did Contractor adhere to the contracted schedule?* (?)

Yes No

Were reports, billing and/or invoices submitted in a timely manner?* (?)

Yes No

Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)

Yes No

Did Contractor render services consistent with Agency policy and procedures?* (?)

Yes No

Maintained legally required standards for certification, licensure, and/or training?* (?)

Yes No

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)
See attached rates

Project WBS (Work Breakdown Structure)* (?)
NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
000

Contract Funding Source*
Federal

Contract Content Changes

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)
20240508_FISCAL YEAR 2025.pdf 66.96KB

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

6/6/2024

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)

BIO FRIDAY, MAY 10, 2024

HOUSTON CHRONICLE | HOUSTONCHRONICLE.COM

LEGAL NOTICES

HoustonChronicle.com/Place-Legals legal@chron.com 713.362.6868

Notice to Creditors	Notice to Creditors
<h3>NOTICE TO CREDITORS AD</h3> <h1 style="font-size: 2em;">\$90.00*</h1> <p>Contact our team: legal@chron.com</p> <p>OR</p> <p>Visit our 24/7 website to place, anytime: HoustonChronicle.com/Place-Legals</p> <p><i>*Includes first 36 lines and 1 Affidavit of Publication. \$2.00 each additional line.</i></p>	

NOTICE TO CREDITORS

Notice is hereby given that original Letters Testamentary for the Estate of Jean Kitty Wadley Graham, were issued on 04/30/2024, in Cause No. 524790, pending in the Probate Court of Harris County Probate Court #11, 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 Albany Park Lane
Spring, Texas 77379
DATED the May 7, 2024
s/ Abhijit Modak
IPLHOU0044265

Legal Bids & Proposals	Legal Bids & Proposals
<p>The Harris Center for Mental Health and IDD will be accepting proposals for the following:</p> <p style="text-align: center;">Pharmacy Inventory Services</p> <p>Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Wednesday, May 15, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, May 22, 2024. Proposals must be submitted by 10:00 a.m., Wednesday, June 12, 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.</p>	

Legal Bids & Proposals	Legal Bids & Proposals	Legal Bids & Proposals																																																															
<h3>NOTICE OF COMPETITIVE BIDS</h3> <p>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.harriscountytx.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.</p> <p>Bids/Proposals Due May 13, 2024</p> <table border="0"> <tr> <td>Job 24/0070</td> <td>Detention Security Screening Equipment</td> <td></td> </tr> <tr> <td>Job 24/0078</td> <td>Professional Architectural and/or Engineering Services to Provide Program Management, Estimating, Scheduling, and Risk Assessment Services for the Management of CDBG-DR and Intelligent Transportation System Services & Equipment</td> <td style="text-align: right;">CDBG-MIT Projects</td> </tr> <tr> <td>Job 24/0097</td> <td>High Definition Closed-Circuit Television Cameras, Associated Equipment, Maintenance and Related Items</td> <td></td> </tr> <tr> <td>Job 24/0108</td> <td>Lactation Support and Services for ACCESS Harris</td> <td></td> </tr> <tr> <td>Job 24/0112</td> <td>Strategic Planning Consulting Services</td> <td></td> </tr> <tr> <td>Job 24/0114</td> <td>Aerial Spraying for Mosquito Control</td> <td></td> </tr> <tr> <td>Job 24/0121</td> <td>Residential Treatment for Males and Females Who Are Under Community Supervision</td> <td></td> </tr> <tr> <td>Job 24/0122</td> <td>General Drainage System Repairs in North Harris County</td> <td></td> </tr> <tr> <td>Job 24/0139</td> <td>Construction of Water Distribution, Wastewater Collection, Storm Water, Paving, and Lift Station for East Aldine Estates Subdivision, Precinct 2</td> <td></td> </tr> <tr> <td>Job 24/0140</td> <td>Reconstruction of Single Family Homes</td> <td></td> </tr> <tr> <td>Job 24/0141</td> <td>Rehabilitation of Single Family Homes</td> <td></td> </tr> </table> <p>Bids/Proposals Due May 20, 2024</p> <table border="0"> <tr> <td>Job 23/0493</td> <td>Virtual Reality Equipment, Implementation, Training and Support Services</td> </tr> <tr> <td>Job 24/0035</td> <td>American Rescue Plan Act (ARPA) Technical Assistance, Portfolio Management, and Compliance Support</td> </tr> <tr> <td>Job 24/0060</td> <td>Civil Courthouse Audio/Video Systems Upgrade</td> </tr> <tr> <td>Job 24/0106</td> <td>New Enterprise Case Management system with Electronic Medical Record</td> </tr> <tr> <td>Job 24/0133</td> <td>Pharmaceutical Distributor</td> </tr> </table> <p>Bids/Proposals Due June 3, 2024</p> <table border="0"> <tr> <td>Job 24/0115</td> <td>Quick Clearance of Stalled and/or Abandoned Vehicles from Harris County Freeways</td> </tr> <tr> <td>Job 24/0124</td> <td>American Rescue Plan Act (ARPA) Single-Family Home Rehabilitation</td> </tr> <tr> <td>Job 24/0144</td> <td>Drainage and Related Infrastructure Improvements along Dula Lane - 2022, Precinct 3</td> </tr> <tr> <td>Job 24/0157</td> <td>Modifications to the Inverness Forest Levee</td> </tr> <tr> <td>Job 24/0158</td> <td>Professional Architectural and/or Engineering Services to Conduct a Transportation Master Plan</td> </tr> <tr> <td>Job 24/0161</td> <td>Construction of Sidewalks and Trail along Huffmeister Road (Phase 2), Precinct 3</td> </tr> </table> <p>Bids/Proposals Due June 10, 2024</p> <table border="0"> <tr> <td>Job 24/0149</td> <td>Climate-Controlled Food Locker System Implementation</td> </tr> <tr> <td>Job 24/0166</td> <td>Renovation of Radiographics Lab at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday, May 28, 2024)</td> </tr> <tr> <td>Job 24/0170</td> <td>Modernization of the Green Elevators at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday, May 28, 2024)</td> </tr> </table> <p>Bids/Proposals Due June 17, 2024</p> <table border="0"> <tr> <td>Job 24/0069</td> <td>State Highway (SH) 225 / Sam Houston Tollway East (SHTe) Interchange Construction, Package 1</td> </tr> </table>			Job 24/0070	Detention Security Screening Equipment		Job 24/0078	Professional Architectural and/or Engineering Services to Provide Program Management, Estimating, Scheduling, and Risk Assessment Services for the Management of CDBG-DR and Intelligent Transportation System Services & Equipment	CDBG-MIT Projects	Job 24/0097	High Definition Closed-Circuit Television Cameras, Associated Equipment, Maintenance and Related Items		Job 24/0108	Lactation Support and Services for ACCESS Harris		Job 24/0112	Strategic Planning Consulting Services		Job 24/0114	Aerial Spraying for Mosquito Control		Job 24/0121	Residential Treatment for Males and Females Who Are Under Community Supervision		Job 24/0122	General Drainage System Repairs in North Harris County		Job 24/0139	Construction of Water Distribution, Wastewater Collection, Storm Water, Paving, and Lift Station for East Aldine Estates Subdivision, Precinct 2		Job 24/0140	Reconstruction of Single Family Homes		Job 24/0141	Rehabilitation of Single Family Homes		Job 23/0493	Virtual Reality Equipment, Implementation, Training and Support Services	Job 24/0035	American Rescue Plan Act (ARPA) Technical Assistance, Portfolio Management, and Compliance Support	Job 24/0060	Civil Courthouse Audio/Video Systems Upgrade	Job 24/0106	New Enterprise Case Management system with Electronic Medical Record	Job 24/0133	Pharmaceutical Distributor	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 Conduct a Transportation Master Plan	Job 24/0161	Construction of Sidewalks and Trail along Huffmeister Road (Phase 2), Precinct 3	Job 24/0149	Climate-Controlled Food Locker System Implementation	Job 24/0166	Renovation of Radiographics Lab at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday, May 28, 2024)	Job 24/0170	Modernization of the Green Elevators at Ben Taub Hospital (Mandatory Pre-Proposal Conference & Site Visit on Tuesday, May 28, 2024)	Job 24/0069	State Highway (SH) 225 / Sam Houston Tollway East (SHTe) Interchange Construction, Package 1
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Job 24/0069	State Highway (SH) 225 / Sam Houston Tollway East (SHTe) Interchange Construction, Package 1																																																																

Legal Bids & Proposals
<p>Austin Commercial is soliciting proposals for the MD Anderson Clinical Services Building Project for Bid Package 3 - Interiors and rebidding select scopes for BPL 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.</p> <p>HOUSTON GATEWAY ACADEMY, INC. is accepting sealed bids for vended meals for the National School Lunch Program (NSLP) for the 2024-2025 school year. Proposals are due by May 15, 2024 at 2:00 PM CST. Visit https://www.hgasc.hoos.org/apps/pages/rfp24 for the full RFP.</p>
Legals/Public Notices
<p>Public Notice</p> <p>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.</p> <p>EOG Scholarship Fund 1111 Bagby, Sky Lobby 2 Houston, Texas 77002</p> <p>The principal manager is Michele L. Hatz, President Telephone (713) 651-7000</p>

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The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Pharmacy Inventory Services

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Wednesday, May 15, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, May 22, 2024. Proposals must be submitted by 10:00 a.m., Wednesday, June 12, 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.

RFP Advertisements – Example (La Information)

Del 9 al 15 de Mayo 2024

CLASIFICADOS

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 RENOVACION PERMISO NO. WQ0002656000

SOLICITUD: BASF Corporation, 602 Copper Road, Freeport, Texas 77541, que posee un terminal de almacenamiento de amoníaco anhidro, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0002656000 (EPA/ALD No. TX T200095005) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TDCES) para renovar la descarga de aguas residuales, operativas y aguas pluviales a un voltaje intermitente y de flujo variable. La planta está ubicada 1451 Navigation Boulevard en el Condado de Freeport, Texas 77541. La ruta de descarga es desde el sitio de la planta hasta una zona de desage, y de allí a una zona al costado de la carretera a lo largo de Farm-to-Market Road 1495, de allí a una zona al borde de la carretera a lo largo de Levee Road, de allí a Bryan Lake, de allí a una zona adyacente, de allí al Intracoastal Waterway, de allí a Brazos River Tidal. La TCEQ recibió esta solicitud el 19 de marzo de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en la Biblioteca del Condado de Brazoria - Sucursal de Freeport, 410 North Beaumont Boulevard, Freeport, Texas 77541, a partir de la fecha de publicación de este aviso en el periódico. Este enlace a una mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. <https://www.tceq.texas.gov/Locator3.aspx?userkey=953392166289358336&level=18>

AVISO ADICIONAL: El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y enviará una Decisión Preliminar sobre la solicitud. El aviso de la solicitud y la decisión preliminar serán publicados y enviados a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.

COMENTARIO PÚBLICO/REUNIÓN PÚBLICA: Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO: Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo serán la solicitud en la que se presenten por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso. Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicitamos/solicitamos una audiencia de caso impugnado." Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que represente al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y la distancia de la planta o actividad propuesta; explicar cómo y porque el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentario y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron resueltos posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes; y materiales de calidad del agua que se hayan presentado durante el período de comentario. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

LISTA DE CORREO: Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos de solicitud en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas de correo siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cuál lista(s) y envíe por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN DE LA AGENCIA: Todos los comentarios públicos y solicitudes deben ser presentados electrónicamente vía <http://www14.tceq.texas.gov/onlineComment/> o por escrito dirigidos a la Comisión de Calidad Ambiental de Texas, Oficina de la Secretaría (Office of Chief Clerk), MC-1087, P.O. Box 13087, Austin, Texas 78713-0887. Deje en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física, pasará a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del BASF Corporation a la dirección indicada arriba o llamando a Yvonne Dodd, PE, 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 límite de respuesta: junio 20, 2024 @ 12:00 P.M. CST

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¡Sea un dueño responsable!
Mascotas, mascotas y colinas un microchip o así reconocido.
BASIC Animal Shelter está aquí para ayudar. Hay servicios gratuitos y de bajo costo disponibles para los residentes de la ciudad de Houston.
Visite www.houstonanimalshelter.com para obtener más información.

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Todos califican llame hoy!
(281) 895-3114.

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RFP Advertisements – Example (Houston Business Journal)



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MAY 10-16, 2024

BISSONNET 136, LLC **INVITATION TO BIDDERS** Date: 05-03-2024

Sealed Bids, in duplicate, addressed to Bissonnet 136, LLC, Attention: Rusti Kaestner, P.E., will be received at the office of Kinley/Horn, 11700 Kay Freeway, Suite 800 Houston, TX 77043, until 10:30 a.m. local time, Friday June 7th, 2024, and then publicly opened and read for "Mass Grading and Detention Phase 1" for Kirkwood Crossing, Harris County, Texas.

Scope of Work of the Contract Documents includes the following: Clearing and Grubbing of approximately 49.7 acres, Excavation and Construction of approximately 404,000 cubic yards of 24-inch Reinforced Concrete Pipe to 4-Foot by 2-Foot Reinforced Concrete Box manholes, approximately 2,575 linear feet of 8-inch to 12-inch sanitary sewer, approximately 8,783 SF of pavement and erosion control to serve Kirkwood Crossing Phase 1.

Bids received after the closing time will be returned unopened. A **NON-MANDATORY** pre-bid conference will be held **remotely** on Wednesday May 29th, 2024 at 1:00 p.m. Local Time. The pre-bid conference will be held virtually via Microsoft Teams. To join via Microsoft Teams dial 1 (984) 204-1608 and enter the Access Code 430 566 9454. A Teams invitation will also be distributed via Civesat prior to May 29th. Attendance by each prospective bidder or its representative at the pre-bid conference is **NON-MANDATORY**. Each Bid must be accompanied by a Bid bond or a certified or cashier's check, acceptable to the Owner, in an amount not less than two percent (2%) of the total amount Bid, as a guarantee that the successful bidder will enter into the Contract Documents and execute the Bonds on the forms provided and provide the required insurance certificates and Bonds within seven (7) days after the date Contract Documents are received by the successful bidder. If a certified or cashier's check is provided, the successful bidder shall deliver, at the bid opening address, the original certified or cashier's check within one (1) business day of receipt of the bid opening.

By submitting a Bid, Bidder acknowledges and agrees that the Contract Documents may be accepted, executed, or agreed to using an Electronic Signature, as defined by and in accordance with Owner's Electronic Signature Rules for Construction Contracts. Copies of the bidding documents may be reviewed and obtained from www.CivesatUSA.com. Bidders must register on this website to view and/or download specifications, plans, soils report, and environmental reports for this Project. There is **262** charge to view or download documents.

The Owner reserves the right to reject any or all Bids and to waive all defects and irregularities in bidding or bidding process except the time for submitting 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 completion of the Project.

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.

INVITATION TO BIDDERS

Sealed Bids addressed to **Marriage Homes of Texas, LLC on behalf of Fort Bend County Municipal Utility District No. 141**, Attention: Barbara T. Deaver, 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 2:00 p.m. local Time, Thursday, May 23, 2024, and then publicly opened and read for "Storm Sewer, Sanitary Sewer, and Water Lines to serve Cleburne Lakes Section 18 within Fort Bend County Municipal Utility District No. 141, Fort Bend County, Texas" in addition to the opening of sealed Bids at the address above, you may attend the Bid Opening by telephoning by dialing 1-469-998-7559. Phone Conference ID: 8139116787.

Scope of Work of the Contract Documents includes the following: Construction of Storm Sewer, Sanitary Sewer, and Water Lines.

Bids received after the closing time will be returned unopened. A **MANDATORY** pre-bid conference will be held **remotely** Tuesday, May 14, 2024, at 10:00 a.m. Local Time. To attend the Mandatory pre-bid conference dial 1-469-998-7559. Phone Conference ID: 100112709. If you are unable to attend the pre-bid conference, you may attend the pre-bid conference is **MANDATORY**, and no Bid will be opened unless the bidder or representative was present at the pre-bid conference.

Each Bid must be accompanied by a Bid bond or a certified or cashier's check, acceptable to the Owner, in an amount not less than two percent (2%) of the total amount Bid, as a guarantee that the successful bidder will enter into the Contract Documents and execute the Bonds on the forms provided and provide the required insurance certificates and Bonds within seven (7) days after the date Contract Documents are received by the successful bidder. If a certified or cashier's check is provided, the successful bidder shall deliver, at the bid opening address, the original certified or cashier's check within one (1) business day of receipt of the bid opening.

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Building documents may be examined at R.G. Miller Engineers, Inc., 16340 Park Ten Place, Suite 350, Houston, Texas 77084 or may be obtained by prospective bidders or suppliers.

The Owner reserves the right to reject any or all Bids and to waive all defects and irregularities in bidding or bidding process except the time for submitting 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 completion of the Project.

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Advertise:
Friday, May 3, 2024
Friday, May 10, 2024

Security Services RFP

Houston First Corporation requests proposals from experienced, highly-qualified construction security providers to provide security services in Houston, Texas.

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Wednesday, May 15, 2024. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Wednesday, May 22, 2024. Proposals must be submitted by 10:00 a.m., Wednesday, June 12, 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.

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Scope of Work of the Contract Documents includes the following: Construction of approximately 3,083 linear feet of 8-inch to 12-inch wastewater, approximately 1,960 linear feet of 24-inch Reinforced Concrete Pipe to 4-Foot by 2-Foot Reinforced Concrete Box manholes, approximately 2,575 linear feet of 8-inch to 12-inch sanitary sewer, approximately 8,783 SF of pavement and erosion control to serve Kirkwood Crossing Phase 1.

Bids received after the closing time will be returned unopened. A **NON-MANDATORY** pre-bid conference will be held **remotely** on Wednesday May 29th, 2024 at 1:00 p.m. Local Time. The pre-bid conference will be held virtually via Microsoft Teams. To join via Microsoft Teams dial 1 (984) 204-1608 and enter the Access Code 525 731 9134. A Teams invitation will also be distributed via Civesat prior to May 29th. Attendance by each prospective bidder or its representative at the pre-bid conference is **NON-MANDATORY**. Each Bid must be accompanied by a Bid bond or a certified or cashier's check, acceptable to the Owner, in an amount not less than two percent (2%) of the total amount Bid, as a guarantee that the successful bidder will enter into the Contract Documents and execute the Bonds on the forms provided and provide the required insurance certificates and Bonds within seven (7) days after the date Contract Documents are received by the successful bidder. If a certified or cashier's check is provided, the successful bidder shall deliver, at the bid opening address, the original certified or cashier's check within one (1) business day of receipt of the bid opening.

By submitting a Bid, Bidder acknowledges and agrees that the Contract Documents may be accepted, executed, or agreed to using an Electronic Signature, as defined by and in accordance with Owner's Electronic Signature Rules for Construction Contracts. Copies of the bidding documents may be reviewed and obtained from www.CivesatUSA.com. Bidders must register on this website to view and/or download specifications, plans, soils report, and environmental reports for this Project. There is **262** charge to view or download documents.

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HOUSTON BUSINESS JOURNAL | 45

LEGALS

ADVERTISEMENT FOR PROFESSIONAL ARCHITECTURAL SERVICES CITY OF HOUSTON

The General Services Department will receive Statements of Qualifications (SOQ) utilizing online bidding services via Civesat at <http://www.civesat.com/bids> for the following Project(s):

Project Name and WBS Number: Edgewood Park Community Center WBS: 1-000785

Project Description: The project scope is for a new Community Center to be located at 2833 Bellfort Ave. The center's size will be approximately 12,000 square feet and include an indoor gymnasium, meeting space, wearing kitchen, recreational staff office, restrooms, storage, and necessary support space. Associated demolition, parking lot upgrade or redevelopment, sidewalks, landscaping, and irrigation associated with the building, site demolition, furniture, fixtures, equipment, IT, security, and civic art coordination.

Submitted Date: Thursday, 5/23/2024
Project Location: 2803 Bellfort Ave, Houston TX 77033
Project Manager: Ken Roberts / (832)-393-8073
MWBE Goal: 23%
Estimated Construction Budget: \$5,500,000
Pre-Submittal Meeting: Wednesday, May 15, 2024, 10:00 a.m.
Teams ID: 216 313 625 204 Pascamile N9Xpbl
Email for phone: 1-936-755-1521
Confidence ID: 469 596 8629

The Submittals will be ranked based on the criteria set out in the Request for Qualifications (RFQ) and Submittals that the City may shorten a maximum of five Respondents that will participate in interviews and presentations before the ranking.

The City will utilize online bidding services via Civesat at <http://www.civesat.com/bids>. Electronic Submissions are due at 10:30 a.m. local time on the Submittal Date. Follow additional instructions on <http://www.civesat.com/bids>. Bids will be opened, and the Respondent's name will be posted on Civesat on the Submittal Date. Respondent's names will be read aloud via Microsoft Teams dial-up access on the same day at 11:00 a.m. only. Microsoft Teams Number 1-936-755-1521 ID: 598 888 1174. All interested parties are invited to attend.

Hard Copies will not be accepted for this Submittal.

Location and date of Submittal opening may be changed in accordance with Sections 15-156(a) City of Houston Code of Ordinances (City Code). All Respondents shall comply with Article II, Chapter 15, City of Houston Code of Ordinances.

The RFQ and Addenda may only be obtained electronically on Civesat. For more information, go to the City's website <http://www.houstontx.gov/citycode/ordinances.html>.

This procurement is subject to "Hive Houston Firm" as set out in Chapter 15, Article XI, City Code. It is unlawful for any Contractor to contribute or offer any contribution to a candidate for City elective office during a certain period prior to and following a contract award. (Chapter 18, City Code). Contractor will be required to comply with Anti-Discrimination provisions (Chapter 15, Article II, City Code), Pay or Play Program (Executive Order 1-7 and Ordinance 2007-0534), and the Minority, Women, Persons with Disabilities and Small Business Enterprise requirements (Chapter 15, Articles V and VI, City Code and Executive Order 1-2).

Date: (Public, Friday, May 3rd and 10th, 2024) Cheryl Harris Contract Bid Management Group

ADVERTISEMENT FOR BIDS WESTCHASE DISTRICT

Project Name: WestCHASE District
Bid Date: May 24, 2024

All bids must be submitted electronically through www.CivesatUSA.com. No bids shall be accepted in person. Upload the executed offer on the bid forms provided properly signed, with required Security Deposit, and other Supplements to Bid Forms until 10:00 A.M., Friday, May 24, 2024. A cash bid or bid bond is not required in the amount of the total amount bid must accompany each bid. The successful bidder will be required to furnish a performance and payment bond as provided in the contract documents for the full amount of the contract.

- Scope of/Design: WestCHASE District project generally involves the following improvements at 15 different sites within the WestCHASE District:
- Construction and installation of fifteen (15) 10-foot cast aluminum signs, including but not limited to, engineered sign, engineered concrete foundation and electrical service.
 - Minor relocation of existing traffic signs.
 - Critical utility location for all measurement sign sites.
 - Minor site restoration for proposed measurement sign sites.
 - Traffic control to install proposed signs.
 - Minor tree protection.
 - Storm water pollution prevention (SWPPP).

The WestCHASE District will award the contract to the most responsible bidder who, in the judgment 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 as forth in the contract documents.

Plans, specifications, and bid documents are available at www.civesat.com/bids.

The WestCHASE District reserves the right to reject any or all bids, accept any bid with similar work experience or waive formalities in bidding. All bids received after the closing time designated will not be accepted. A **MANDATORY PREBID CONFERENCE** will be conducted at Lockwood, Andrews and Newman, Inc., 2025, Hestergate Ln, Suite 401, Houston, Texas 77042, on Tuesday, May 14, 2024 at 10:00 a.m.

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=openOpportunities>. 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.



HOME CONTACT BID OPPORTUNITIES WBE DIRECTORY

ABOUT WBEA EVENTS WBEA NEWS CORPORATE MEMBERS WBE CERTIFICATION WBEA WBC CORE RESOURCES & INFO CALENDAR

BID OPPORTUNITY RESOURCES

- [Bid Opportunities](#)
- [Local Resources](#)
- [State Resources](#)
- [Federal Resources](#)
- [Supplier Diversity Resources](#)
- [Diverse Supplier Events](#)

Upcoming Programs & Events

Tue, Mar. 19, 2024 - Fri, 03. 22, 2024
 WBENC National Conference
 AMPLIFY
[register](#) [website](#)

Thu, Apr. 04, 2024
 Thought Leaders

Fri, Apr. 05, 2024
 How To Get WBENC WBE
 Certified
[register](#) [website](#)

Fri, May. 03, 2024
 How To Get WBENC WBE
 Certified
[register](#) [website](#)

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-texas.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.



WBEA Sponsor



RFP Advertisements – Example (HMSDC Website)

Status *

Active

Include in Revenue Calculations? *

Yes

Name *

Security and Privacy Risk Management Services and Platform with Vendor Security Management Services

Industry
× Professional Services

Close date


2024-04-02

Title *

Security and Privacy Risk Management Services and Platform with Vendor Security Management Services



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Q3 FY2024 HUB Report (1 of 2)

Vendor Name	FY2024 Q2 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	719,149	Janitorial services	x	x	x
Rey De La Reza Architects	518,034	Architecture services	x	x	x
MSTRATEGIC	219,722	Design and Construction	x	x	x
Webhead	174,302	Technology Company	x	x	x
Metropolitan Landscape*	147,122	Landscape	x	x	x
Rekruters	131,385	IT staffing	x	x	x
Universe Technical Translation	126,733	Translation and interpretation services	x	x	x
Right Now Pest	119,534	Pest Control and Exterminator	x	x	x
Innovation Network	117,001	Networks, storage & cloud migration	x	x	x
The Warring Group	66,600	PR/Media Relations	x	x	x
Physician Resources, INC	60,503	Temporary Staffing and Direct Hire Placement	x	x	x
SHI Government Solutions, INC	55,872	Computer Software &, Hardware	x	x	x
THR3DESIGN	53,080	Architecture services	x	x	x
Landtech	37,220	Surveying	x	x	x
Nightingale Interpreting	34,219	Translation and interpretation services	x	x	x
LAB USA	33,120	Technology Company	x	x	x
Ascend HR	23,200	Recruitment	x	x	x
A-Rocket Moving & Storage	22,897	Moving services	x	x	x
DAAS Inc	19,487	Flooring Contractors	x	x	x
Modern Psychological & Allied	18,525	Psychological services	x	x	x
The Burnett Companies Consolidated	17,087	Specialist Staffing	x	x	x
Dura Pier Facilities Services, LTD	16,783	Facility services - construction	x	x	x
MasterWord Services INC	12,566	Translation and interpretation services	x	x	x
ATIME4MARKET	12,490	Marketing Consultant	x	x	x
Globo Language Solutions	9,036	Translation and interpretation services			x
Crystal Communications Ltd	7,435	Data, IP, and video communications systems integratio	x	x	x
Ultra Staff	5,629	Health Care Staffing Services	x	x	x
Auto Arch Architects LLC	5,000	Architecture services	x	x	x
Next Level Urgent Care	2,645	Urgent care/workers' comp	x	x	x
Viking Fence*	2,344	Fence	x	x	x
Houston Defender	883	African-American Newspaper	x	x	x
FORWARDTIMES	798	Black Owned Newspaper	x	x	x
Broaddus Planning, LLC	555	Consulting and Planning Services		x	x
Total HUB Spend	\$ 2,790,956				

* Did not renew HUB certification during FY2023

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

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.